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

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Get to the Front of the Line

Recently, as I was reflecting on my high school days, I was surprised at how many times in those early years my experiences taught me to look beyond expectations and find a better way. Reminiscing about those formative years affirmed my long-held belief that it's important to look at the world differently, or else you risk being just one of the crowd, waiting for something better to come along.

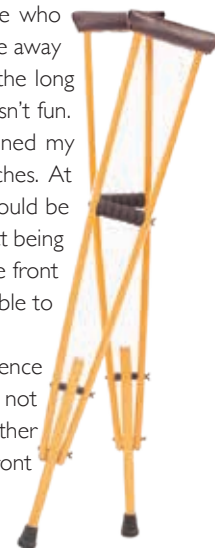
*It's important to look at the world differently,
or else you risk being just one of the crowd,
waiting for something better to come along.*

One of my fondest memories was spending a week at California Boys State, a yearly event where high school boys were selected for leadership training—particularly in the field of local and state government. The event was held at the fairgrounds in Sacramento, and a large cow barn filled with bunk beds was where attendees slept. The boys would spend the day learning about city organization, playing sports, engaging in various social activities, and waiting in long lines at the cafeteria. This event was especially exciting for a young man like me who had grown up in the desert oil town of Taft, California.

One of the activities I enjoyed most was playing tetherball. I spent every free moment challenging anyone else who was up for a game. The only thing that could tear me away from this activity was the need to eat. Waiting in the long lines for food was the only aspect of camp that wasn't fun.

One day when I was playing tetherball, I sprained my ankle—badly. The injury required me to use crutches. At first, I thought that hobbling around on crutches would be the end of my summertime fun, but I discovered that being on crutches had a great advantage: I could go to the front of the line for each meal. With my crutches, I was able to take two friends to the front of the line, too.

I didn't realize it at the time, but the experience became a powerful lesson. No, the lesson was not about how to leverage injuries to get ahead, but rather it was about the many advantages of being at the front of the line.



MAKING STRIDES

It isn't a stretch to draw a comparison between dentistry and that cafeteria at Boys State. The dental community is much larger today than when I started out. Today, it seems as though a great many dentists are stuck waiting in line, hoping that someday they will arrive at a place where they can get what they went into dentistry for.

(continued on page 41)



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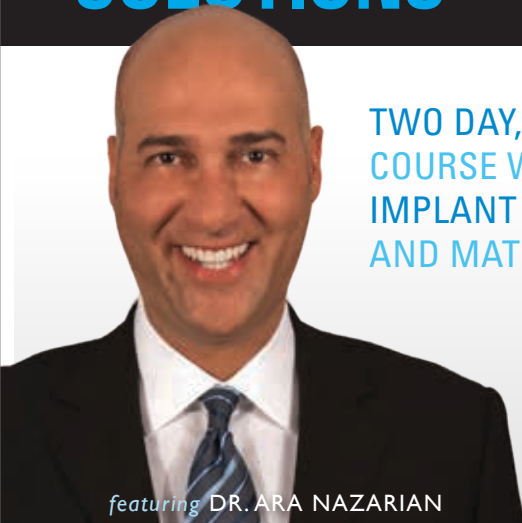
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CONTENTS

3 EDITOR'S COMMENTARY

Get to the Front of the Line

Dr. Dick Barnes, D.D.S.

6 COVER STORY

The Doctor as Patient: Lessons Learned
from a Full Arch Reconstruction

*Nickie K. Lê, D.D.S., with Michelle Billeter-
Maxfield*

12 SECRETS OF SUCCESS

Beyond Drill-and-Fill: Discover the
Potential of Your Dentistry

Peggy Nelson

16 CASE ANALYSIS

Lending a Helping Hand: A Full Mouth
Reconstruction for a Lifelong Friend

Frank Henrich, D.D.S.

20 INDUSTRY INSIGHTS

The Numbers Don't Lie: Illuminate Your
Dental Practice Performance with KPIs

Glennine Varga

26 TECH TIPS

Q & A: Simplifying Removables
Aesthetic Dentistry editors and

Brian Britton, D.D.S.

30 BEST PRACTICES

The Dr. Dick Barnes Structure: 3 Steps
That Move You Forward

Tawana Coleman

34 A CLOSER LOOK

Back to Basics: Optimizing Basic Skills
for Advanced Results

Jim Downs, D.M.D.



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The Doctor as Patient

Lessons Learned from a Full Arch Reconstruction.

Not every dentist experiences what it feels like to be on the other side of the drill, but a few years ago, that's exactly what happened to me. My journey to a full upper arch reconstruction wasn't the result of a single diagnosis or experience, but rather the culmination and result of many years of dentistry.

Like many people, my dental issues started when I was young. My parents didn't really teach me too much about oral hygiene,

nor did we have a lot of resources to take care of our teeth. So when I visited the dentist at about nine or ten years of age, I had ten cavities—all in the posterior.

I remember the experience well. We waited and waited for the dental exam, and finally after sitting in the waiting room for about two hours, a team member took me back to the chair. During the exam, the dentist was rough and somewhat demeaning—even to such a young patient.



(Above) Closeup view



(Above) Closeup view, biting

All in all, I was at the dental office for about four and a half hours during that visit. The overall experience was not pleasant. I remember thinking at the time, "I'm going to grow up and become a dentist. I know I can do better than this."

That experience stayed in my memory as I graduated from high school and picked a major in college. I knew I wanted to be a healthcare provider, and dentistry was my first choice. I attended dental school at the University of the Pacific in San Francisco, CA. Since the time I graduated, the school has been renamed the Arthur A. Dugoni School of Dentistry, after an exemplary dentist and dean of the dental school.

SEARCHING FOR SOLUTIONS

It was during dental school that I decided to have my old fillings replaced. My front teeth were starting to protrude and I wanted to fix that too. I went to an orthodontist, and as part of his treatment he extracted my premolars and put braces on my teeth.

After two years of wearing them, I finally got the braces off, but the gaps remained. They weren't as visible as they were previously, but he was not able to close the gaps where the premolars were. After six months of living with the gaps, I opted for a second treatment of braces.

Nine months into my second stint in braces, they were removed and the doctor told me that my gaps were "as good as it gets." But, not surprisingly, my teeth started to shift, and after about nine months the gaps were getting bigger and I noticed a diastema which I hadn't had before. The gaps eventually started to affect the

The overall experience was not pleasant. I remember thinking at the time, "I'm going to grow up and become a dentist. I know I can do better than this."

health of my gums because food became trapped in the spaces and caused issues.

In the meantime, my career was progressing and my personal life was moving >



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Warning: Reading about techniques, procedures, and materials in this publication does not necessarily qualify you to integrate the new techniques and/or procedures into your practice. Exercise caution as you are solely responsible for specific treatments and options for your patients.

forward too. After dental school, I started out as an associate dentist in a practice in Oregon. That dental group had three practices and about 10 to 15 dentists. It was a great experience, but it was limited in terms of practicing comprehensive dentistry. And I knew from the start that I wanted to practice dentistry comprehensively.

I did some research and found the Dr. Dick Barnes Group (DDBG). I called the group and arranged for an Over-the-Shoulder Full Arch course at the practice where I worked. They sent Dr. Jim Downs as the instructor, whom I had met eight months earlier in Vail, CO, at a laser symposium. He eventually became my husband. That course changed my life personally and professionally. It was great to find colleagues with a philosophy of helping patients understand their optimal needs and how to keep their teeth for a lifetime.

After taking the course I stayed with the Oregon practice for about a year. But the practice was entrenched in their way of practicing dentistry—and it was largely based on giving patients only the treatments that insurance would cover. Eventually, I realized that my approach to dentistry did not fit in with the approach at the practice, and I moved on.

It was great to find colleagues with a philosophy of helping patients understand their optimal needs and how to keep their teeth for a lifetime.

I decided to move to Colorado, where I found an established practice that was for sale. Two doctors had been practicing dentistry for about 40 years and wanted to sell their practice and retire. It was a great opportunity, so I took over that practice, started practicing comprehensive dentistry, and within a year, my team and I had already out-produced the former owners.

During the two years that I owned this practice, Dr. Downs and I were married and I became pregnant with our first child, Trevor. When I was ready to go on maternity leave, Dr. Downs and I agreed that we should consolidate our practices, and we merged mine



(Above) Dr. Nickie Lê (second from right) and her family on a January 2016 ski trip to Keystone, CO.

with his. In 2009, we changed the practice name to LêDowns Dentistry—which combined our last names. With the change, I moved my patients to his practice and donated all my old equipment to an American Indian healthcare nonprofit organization.

THE RIGHT TIME

In 2013, Dr. Downs was scheduled to teach a Full Arch Reconstruction course at Arrowhead Dental Laboratory in Sandy, Utah. As part of the course, Dr. Downs preps and seats a full arch or full mouth reconstruction on a volunteer patient. After years of recommending full arch and full mouth reconstructions to my patients, I decided it was finally time for me to become the patient and get a full arch reconstruction myself.

After years of recommending full arch and full mouth reconstructions to my patients, I decided it was finally time for me to become the patient and get a full arch reconstruction myself.

I had worn my teeth down over the years, and my Shimbashi was about 15. By restoring just one arch, Dr. Downs could get my Shimbashi to a 16 or 16.5, which would be helpful. My natural teeth were fairly square—they had a measurement of about 10 vertical and 9.5 horizontal—which isn't ideal either. An upper full arch reconstruction could correct these issues as well as close the gaps that had bothered me for years.

I had my teeth prepped in the summer of 2013, and soon afterwards I attended my cousin's engagement party in California. I hadn't told anyone about my new teeth, so when I saw my family members at the party, it was a surprise. My temporaries were so natural and beautiful, it took about five hours for anyone to pinpoint what was different. One of my cousins said, "Nickie, did you lose weight? Is your hair different?" Finally she said, "Did you do your teeth?" And I replied, "I sure did!" She then exclaimed, "It looks beautiful!" And those were just my temps.

Before-and-after photos are powerful tools, but it's even more powerful to show patients in person what a restored smile looks like.

When I finally had my permanent restorations seated, they didn't disappoint. I only wish that I had done the reconstruction sooner! Today, my patients constantly compliment me on my teeth. Just the other day a patient asked, "Those are veneers?" And I replied, "Yes they are!" Then the patient said, "I thought you were just naturally blessed with beautiful teeth!"

As a result of my new smile, my patients can see firsthand the possibilities of a restoration. It made a real difference in my practice. Doctors who need to get their teeth done should not postpone treatment because it helps patients understand what



(Above, all photos) Closeup retracted images

is possible with today's dentistry. Before-and-after photos are powerful tools, but it's even more powerful to show patients in person what a restored smile looks like.

WHAT I LEARNED

I learned a lot about the procedure by being a patient. The experience reinforced the importance of preframing ►

the patient in terms of expectations. For example, until I became the patient, I didn't realize that the drill was so loud. Although I've had my teeth worked on before, I hadn't been bothered by the noise of the drill until I had my full upper arch restored in one sitting.

Some hand pieces, such as high-speed turbines, have a loud, high-pitched sound. The electric hand pieces are quieter to the practitioner, but they are still loud for patients due to the teeth being so close to the inner ear.

Now, I preframe all my patients with expectations of the loud noise from the drill, and also of the odors that will emanate from the teeth during the process. For example, when the temporaries are removed, there is an off-putting smell, and it's good to prepare patients so they don't think something has gone wrong.

Now that I have experienced this treatment, my advice for other doctors is to get restorative treatment done if they need it. And if not, find a continuing education class that offers firsthand experience with this type of dentistry, like the Hands-On Clinical course with the DDBG. It's one thing to read and learn about large-case dentistry, but it's another thing to watch it performed and then to practice doing that type of dentistry yourself.



(Above, left to right) Trevor Downs, Dr. Jim Downs, Mylah Downs, and Dr. Nickie Lê.

for their lives after the treatment is complete. It has made a big difference in my life, and I know it can do the same for them. ■

I learned a lot about the procedure by being a patient. The experience reinforced the importance of preframing the patient in terms of expectations.

For me, being a patient only deepened my understanding of full arch restoration cases. Recently, Dr. Downs and I opened a second branch of our practice in Green Valley Ranch, CO. The new location has 11 operatories, and we're growing our practice all the time. I'm happy to go to work each day and show my patients what's possible with dentistry.

After having been a patient myself, I not only have a deeper empathy for not only what my patients go through during the treatment, but also a greater understanding of what is possible



Michelle is the managing editor of *Aesthetic Dentistry* magazine. Prior to this position, Michelle worked as a book and magazine professional, overseeing all aspects of publication including development, production, and management. For any questions, contact Michelle at mmaxfield@arrowheaddental.com.

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Discover the Potential of Your Dentistry.

When Amazon launched in Seattle, WA, in 1995, the online venture only sold books. But according to an April 2017 article in *Business Insider* magazine, founder Jeff Bezos “knew from the very beginning, he wanted Amazon to be ‘an everything store.’”

Traditional bookstores, adhering to an old model of buying minimum stock levels from distributors, quickly found themselves unable to compete with the online startup. Amazon famously went on to disrupt the booksellers’ industry, the publishing industry in general, and eventually all of retail.

How did Bezos do it? By thinking beyond traditional ways of doing business. *Business Insider* reported that “book distributors required retailers to order ten books at a time, and Amazon didn’t need that much inventory yet (or have that much money).”

I have come across many doctors who don’t realize their true potential, even though they understand that their work and skills are incredibly valuable.

Instead of adhering to the antiquated model of buying more books than they needed, Amazon bought only what their customers ordered. To get around the minimum requirements from the distributors, Amazon “would order [the] one book they needed and nine copies of an obscure lichen book, which was always out of stock.”

This loophole in the old model helped Amazon build the business it is today. Today, Amazon sells groceries, cloud computing, online entertainment, and more. They are a classic example of thinking beyond the traditional confines to generate vastly greater opportunities.

By understanding how to grow your practice, you can end 2018 being in a much stronger position than when you began.

During my years working in the dental industry, I have come across many doctors who don’t realize their true potential, even though they understand that their work and skills are incredibly valuable. They’re confined to the limits of the day-to-day grind of a traditional dental practice.

With the start of a new year, it’s a great time to evaluate your practice and consider implementing strategies that will build on your successes. There’s no need to spend another year maintaining the status quo. By understanding how to grow your practice, you can end 2018 being in a much stronger position than when you began.

IDENTIFYING YOUR DRIVERS

Before forging ahead in a new direction, take a step back and evaluate the current status of your practice. Ask yourself, “What

kind of treatments currently drive my practice, and what drives my business?" Identifying key drivers will reveal much about the financial status of your practice and what you may need to change in order to reach the next level. *Do you know what's driving your business?*

I've identified three drivers common to most dental practices: dental insurance cases, rehabilitation cases, and quality-of-life cases. A combination of all three drivers can usually be found in a dental practice. It's important to determine what drivers dominate your practice and analyze the ratios of each that are healthiest for your practice.

INSURANCE-DRIVEN

Insurance cases are common drivers for many dental practices. But it's important to have a healthy ratio of insurance-driven treatments to non-insurance treatments. As every dentist knows, insurance only covers a small portion of the treatments that most patients need.

Dental insurance was never meant to offer comprehensive coverage, like medical insurance. Instead, dental insurance typically offers preventative coverage.

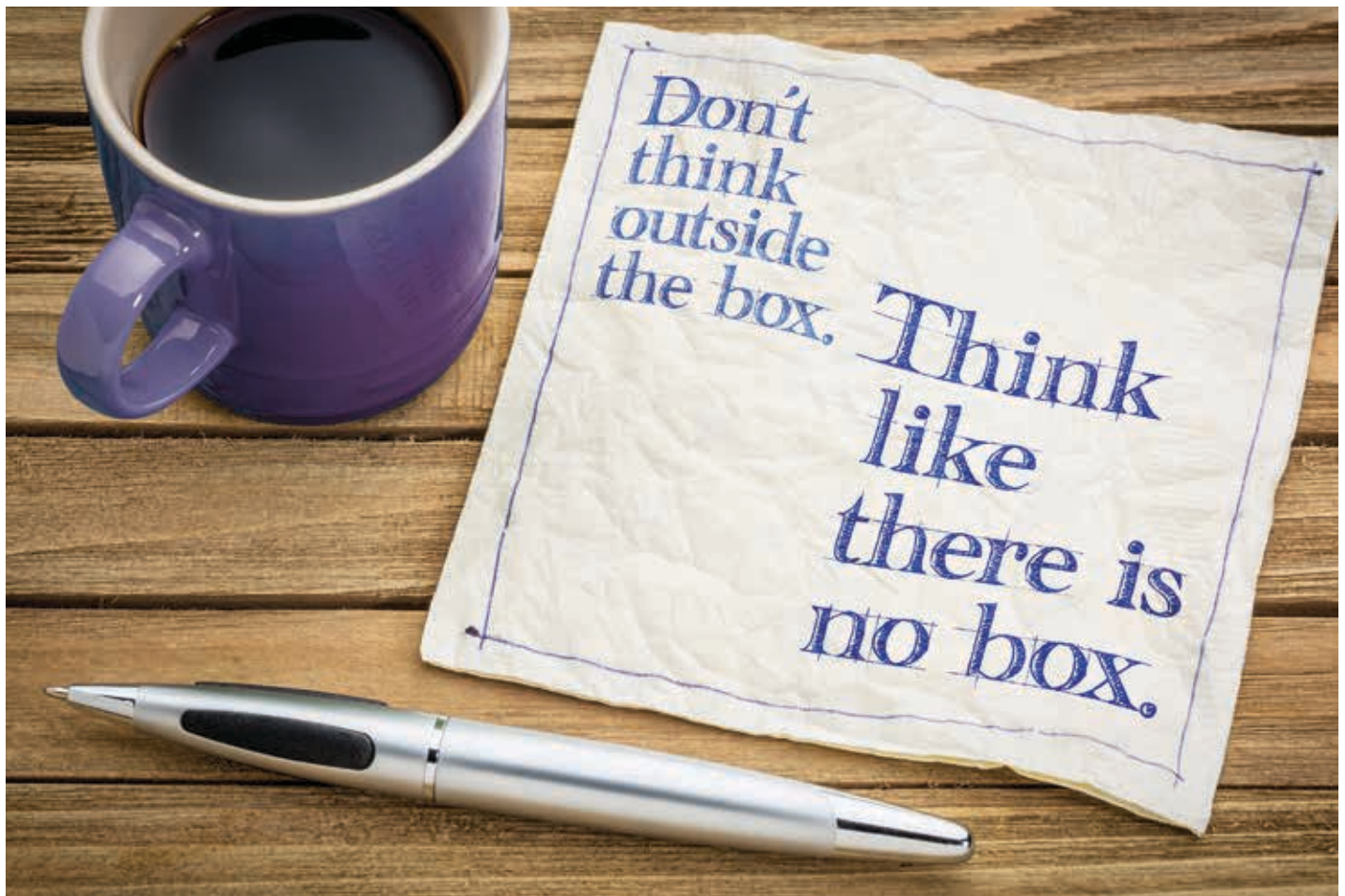
For most dentists, dental insurance is valuable primarily as a driver to other treatments—it's simply what gets patients through the door. From there, dentists can start to diagnose comprehensively and offer a greater level of care for patients than "patchwork" or "drill-and-fill" dentistry.

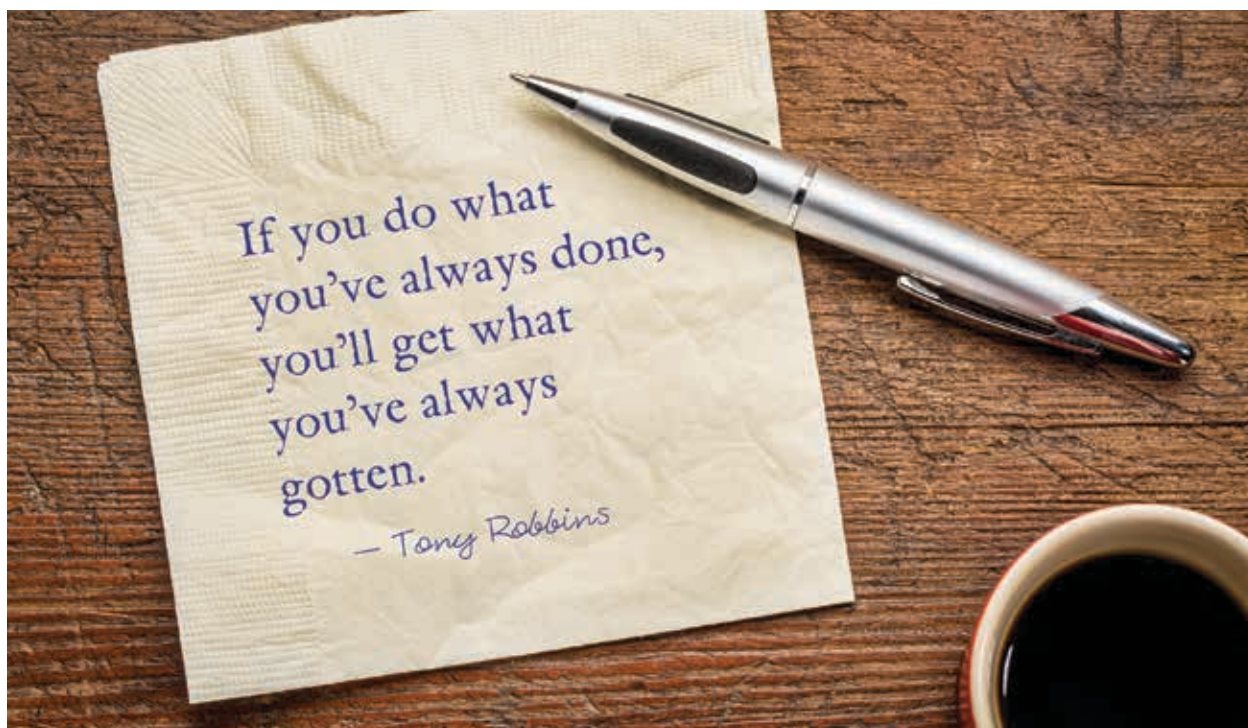
Tawana Coleman, the Dr. Dick Barnes Group's revered and retired Total Team Training seminar teacher, recommended the following ratio for dental practices: 80 percent of monies coming in from private pay, and 20 percent from insurance collections. If, however, your dental practice shows the opposite ratio, with 80 percent of revenues coming from insurance collections and 20 percent from private payments, you should start turning the ratio around gradually.

Identifying key drivers will reveal much about the financial status of your practice and what may need to change in order to reach the next level.

A good goal may be to aim for a 50/50 ratio, and then eventually a 70/30 ratio before striving for 80/20. You have to start somewhere, and the important thing is to see the number of private payments climbing.

To find out where your monies are coming from, look at your end-of-month collections (or end-of-year collections), and identify which ones come from private payments, and which come from insurance collections. Private payments could include cash, checks, credit cards, or finance companies—anything that doesn't involve insurance. >





DENTAL MEMBERSHIP PLANS

To combat the limits of dental insurance plans, a trend in dentistry is for practices to offer patients in-house memberships. Dental membership plans are great because patients receive a cost-savings and can opt for a higher level of care, and can usually obtain more treatment than what traditional insurance will cover. (For more information about dental membership plans, see Dr. Jim Downs's story, "Join the Dental Membership Club!" in the July 2017 issue of *Aesthetic Dentistry*.)

When dentists diagnose comprehensively, they work together with patients to put together a plan that addresses patients' long-term needs.

Consider offering a dental membership plan for your patients. Find out if they are willing to spend about the same amount of money for a membership plan as they are with an employer for a dental plan. Then educate them on how to opt out of traditional dental insurance plans.

Some patients don't realize that they can opt out of an employer plan and still have coverage for treatments. With membership plans, hygiene visits are often included, and more advanced dentistry is offered at a cost savings (usually with no maximum limits). Membership plans are a strategy to increase profitability and bring money directly (and quickly) into your accounts receivable.

It's important to think creatively and look beyond what insurance will cover for your patients. Start developing strategies for a dental membership plan. The more that dentists look beyond what insurance will cover, the more they will do for the patient.

REHAB-DRIVEN

As a doctor, it's important to present everything you see and diagnose for the patient. It's the patient who should decide what treatments they can fit into their budget. Your practice should be able to help them fit their treatment needs into their finances. The key to increasing more rehabilitation (rehab) cases is to diagnose comprehensively. When dentists diagnose comprehensively, they work together with patients to put together a plan that addresses their long-term needs.

Once patients' needs are identified, there are various ways of working treatments into a budget. If needed, dentists can segment treatment over time, but it's important to communicate to patients the overall picture of what's needed to maintain or return their teeth to good dental health. A more comprehensive view of a patient's dental health drives more rehab treatments to your practice.

QUALITY-OF-LIFE DRIVEN

Some dental practices primarily address quality-of-life treatments such as sleep dentistry, appliance therapy, TMJ issues, dentures, implants, and more. These types of treatments often require additional continuing education (CE) to gain the skills to recognize and diagnose these issues, but the return on investment is usually well worth it.

Once you've identified what drives your practice, it's equally as important to assess what may be holding your practice back.

At the Dr. Dick Barnes Group (DDBG) Seminars, we've included a sleep dentistry course called Airway Management and

Dentistry into the New Dentist program (a program specifically designed for dentists in practice for 10 years or less).

After these seminars, I've heard doctors say, "I didn't know if I really wanted to get involved in sleep dentistry, but now I'm seeing patients every day with a totally different set of eyes because the health problems associated with sleep dentistry are so pervasive."

With quality-of-life dentistry, dentists look beyond just the teeth—it's a proverbial win-win because it helps patients by addressing more than tooth pain, and it helps the dental practice by increasing the kinds of treatments that can be performed.

My first tip is to learn what your patient values. If you don't know what your patient values, you'll never sell a case.

For example, dentists with implant skills can address a denture patient by simply asking, "How is that denture working for you?" He or she can offer patients implants into the bone to stabilize the denture, or offer to turn a removable into a fixed prosthesis for the patient. Suddenly the patient's quality of life can increase dramatically.

Once you've identified what kinds of cases are driving your dental practice, it's equally as important to assess what factors may be holding your practice back. I've identified a few common, so-called limiters that are common in many dental practices.

INSURANCE-DRIVEN

Yes, insurance can be a positive driving factor for your practice, particularly if you use it as a vehicle for identifying more comprehensive treatment. But insurance can also be a *limiting* factor when you limit your business to only cases that insurance will cover for patients. When this happens, a dental practice largely remains a drill-and-fill operation.

With insurance plans, there's often a \$1,000 or a \$1,500 maximum. The costs of advanced dental treatments are naturally going to exceed insurance maximums. So, if your practice can close on treatments beyond patients' insurance maximums, your practice becomes less insurance-driven.

IN-OFFICE MILLING

Milling machines are increasing in popularity, and they appeal to patients who want to get a crown completed in a single office sitting. For dentists who have in-office milling machines, the machines can be a limiting factor if a significant amount of a doctor's time (or a team member's time) is spent making crowns rather than doing dentistry.

With in-office milling machines, consider whether time spent on the machine could be better allocated somewhere else—such as in diagnosing a comprehensive case for a patient who needs more advanced dentistry.

Often, doctors who have the machines tell me they don't have time to get the scanner to start fabricating or designing the crown until the end of the day or on a weekend. In those

circumstances, patients are coming back for a second appointment despite the in-office milling capabilities.

In-office milling doesn't have to be an all-or-nothing proposition for dentists. However, utilizing technology and sending scans to a lab can offer speed along with strength and versatility of product, while freeing up valuable chair time. Doctors should consider how the milling machines will affect every aspect of their practice.

TRAINING YOUR TEAM

Another common factor holding back dental practices is the lack of a true leader and training for the team. Many offices can remedy a lack of leadership by attending CE courses, such as the Total Team Training course by Arrowhead, or any other leadership CE training. Regardless of where the training comes from, every dental team needs a leader with the skills to take the practice in a positive direction.

Now that your dental practice drivers and potential limiters have been identified, it's important to start adjusting your business to attract more of the cases you'd like to treat. Here are some suggestions on how to find comprehensive treatments and fit them into your schedule.

KNOW YOUR AUDIENCE

My first tip is to learn what your patient values. If you don't know what your patient values, you'll never sell a case. How do you learn the patient's values? Through clear communication—by asking your patients questions and then restating in their own words what they're going to get.

For example, if a patient says, "I want to be able to smile and not have to hide behind my hand every time I show expression." The doctor can reply, "In order to give you a smile that you won't have to hide behind, I can do something to your upper and lower teeth. It's going to be [dollar amount] and you'll have to retrain your hand from hiding every time you show your teeth."

**Dr. Dick Barnes suggests telling patients, "It's time."
Dr. Jim Downs simply asks, "When would you like me to intervene with the care of your teeth?"**

The important thing is to communicate a message to a patient that reiterates their value in their own words—it's not about what's important to the dentist or the dental team members. This helps patients realize, "Yes, I'll pay for that!" The patient sees enough personal benefit to take action.

BLOCKING OUT TREATMENT

How do you get to the next level? After you sell a case, you have to then make room for the kinds of treatments you want to do. At the DDBG, we suggest blocking out time in your schedule for comprehensive treatments because then you will start seeing and diagnosing those treatments.

To begin, you may want to commit to Fridays, where there are no hygiene checks and no *(continued on page 42)*

Lending a Helping Hand

A Full Mouth Reconstruction for a Lifelong Friend.

Performing life-changing dentistry is always a joy, but it is especially gratifying when it involves helping out a lifelong friend. That's exactly what happened in the spring of 2014, with a case that I worked on as part of the Clinical Hands-On course with the Dr. Dick Barnes Group (DDBG) in Denver, CO.

AN UNFORTUNATE ACCIDENT

Greg (the patient) and I have been friends since high school, and we were roommates during our freshman year at the University of Wyoming in Laramie, WY. In high school, Greg had a minor skiing accident—he hit his teeth with a ski pole. Eventually, the upper front tooth (tooth number 8) that was hit became discolored.

Because of the discolored tooth, Greg became self-conscious about his smile. Not only did he have the discoloration issue, but he also had issues with large gaps between some of his teeth. As a result, he would seldom smile with his teeth showing for photographs, and when he laughed he would cover his mouth with his lips or fist.

CREATIVE SOLUTIONS

Greg was so unhappy with the way his teeth looked, he attempted a creative solution. He went to the local Walmart and bought some paint to apply to his teeth. Not surprisingly, it didn't work out and Greg reverted to the old methods of hiding his teeth manually so that no one could see them.



Hiding his smile was particularly difficult for Greg because of his outgoing personality. He's naturally the type of guy who has never met a stranger. He is comfortable talking to most people and will do just about anything for anyone.

In the years since the accident, Greg became more and more self-conscious about his smile. It started to cause him social anxiety and it affected how he interacted with others. His smile and his personality were at odds with one another.

Greg and I have stayed in touch over the years, and would often connect when we were both in our hometown for the holidays. On one of those visits in 2013, Greg approached me about an idea that he'd been considering.

Greg was so unhappy with the way his teeth looked, he attempted a creative solution. He went to the local Walmart and bought some paint to apply to his teeth.

He was at a point in his life when he was serious about doing something about the appearance of his teeth. He felt the only solution was a drastic old-school one—pull them all out and wear dentures. I was shocked that a man in his thirties would consider such an idea, and I encouraged him not to do something so extreme without giving it a great deal of thought.

A BETTER WAY

Fortunately, a short time after our conversation, I attended the DDBG Full Arch Reconstruction course led by Dr. Jim Downs of L&D Downs Dentistry in Denver, CO. During the course, I became more familiar with full arch reconstruction and the types of procedures and services that are offered by Arrowhead Dental Laboratory.

As soon as I learned about a predictable way to approach large-case, comprehensive dentistry, I thought of Greg. I was excited to talk to him and tell him about what I had learned during the course, and about what options were available.

Approaching Greg with the case presentation wasn't difficult. He was already willing to go to drastic measures to change his teeth, so I knew that he'd be open-minded about another option. At the time, finances weren't a large concern for Greg, either, so I knew that wasn't going to be a roadblock for him.

My mission was to talk with Greg about a full mouth reconstruction. I felt strongly that it would be a far better solution than dentures. For Greg, full mouth reconstruction would unleash the power of cosmetic dentistry as a vehicle for changing his life.

I explained to Greg that with no periodontal disease and no generalized bone loss, there was no reason to remove all of his teeth. His quality of life would greatly improve after a full mouth reconstruction—much more than it would with dentures.

REMODELING THE FACADE

I used an analogy that I found to be helpful not only for Greg, but for my other full mouth candidates as well. I asked Greg to

compare his teeth to a house that needs to be repaired. The foundation is solid—he just needs to do some remodeling.

In the process, the framework stays the same and only the facade changes. For example, if there are certain things you don't like about a house, you can make cosmetic changes to it. If you don't like the siding, you can paint it or install new siding. If you don't like the kitchen, you can replace the countertops, paint the walls, put in new cabinets, and install new appliances.

But you would never tear down an entire house just because you don't like certain cosmetic things about it. The same is true with teeth. The foundation is the most important part. As long as the foundation is solid (and Greg had a solid foundation), if you don't like certain aspects about how your teeth look, or how they function, those things can be altered and improved.

GETTING A VISUAL IMAGE

As part of our conversation, I also told Greg that the doctor who would be leading the course—Dr. Downs—had a dental practice close to where Greg lived in Colorado.

I told Greg that if he decided to move forward with his plan to get dentures, he'd have to find another dentist. In good faith, I couldn't do such a procedure to a young and otherwise healthy patient, especially after learning about the superior methods available through aesthetic dentistry.

As soon as I learned about a predictable way to approach large-case, comprehensive dentistry, I knew that Greg would be a perfect candidate.

Greg pondered the options for some time. We discussed the methods that would be used, and the timelines of his case. He researched some of the things we had discussed and saw before-and-after photos of other cosmetic cases. The photos helped him understand what the procedure would be like and the kind of results he should expect. Once he had a visual and saw the possibilities of the procedure, he was pumped. "Let's do it!" he said, and immediately jumped in with both feet.

At the Wax-Up appointment, Greg was pleased with the overall look. After a close examination of the model, he asked >



(Above) Before-and-after biting images



(At left) Closeup before-and-after images

to slightly change the shape of a premolar—tooth number 4. He also wanted to go a shade lighter on the tooth color than what we had originally suggested. Greg is a very detail-oriented person and he enjoyed having an active part in designing his teeth.

EXPECT THE UNEXPECTED

One of the lessons I learned from this case is to expect the unexpected in dentistry. During the full examination of Greg's mouth, I discovered that tooth number 8 had a horizontal root fracture. In retrospect, this shouldn't have been much of a surprise considering it was one of the teeth that had been damaged in the skiing accident.

However, finding a crack in the foundation did alter the initial plans a bit. We ended up extracting the tooth, completing a bone graft, and placing a collagen graft to accommodate the bridge from tooth number 6 to tooth number 9. This bridge was in addition to another bridge we placed from tooth number 3 to tooth number 5.

We opted not to do an implant for tooth number 8. Greg was anxious to complete the entire process and didn't want to wait months for his new smile.

We prepped Greg's full mouth reconstruction in one appointment. It took a solid nine hours—we started at just after 8 a.m. and finished sometime around 6 p.m., with a short break for lunch. This was the first full mouth procedure I had prepped in a single appointment.

It was an exhausting day for both the patient and the dental team, but in the end, it was well worth it since the patient could get everything done at once and be that much closer to a permanent restoration solution.

At the conclusion of the course the following month, Dr. Downs and I met with Greg again. At that appointment, we

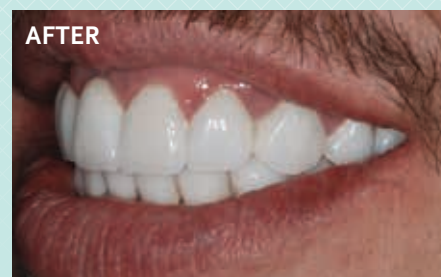
He no longer hides his smile or acts self-conscious about his teeth. He catches himself smiling all the time. Greg now has the smile that matches his confidence.

Another change in the treatment plan occurred on the lowers. Initially, we weren't planning on crowning tooth number 21. However, after further examination, we discovered that in order to take care of the diastema between tooth number 21 and tooth number 22, we would have to make tooth number 22 much larger.

Such a large restoration would not be aesthetically pleasing, and might look and feel awkward, so we decided to split the difference in the size adjustments and crown both tooth numbers 21 and 22.

We also found that the gum on tooth number 24 had recession and the frenum had a high attachment, causing the recession. Instead of doing a soft tissue graft, we released the frenum with the CO₂ laser.

This was the best solution for the gums. Greg hasn't lost any more gingival height since that time, and in fact has had about a 1 mm gain of tissue coverage in that area.



(Above, all images) Biting views, closeup



(At left) Closeup before-and-after images

seated and bonded the permanent restorations, and used the Tekscan® to balance the occlusion.

FINAL RESULTS

We were extremely pleased with Greg's final results. Not only have Greg's teeth improved, but so have the overall contours of his face. His facial lines are softer now, the dimples in his cheeks aren't as pronounced, and the area underneath his eyes are fuller. These facial feature improvements are an added benefit to Greg's full mouth reconstruction.

The overall change in Greg's demeanor is also a natural result of the full mouth reconstruction. As mentioned previously, Greg has always been an outgoing and happy person. But today, he no longer hides his smile or acts self-conscious about his teeth. He catches himself smiling all the time. He says it took him a while to "learn to smile" properly again, but Greg's smile now matches his confidence.

As long as the foundation is solid, if you don't like things about how your teeth look or how they function, those things can be altered and improved.

Greg's procedure actually turned out better than we had originally planned. We were pleased with the fact that we immediately handled any challenges that arose during the procedure. From Greg's perspective, the only thing he would change would be to have done the procedure earlier in his life—a sentiment echoed by many full arch reconstruction patients.

Fortunately, Greg now lives in Arkansas, about one and a half hours from my practice in Oklahoma, so he's able to come in for regular appointments for checkups and any future dental work that might need to be done.

LIFE-CHANGING DENTISTRY

Prior to the procedure I told Greg, "When we put these crowns on, it will change your life." And trying to be a tough guy, he just kind of shrugged that off. However, when he first saw his teeth after we bonded the permanents, he got emotional and started to tear up—actually, truth be told, we both did!

He admitted that on the drive home from Denver, he couldn't stop looking in the rear-view mirror at his teeth. In fact,

he reported later that day that his face was hurting, not because of anything from the procedure, but because he just couldn't stop smiling.

Shortly afterwards, Greg was at his first professional engagement of the year—at a corporate board meeting in California. A female colleague saw him and exclaimed, "I know what you did with your bonus money! You got your smile made over!" That made him feel not only happy, but also justified that other people noticed him and the improvements he had made to his physical appearance.

He now knows how much his new smile has affected his overall confidence and the way he interacts with others, and how others interact with him. We're all extremely happy that with Greg's solid foundation, he decided to forgo dentures and instead chose a full mouth reconstruction.

As long as the foundation is solid, if you don't like how your teeth look or how they function, they can be altered and improved. A great "remodel" job really can make all the difference in the health, happiness, and overall confidence of any of your patients. ■



Dr. Frank Henrich is a skilled cosmetic and restorative dentist. He attended the University of Utah in Salt Lake City, UT, where he received a B.A. in biology with a minor in chemistry. He went on to attend dental school at Virginia Commonwealth University in Richmond, VA, where he received a Doctor of Dental Surgery (D.D.S.) degree.

Dr. Henrich is an active member of several professional associations, including the American Dental Association (ADA), the Oklahoma Dental Association (ODA), and the Tulsa County Dental Society. In addition, he is a participating member of the American Academy of Cosmetic Dentistry (AACD), a member of the American Academy of Implant Dentistry (AAID), and a member of the American Academy of Craniofacial Pain Institute (AACP).

Dr. Henrich continues to develop his skills through ongoing education and training in the most recent technological and procedural advances. His practice, Henrich Dental, is located in Tulsa, OK.

The Numbers Don't Lie

Illuminate Your Dental Practice Performance with KPIs.

Is your dental practice as busy as you'd like it to be? Do you feel like your practice is getting busier and busier, but at the end of each month you barely have enough revenue to keep the lights on? The lights may be on, but unless you know key metrics, it may feel like you're bumping around in the dark. Key performance indicators (KPIs) are well known business tools that can shed light on the areas of your dental practice that may be in need of some extra attention.

By measuring and utilizing KPIs, you can learn whether your practice is performing at or above average levels, and if not, where the deficiencies may lie.

KPIs are hallmarks of growing comprehensive dental practices. By measuring and utilizing them, you can discover whether your practice is performing at or above average levels, and if not, where the deficiencies may lie. Dental practice KPIs should be compared against industry averages to determine what needs to be done to achieve healthy growth.

KPIs are simple calculations but they provide important (and often revealing) information about your practice. KPIs are not just a theory taught in business school—they are intended to make sure your practice stays on track or is steadily growing.

Reviewing KPIs should be an ongoing part of the improvement process at every dental practice. The power of having

managed KPIs lies in evaluating data and then taking action with targeted and sequential improvements in your practice. The benefit of KPIs is that they offer a strategic means of measurement for structured improvement.

Even though KPIs usually measure a single component of production, strategic growth is always a team effort. By sharing KPIs with dental team members, the team can work together to create solutions and growth.

MEASURING OUTCOMES AND PROGRESS

To find industry standards, I generally look at two reliable sources. The first source is a study of 12,500 dentists initiated by *Dentistry iQ* magazine. Their research shows that dentist production in 2016 averaged \$216/hour.





I also looked at statistics from the American Dental Association (ADA), which provided slightly different numbers. According to that group, gross billing was roughly \$655,000 per dental practice, which equates to \$455 of production per hour if you calculate that amount over 15 working days per month.

Obviously, these sources report baseline numbers that are wildly different from each other. For this article, the *Dentistry iQ* numbers represent a bare minimum goal, and the ADA numbers represent a higher goal. Ultimately, after comparing your dental practice KPIs to industry standards, a goal to exceed even the ADA numbers is absolutely doable and worth striving for.

KPIs FOR PRODUCTION

I recommend starting with three main areas of KPIs: production, collection, and referrals. When looking at these three KPIs, production is the most important number to understand because overall gross production is how you're surviving (and hopefully thriving) as a business.

Each practice varies in their production but it's important to, as Dr. Jim Downs says, "know your numbers." Unfortunately, in dental school, little emphasis is placed on teaching business principles. Therefore, many new dentists may not always understand how to assess their production.

The first step in understanding overall production is to calculate production per hour. To do this, open your dental practice software and run a "Total Annual Production" report. Each system is different, so call or search for help within your software on how to run this report.

Most systems can run a report on total production per practice and production per insurance provider. Calculate what you are producing per month, per week, and per hour, and that will give you your production KPIs.

Then start by comparing your numbers to the ADA's production number of \$455/hour. Is your production closer to *Dentistry iQ*'s production-per-hour number? If so, there are steps your practice can take to increase production, but knowing how much your practice makes and how you compare to others is a good start at "turning on the lights."

By sharing KPIs with team members, the entire dental team can communicate and work together to create solutions and growth.

In the Total Team Training seminars that I teach with the Dr. Dick Barnes Group (DDBG), I suggest that a typical goal for a general practitioner is to produce \$1 million per year. That goal is for a dental practice that includes one clinician, one or two hygienists, one clinical team, and a front office person. If your practice has multiple dental offices and multiple dentists, then you should increase that amount.

If your production goal is \$1 million a year, your practice needs to make \$83,332 a month, and \$5,208 per day (based on an estimate of about 16 working days per month). To estimate a per-hour goal, simply divide that number by 8 for an estimate of \$651 per hour. Therefore, to meet a goal of producing \$1 million per year, the production goal should be \$651/hour—well above the industry standards of \$455 or \$216/hour.

TIPS FOR INCREASING PRODUCTION

If you've checked your production KPIs for months, weeks, and hours, and are short of your goal, what can you do? Here ➤

are some practical tips to get you started and move the needle for production:

1. First, know your production numbers and share them—both your goals and your actual production numbers—with your team members.

Dentists often are reluctant to be transparent with their teams regarding production numbers. However, if you don't give your team the opportunity to get involved and make a positive impact on the business, it's very difficult to grow.

When patients understand the treatment, they are more likely to finance the entire process up front and make a monthly budget to afford it.

A dental practice is a team environment. There is not just one producer in the practice; everybody on the team is producing. If all the team members know the collective goals, and understand how to contribute to those goals, it can make a huge difference to the bottom line.

2. Second, evaluate how much hygiene appointments are contributing to the identification of enhanced dental procedures. Educate your hygiene department on treatment modalities and empower them to identify all the oral issues that could and should be addressed with the patient.

3. The third tip is to diagnose all patients comprehensively. Every patient should be given the opportunity to

learn about the possibilities for optimal care. Not every patient will be able to commit to his or her dream dentistry, but every patient should be given the same opportunity to understand what's possible. When dentists look at their patients comprehensively, they not only have the opportunity to increase production, but they give patients an understanding of what it will take to keep their teeth for a lifetime. From there, the sky's the limit!

KPIs FOR COLLECTIONS

In my consultations with dental teams, a typical goal for collections (in a general practice) is 98 percent. However, for a comprehensive practice, I recommend a goal of collecting more than 100 percent. Top-performing practices regularly report collections of 101 or 103 percent because they offer financing for patients, or they are collecting for the total amount of treatment prior to the day of treatment. The DDBG recommends arranging and/or receiving payment in advance of the scheduled treatment (also known as "pay to play").

Collecting anything less than that 98 percent means that the dental team should work to increase collections. Ninety-eight percent is the industry standard for all dental practices.

For insurance-driven practices, the percentage can fluctuate throughout the year based on receivables from dental insurance. In fee-for-service practices, collections can be more directly managed because there isn't an extra step of working with insurance approvals.

KPIs for collections can be calculated a couple of different ways. One is to look at collections from patients, and the other is to look at collections from insurance companies. With both collections taken together, the goal at the end of the year



3 TIPS FOR INCREASING PRODUCTION

- *Know your production numbers.*
- *Evaluate how much hygiene appointments are contributing to enhanced dental procedures.*
- *Diagnose comprehensive dentistry.*

should be at least 98 percent. Run a report for your production numbers, identify what you billed patients and insurance, and then determine how much your practice has received overall in accounts receivable.

If on a monthly basis you have less than 98 percent collections, then the first thing you want to examine is what your collection percentage is on fee-for-service versus insurance, because you've likely got a problem in one of those two areas.

TIPS FOR INCREASING COLLECTIONS

1. My first tip for increasing collections is, again, to diagnose comprehensive dentistry. With comprehensive dentistry, patients learn what it takes to maintain their teeth or restore them to optimal health. When patients understand the treatment, they are more likely to finance the entire process up front and make a monthly budget to afford it. Diagnosing comprehensively helps with collections by enabling dental teams to collect what they need up front.

2. Another tip is to provide patients with financing options and credit. Whether it's financing through the dental office, or going to an outside source, there are a variety of options. Offering patients something that they can fit into their budget is a key component to getting case acceptance and increasing collections.

3. My third tip is to regularly review your insurance collections. Use your dental practice software to run an "Annual Collections" report. This report provides a breakdown of your practice revenue based on collections. Once you have generated the report, calculate and evaluate the percentage of insurance collections versus private payments.

To evaluate where new patients are coming from, always ask them who you can thank for their referral.

Many offices have no idea if they're insurance-driven or not. To find out what drives your practice, see Peggy Nelson's article "Beyond Drill-and-Fill" on page 12. She offers pragmatic tips to determine your practice drivers, and how to have healthy ratios of different types of cases.

Having a high percentage of your collections come through insurance reveals how insurance-driven your practice is. It is almost impossible to be at 98 percent on collections if you're waiting for insurance collections. Aim for keeping insurance collections at 30 percent or less of your total collections.

KPIs FOR REFERRALS

Referrals are the pulse of any thriving dental practice. A general dental practice should have a goal to see 25 to 30 new patients each month. A comprehensive dental practice should have 30 to 35 new patients per month.

In the dental practice where I worked, when we implemented a system where team members were rewarded when they achieved their goals, it was a great motivator.

As important as it is to get new patients through the door, it's also important to know where those new patients are coming from—whether from existing patient referrals, referrals from other physicians, online searches, direct mail campaigns, or any other sources. In the dental practice where I worked for several years, our number one referral generator was always existing patient referrals.

1. To evaluate where new patients are coming from, always ask them who you can thank for their referral. Let them know that your practice is always striving for referrals. Dental teams should know and keep track of not only where new patients are coming from, but also what their conversion ratio looks like. If you have 30 new patients coming in, and only 5 of them convert to treatment, it's time to work at increasing the conversion rate.

2. My second tip for referrals is to nurture relationships. For example, if you're a practice that does a lot of comprehensive dentistry, physician referrals may be a big KPI. Maintain good communication with physicians in order to encourage referrals from them.

Nurturing such relationships can increase your number of referrals—often dramatically. In the past, I often sent letters to physicians that our patients were seeing (with the patient's permission), giving them an update on the current status of the case, and making it easy for them to contact us in case they needed anything.

3. Community outreach is my third tip for increasing referrals. This involves helping a dental practice understand their connection to their local community. Some practices offer "patient appreciation" activities and invite referring offices. Other practices sponsor local sporting teams or participate in local health fairs. Such activities are intended to increase the name-recognition and reputation of your practice. ➤

After implementing some of these practices, review your referral KPIs in a few months and notice your progress.

GAMIFICATION

Be careful not to overwhelm your team members by starting with 15 or 16 KPIs. Start by looking at a small number of them and consider using small rewards to incentivize team members to reach their goals.

In the dental practice where I worked, when we implemented a system where team members were rewarded when they achieved their goals, it was a great motivator. If you create a gaming environment, instead of being a stressful task, meeting KPIs becomes a fun and positive goal to strive for.

Rewards can be anything the team is interested in—an outdoor excursion, a fun night of bowling, a nice dinner, a show that the entire team can go to—something fun that gets the team energized! Rewarding the team with money is always good too, but it's important to mix things up.

The goal of gamification is to retain your team members. If each person on the team is treated as important and rewarded, they will be loyal and want to stay at the practice. Of course, circumstances arise in which team members may need to move for personal reasons, but a game environment can help encourage overall retention of team members.

SHINE YOUR LIGHT

KPIs are great tools, but they don't stand by themselves. The numbers are only important if they spark a light that inspires team members to do something more—something better.

We work in a competitive industry with more and more dentists graduating from dental school each year. By using KPIs to measure how your practice is performing, you can make sure it continues to stand out from the rest.

Don't continue toiling away in the dark. Turn the lights on and learn how your practice is truly functioning by identifying KPIs and measuring them against those of other dental practices. You have nothing to lose and everything to gain! ■



Glennine Varga is a Business Development Coach for Arrowhead Dental Lab. She has been a TMD/OSA trainer and speaker with an emphasis on medical billing and documentation for over 15 years, and has trained doctors and teams in the use of electro-diagnostic equipment.

Glennine is an expanded duties dental assistant, certified in TMD with the American Academy of Craniofacial Pain. She is a visiting faculty member for The Pankey Institute, the American Dental Association, the Academy of General Dentistry, and Spear Education's Dental Sleep Medicine courses. Glennine currently teaches Total Team Training and co-teaches Airway Management and Dentistry for the Dr. Dick Barnes Group seminars.

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Q&A:

Simplifying Removables

A Discussion with Dr. Brian Britton about a Systematic Approach to Removables.

Aesthetic Dentistry recently spoke with comprehensive dentist Dr. Brian Britton, from Arlington, TX, about making removables a simpler and more profitable process. Dr. Britton will teach a simplified system to other dentists during an upcoming new course with the Dr. Dick Barnes Group (DDBG). Here's a brief synopsis of that conversation:

AD: WHERE DID THE IDEA OF SIMPLIFYING THE PROCESS OF REMOVABLES ORIGINATE?

Dr. Britton: Arrowhead Dental Laboratory approached me about developing a simplified course after noticing a need among dentists. Arrowhead had received numerous calls from doctors asking about a way to make the removables process easier. The result was a four-step system that any dentist can use.

We're not trying to reinvent the wheel—we're just trying to grease the wheel a little bit. Dentists don't have to be frustrated doing dentures anymore.

Dentures can be somewhat difficult, and many dentists don't like doing them because it's essentially just putting a piece of plastic in somebody's mouth. Getting them right can be difficult and exacting.

Many doctors consider removable prosthetics an old-school way of doing things. And because doctors often have to readjust dentures over several appointments, profitability is often not very

high. But if a patient can't afford to have a fixed hybrid denture, removables are a great alternative.

In addition to being a great skill, learning to place dentures can be a stepping stone to other advanced treatments, like implants. Dentists need to have a basic knowledge of how to do traditional removable dentures. They should understand dentures and denture setups before doing a proper hybrid.

Dentures are a bit of a lost art. In the removables course, we bring the process up to date and simplify it. And if dentists follow a systematic way of doing them, it can ease the difficulty and be more profitable.

Ivoclar Vivadent developed a system for simplifying the process of removables that works for dentists who are just start-



(Above) Today's dentures are more lifelike than ever.



(Above) Closeup of dentures showing the detail in the shape, size, function, and color of the teeth.

ing out, as well as for doctors who have been struggling with removables for years. I'm teaching this system during the course. A systematic approach leads to favorable outcomes. We're not trying to reinvent the wheel—we're just trying to grease the wheel a little bit. Dentists don't have to be frustrated doing dentures anymore.

AD: WHAT KIND OF OUTCOMES CAN PATIENTS EXPECT WITH TODAY'S REMOVABLES?

Dr. Britton: When a patient loses his or her teeth, it's a traumatic, life-changing event. If dentists can help patients feel more confident about themselves, it's a huge accomplishment.

The goal is for a denture to not to look like a denture, and to feel more natural. With today's removables, the teeth can be shaped specifically for the patient's face (see *photo, above*). In the old days, dentures were straight, simple, and flat. Now there are many different shapes and shades available. The patient's age, gender, and facial type all make a difference. If the tooth is properly shaped to the patient's face, it looks good—it isn't obvious that the patient is wearing a denture.

AD: IN GENERAL, HOW MUCH BUSINESS DO YOU THINK REMOVABLES CAN BRING TO A DENTAL PRACTICE?

Dr. Britton: Probably a quarter of the patients in my practice need some sort of removable. I've been following the protocol that we teach in the course for about two years, and I've done hundreds of dentures in that time.

In the past two years, the aggravation associated with denture cases has gone way down because I've been using the simplified structure. I used to hate seeing a denture on my schedule because I knew I'd have adjustment after adjustment. Now, it's a piece of cake. Removables are enjoyable because in the end, patients really like their smile—it looks good and improves function. For patients to go from no teeth to a good-fitting denture is a huge improvement.

For example, a 41-year-old patient that we fitted in a recent course had been wearing dentures for two years, and he had never felt comfortable. His

previous dentist extracted his teeth, put in the dentures, and that was it. The patient never went back to the dentist, so he was not aware that the dentures could be any better.

The patient figured he was stuck with the denture the way it was, because everybody he had talked to about it told him that dentures were awful. He didn't know any different. After being refitted for a denture as a volunteer patient in our course, the comfortable fit made all the difference to him.

Another denture patient told me that he hadn't had a hamburger for two years until we fabricated a properly-fitting denture for him. After that, he was thrilled to be able to eat a hamburger! It's the simple things that are important to patients.

AD: WHAT IS DIFFERENT ABOUT THE PROCESS IN THE COURSE THAT YOU TEACH?

Dr. Britton: With the structure that we teach, it's only a four-step process to delivery. The structure helps dentists communicate with the dental laboratory so that they do not have to have major adjustments from start to finish. In only four steps (four appointments), dentists can be done with a denture patient. It saves valuable chair time, so the dental treatment can be profitable.

The goal is for a denture to not look like a denture. With today's removables, teeth are shaped to the patient's face.

Keep in mind that in today's world, dentures are not just for grandparents anymore. In my practice, we see younger patients who don't have teeth because of drug abuse, energy drinks, diet sodas, and many other factors. There are acids in many foods >



(Above) With the AccuDent® alginate impression system, impressions are fast, accurate, and inexpensive.

Photo courtesy of Ivoclar Vivadent

that cause tooth decay, and with that tooth decay, patients get tooth loss.

Not everybody can afford to get implants. Dentures are a good alternative. Patients usually don't know what to expect with dentures because they've often heard horror stories. But things evolve. Now the teeth are better, materials are better, and the laboratory processes are better. Everything that we do now is better than what we did before.

AD: WHAT EXACTLY HAS BEEN SIMPLIFIED IN THE NEW PROCESS?

Dr. Britton: Well, pilots don't take off in an airplane and then decide where they're going. They have to follow a flight plan. Similarly, the most important thing when planning a removable case is knowing where to start and where you want to finish.

1. First and foremost, dentists need a plan. Don't just do removable treatments arbitrarily, with no information. Dentists should follow a structure, get the verticals correct, and get the teeth positioned properly.

We teach that in only four steps (four appointments), dentists can be done with a denture patient.

2. Second, it's important to have good communication with the dental lab. When dentists don't provide the lab with proper and accurate information, denture cases become unnecessarily complicated. If the dental lab technician can't "see" the patient through good impressions, a good bite, and good photographs, then the lab has to use guidelines. Giving accurate information to the lab technician reduces aggravation between doctor and lab as well as doctor and patient.

3. Third, simplify the process into fewer appointments. In the course, we teach specific techniques to help dentists get accurate information quickly. Taking good impressions is not just luck—there are techniques that can improve a dentist's skills.

There are many different tools that dentists can use to provide the laboratory with the information needed to make the ECBs, which will make the denture process easier.

A major part of this process is learning how to correctly take a patient's vertical. Think about it: if somebody comes in with no teeth, where do dentists set their teeth? The vertical measurement comes from biting the teeth together, so without teeth, a patient has no vertical.



Photo courtesy of Candulor

(Above) An alameter is an essential tool for denture cases.

Most dentists send an upper and a lower impression to the lab, and the lab arbitrarily uses an average value between the two. But that number is not going to be exactly right. In about eight out of ten of those cases, doctors are going to have adjustments and resets—which complicates matters for the patient, the doctor, and the lab.

AD: WHAT ARE SOME TIPS ON TAKING THE PROPER VERTICAL?

Dr. Britton: One thing that is unique to the course is the process of using the inner and outer canthus to find the proper measurement. That measurement correlates with the patient's vertical. Also, the interalar width of the nose determines the size of the tooth to use. Dentists have to start somewhere, and these tips and tricks get the ball rolling.

Participants in the course receive a Smile Design Kit which includes tools for them to use, so they leave the course with not only academic knowledge, but with physical tools to help make the process easier.

One tool that can cut the time in half is the papillameter (see photo, at right), which is used to measure the smile line. Instead of using bite blocks and wax rims, we use esthetic control bases (ECBs). Everything should be worked out in the ECB, and after that, it might require minimal adjustment. Again, if dentists know where they're starting and where they're going, the outcome will be favorable.

Other tools can help dentists get the right fit without requiring dozens of readjustments. For example, if a patient



Photo courtesy of Candulor

(Above) Using a papillameter can help simplify removables.

TOP TIPS FOR REMOVABLES

- *Follow a detailed plan for treatment.*
- *Have good communication with the dental lab.*
- *Simplify the process by learning specific measurement techniques.*

comes in with an ill-fitting denture that they've been wearing for several years, there is still valuable information in that old denture we can use.

Instead of simply taking upper and lower impressions and sending that to the lab, use those tools. Use the denture gauge to get the vertical, take photographs, use the papillameter, and use the alimeter. There are many different tools that dentists can use to provide the laboratory with the detailed information needed to make the ECBs—all of which will make the denture process easier.

AD: WHAT ARE SOME OF THE MOST COMMON ISSUES THAT DENTURE PATIENTS COMPLAIN ABOUT?

Dr. Britton: The most common issues patients complain about with dentures are fit, function, and phonetics. The setting of the teeth dictates their phonetic speech, so if dentures are not done properly, they can really affect speech. If dentists don't get the size or length of protrusion correct, the patient is going to have difficulty speaking.

To avoid common issues, dentists have to start out right. Many doctors will place the dentures and think they look good. The patient goes along with it because it looks better than what they had—anything looks better than nothing. But as the patient tries to function with it, he or she constantly needs adjustments.

If dentists take improper impressions, the patient is going to have sore spots. If the dentist doesn't know the patient's anatomy and where to extend the borders of the dentures, they're going to get sore spots. With sore spots, patients return again and again for adjustments, or they simply are noncompliant with the denture.

AD: WHAT CAN BE DONE ABOUT SOME OF THOSE COMMON ISSUES?

Dr. Britton: Assuming that the proper measurements were taken and the dentures fit well, if dentures are well taken care of, they can go years without being readjusted or relined. The only maintenance required is cleaning.

But if teeth don't have proper fit or function at the start, it's like having a gear in a machine that's off. The gear is going to wear down. The teeth will wear down if the occlusion is not set up properly at the outset.

It's tough to get used to something in your mouth that's not supposed to be there. Patients have to figure out how to wear it first. But if dentures are not set up properly and patients struggle from the start, the chances of them wanting to continue and figure out how to wear them are diminished.

AD: WHAT DO YOU WANT OTHER DENTISTS TO LEARN ABOUT REMOVABLES?

Dr. Britton: I challenge doctors to look at removables differently. This is not a "set it and forget it" endeavor. It is a customized process—matching the outcome to the morphology of each patient's face, and making him or her look and feel like they have as close to their real teeth as possible.

Getting good impressions is not just luck—there are techniques that can be used to improve a dentist's skills.

In addition, dentures can be a stepping stone to higher levels of dentistry when the patient's circumstances change. Dentists will learn to deliver a level of dentistry for edentulous patients that can differentiate their practice. In the mass of dentists who give poor-fitting, run-of-the-mill dentures, why not be the dentist who can make patients feel like they are as close to having their natural dentition as possible? Today's materials and technology make it all possible. ■



Dr. Britton has been practicing dentistry for 25 years, and for the past several years he has been integrating sleep dentistry treatments into his Arlington, TX, dental practice.

Dr. Britton is a graduate of Baylor College of Dentistry in Dallas, TX, a member of the American Dental Association®, and a member of the Texas Dental Association. He has a fellowship in the

Academy of General Dentistry and is the chairman of the Peer Review for a local dental chapter.

Dr. Britton has also completed a sleep residency with the American Academy of Cranial Facial Pain. Over the course of his career, Dr. Britton has completed countless hours of continuing education, including the curriculum at the Dawson Center for Advanced Dental Study in St. Petersburg, FL.

He currently teaches the new Removables Simplified course, and the Airway Management & Dentistry course with the Dr. Dick Barnes Group seminars. Dr. Britton maintains a patient-centered, comprehensive practice in Arlington, TX.

The Dr. Dick Barnes Structure

3 Steps That Move You Forward.

If you are not moving forward, you are moving backward. This saying is applicable to many things in life—especially dental practices. It means that there's no such thing as simply maintaining the status quo. If you aren't actively moving forward, then by definition you are going backward, because everything around you constantly moves ahead.

If you aren't actively moving forward, then by definition you are going backward, because everything around you constantly moves ahead.

Think about it: the price of doing business goes up each year. If you aren't taking steps to increase your business, then you will slowly fall behind—day by day, month by month, and year by year. However, decline is not inevitable. By taking action and moving forward, you can reverse the momentum and achieve new heights.

Dr. Dick Barnes became my friend and mentor many years ago. From Dr. Barnes I learned a three-point structure that I

taught to dental practices for many years as a Practice Development Trainer for the Total Team Training seminars with Arrowhead Dental Laboratory and the Dr. Dick Barnes Group (DDBG).

Before I retired in 2016, the structure that I taught helped dental practices for years—and it still works in 2018. How do I know? Because I have friends from dental offices who continue to implement this proven structure. Occasionally, they check in with me and their numbers amaze me! I am pleased that so many dental practices that I worked with are still going strong. I was asked to write this article to share with you the proven structure that has helped these dentists surge ahead.

DENTISTRY TODAY

Since 1984, when I started working in a dental office in Fort Smith, Arkansas, general dentistry has come a long way. And today, as Peggy Nelson writes in her article, "Beyond Drill-and-Fill" (see page 12), the dental market is more competitive than ever. General dentists can no longer afford to offer just fillings, extractions, crowns, bridges, partial dentures, and dentures.

For years I listened to the concerns of dental practices and offered solutions to them. It is one thing to identify problems, but it is quite another thing to find solutions to them. The DDBG

seminars offer solutions to a variety of common concerns from dental practices.

COMMON CONCERNS

The top concerns I encountered were the following:

- an unproductive schedule that did not meet practice goals
- a high accounts receivable
- a lack of new patients
- high overhead
- patients cancelling at the last minute and/or breaking appointments
- an unproductive hygiene department
- an insurance-driven practice
- poor case acceptance
- a lack of patient retention
- a lack of camaraderie among team members
- stagnation

How did dental practices turn things around? First and foremost, the dentists who really wanted help were *teachable*. They were open to learning new things and implementing a proven three-point structure. The dentists who succeeded learned that being busy did not necessarily mean they had a profitable business. Instead, they learned how to schedule patients in a way that made sense and increased profitability.

The dentists who succeeded received advanced clinical training and learned how to expand their practices to include advanced dentistry—full arch and full mouth restorations, dental implants, TMD treatments, sleep medicine, and practice development training.

The dental practices that still thrive today have team members who focus on helping patients get what's important for them—good function and less pain. Along with that, they deliver beautiful smiles that give their patients more confidence and better self-esteem—all of which benefits the patients.

The dentists who succeeded learned that being busy did not necessarily mean they had a profitable business.

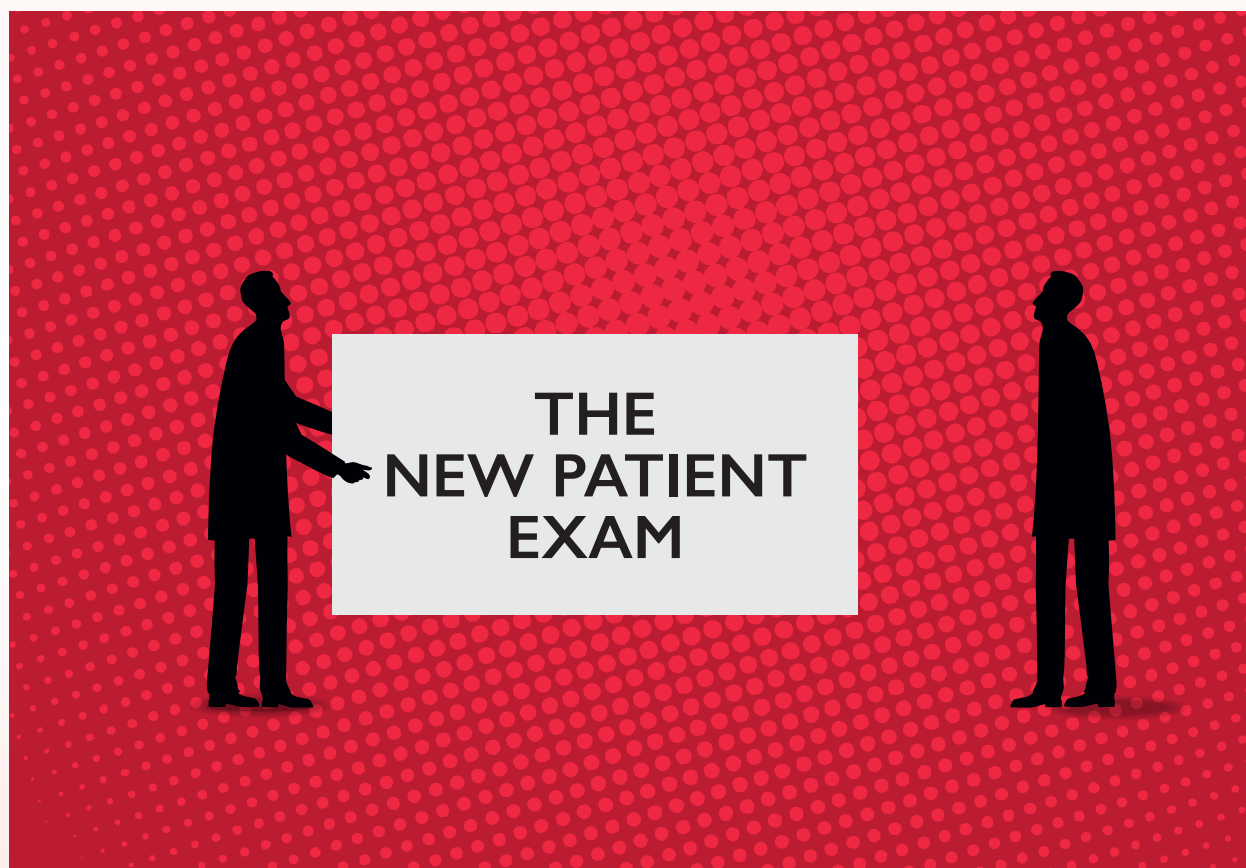
Whether it's turning a practice around, or stopping the slide backward, change takes work and commitment. As the dentists I consulted with began to expand service provisions for their patients, the dental teams were also challenged with learning new processes and structure. Again, who succeeded? The ones who said "Why not?" instead of "Yeah, but . . ." Team members, too, became very teachable.

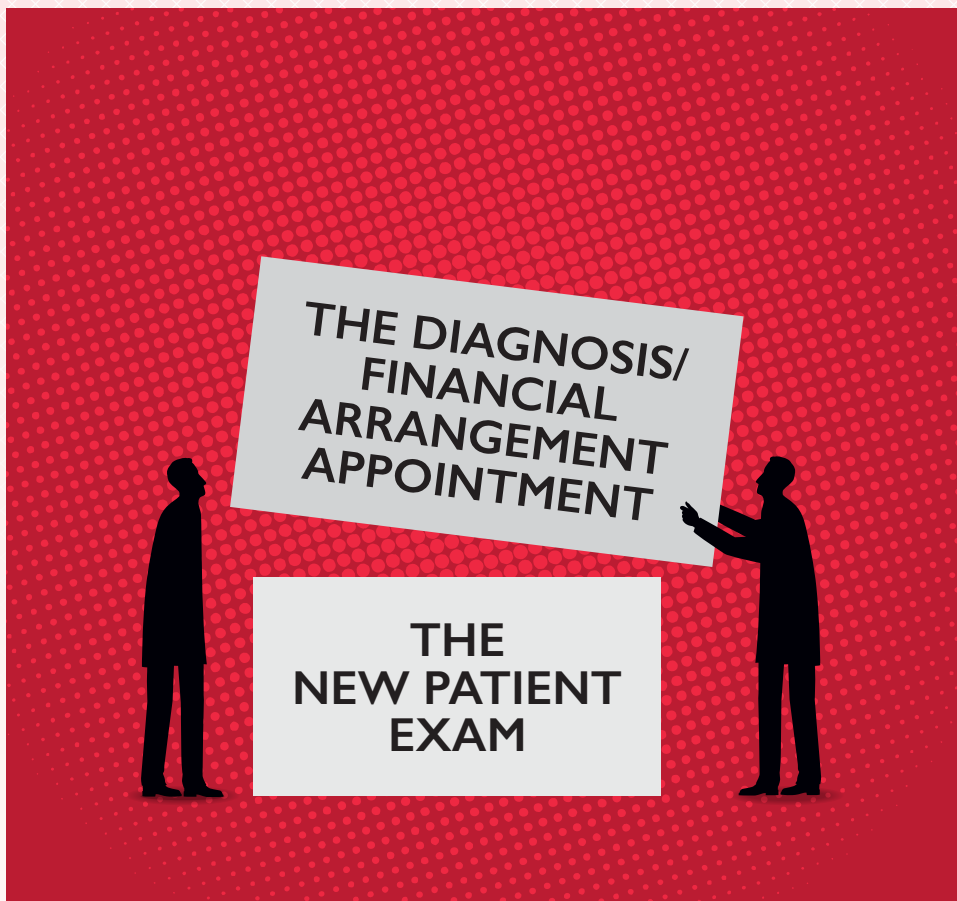
PHASES OF CHANGE

Ultimately, both dentists and dental team members must embrace change in order to be successful. Albert Einstein said, "The significant problems we face today cannot be solved at the same level of thinking we were at when we created them."

To enact change in any group, there are four phases to the process. They are as follows:

1. The Excitement Phase. This is when an office has hope that the new ideas and processes are going to work. When dental teams hear about the Dr. Dick Barnes structure, they ▶





The DDBG offers tangible solutions to common concerns, and the highlight is the three-point structure. The Total Team Training course starts with tips on getting patients in the door, because many dental practices need to perfect those skills. The class can help dental practices get patients into the practice. Sometimes it just involves reassuring a new patient on the phone by saying, "You have called the right office. We can help."

I. THE NEW PATIENT EXAM

Once patients are at the practice, the first part of the structure can be implemented—the new patient exam. Dental practices can't skip this part; it's the very first thing that dental teams should do when a new patient comes in the door.

A new patient experience includes meeting and greeting new patients, gathering new patient information (through the new patient interview), and communicating that information to the clinical team before handing off the patient for the exam.

The new patient experience is all about building good relationships. The importance of good relationships cannot be overstated. In the 1982 book *In Search of Excellence: Lessons from America's Best-Run Companies*, Tom H.

Peters and Robert H. Waterman wrote, "When one talks about customer service, nothing is more important than the word *relationship*. The relationship is everything."

Dr. Barnes has always said, "Patients will do business with people they like and trust." Building relationships of trust is critical, and it all starts with the new patient experience.

The new patient interview is for *all* new patients. It's for anyone who has never been a patient in the office, including emergency patients, shopper caller patients, and new prophylaxis caller patients. Conduct a brief interview that covers some of the patient's health issues and concerns. This really is a way to introduce the new patient to the practice and vice versa.

The new patient interview is a way of gathering information from the patient, but it also sets the practice apart as a unique

get excited. Why? Because the structure offers real solutions to their concerns.

2. The Hard Work Phase (this is when the average person quits). Implementing change is difficult. Things are challenging because with the new skills, team members have to think before they speak or act. During this phase, the team is in the process of adopting change, but change hasn't become part of the everyday routine yet.

Success breeds confidence. You can believe in something all day long, but until you do it and achieve it, you will never truly have confidence in it.

3. The Beginning-of-Success Phase. Dr. Barnes always used to ask dentists and team members the following question: "Which comes first—confidence or success?" Usually, team members are quick to say, "Oh, it's confidence!" But actually, it's not—success comes first. Success breeds confidence. You can believe in something all day long, but until you do it and achieve it, you will never truly have confidence in it.

4. The Internalization Phase. During this phase, the process of change becomes internalized—a part of the routine. Team members can do things the new way without having to think twice about things. And once change becomes internalized, teams never do things the old way again.

PHASES OF CHANGE

1. The Excitement Phase
2. The Hard Work Phase
3. The Beginning-of-Success Phase
4. The Internalization Phase

and caring place. It's a time of co-discovery with the patient about what treatments are important to them and why.

The new patient interview also gives team members an opportunity to deliver key messages about the practice (for more information on the messages, see my article "Create an Uncommon Practice: Five Messages for New Patients," in the November 2015 issue of *Aesthetic Dentistry*). The result is dental team accountability. Once teams deliver those messages to a patient, it's time for accountability from dental team members.

For example, one of the suggested messages to deliver is a financial one. If I asked a patient if he or she was concerned about the finances required to return their teeth to excellent health, and the patient said "yes," then I would respond, "Well, you will be glad you're here, because you will always know about everything in advance—before we do any treatments. In this office, there are no surprises."

After delivering that message, the dental team is accountable to follow through with that promise, remembering that their integrity is at stake.

More than anything, the new patient interview offers dental teams a chance to make a good first impression to their patients. Successful dental practices learn how to listen to their patients and co-discover what the patient's values are regarding treatment.

Dental teams should become expert listeners, both with active listening skills and with reflective listening skills. Then they can learn to do a new patient interview in a reasonable time-frame—no more than ten minutes.

II. THE DIAGNOSIS/FINANCIAL ARRANGEMENT APPOINTMENT

The second part of the structure is the diagnosis/financial arrangement appointment. Successful teams learn how to present treatment and then help patients find the money to pay for it.

Successful teams learn how to present treatment and then help patients find the money to pay for it.

Instead of focusing completely on the tangibles such as crowns, veneers, implants, fillings, etc., co-discover what is important to a patient from the very beginning. After the discovery process, case acceptance will grow. The focus changes and the dental procedures become a means to an end, rather than the end in and of itself.



It starts with dentists realizing that they are changing their patients' lives for the better through the world of dentistry. The crowns, veneers, and implants that they place help patients by eliminating their pain and discomfort, providing them with better function, and giving them smiles they can be proud of—ultimately leading to greater confidence and improved self-esteem.

It's up to the dentist and the dental team members to co-discover with the patient whatever their reason is for moving forward with dental treatment.

Patients must be given a reason to invest money, and the reasons will vary for each individual. However, a patient never walks in the door and says something like, "I'd like to get four crowns and an implant today!" A patient walks in the door and says, "I'd like to be able to eat corn on the cob again," or "I'd like to have beautiful teeth for my wedding photos."

How do we know when the patient values the recommended treatment? Here's a formula that I used: Value = Benefits – cost. Dental teams learn what patients value after they find out how the patient will benefit. Once team members co-discover what their patients want, they can help them find the money to pay for it. It's up to the dentist and the dental team members to co-discover with the patient whatever their reason is for moving forward with dental treatment.

(continued on page 40)

Back to Basics

Optimizing Basic Skills for Advanced Results.

For the past several years, I've taught seminars with the Dr. Dick Barnes Group (DDBG). The overall goal for this group is to help dentists become better and more productive. I keep that philosophy in mind with every course that I teach—whether it's a Full Arch Reconstruction course, a Hands-On Clinical course, or a Know Your Numbers course.

As an educator, I've been welcomed into dental practices across the country. I've seen and heard a lot of different things. Some doctors are tearing it up—opening multiple practices and seeing plenty of patients. Other doctors, though, are struggling—and despite working hard and exhausting themselves, they aren't seeing very many patients in a day.

For dentists who are frustrated, and whose financial revenues aren't where they need to be, it might be time to go back to the basics. "But wait," the dentist always says. "I've been practicing for ten/twenty/thirty years! I'm way beyond the basics!"

For dentists who are frustrated, and whose financial revenues aren't where they need to be, it might be time to go back to the basics.

However long you've been practicing, it's beneficial to review the basics in order to analyze whether there is room for improvement. Maybe advancements in technology could help the practice. Maybe you could learn how to prep faster and more efficiently. What if you could discover one small adjustment to

REVIEW THE BASICS

1. Clinical Basics
2. Diagnostic Basics
3. Management Basics
4. Leadership Basics

the way you hold your handpiece that would alleviate tension and allow you to take fewer breaks in a day? Wouldn't you want to learn a tip that would allow you to be able to perform more procedures in a day?

Going back to the basics is a simple but powerful idea. And it's one that helps all dentists—not just the newbies—become better and more productive. Dentists should always be looking at ways to improve their practices, and sometimes reviewing the basics is all that it takes to achieve extraordinary results.

CLINICAL BASICS

Last September, I taught a private training course for a group of dentists and their dental teams. This dental group was made up of about 10 dental practices, with some dentists who were just out of dental school, and others with 30 years of experience



or more. This particular dental group opted to fly me in to train their group, rather than fly their group to Utah for training. During the course, I was with Chelsea Brock, a sales representative from Arrowhead Dental Laboratory, who helped organize the logistics of the trip.

We were expecting to do a full arch reconstruction course and possibly teach parts of the occlusion course. However, it's impossible to jump into a full mouth or full arch reconstruction case unless dentists are comfortable with all the steps leading up to it. Over the weekend, we discovered that the most beneficial thing for those doctors to learn was not how to segment a full arch, but simply how to prep a single tooth.

Although the doctors all knew how to prep a single tooth, they didn't necessarily know the *optimal* way to do it. The course started from there, and it was like a series of light bulbs going off for many of the doctors. We brought several models for them to practice prepping on, and after two or three tries with the new techniques, they really started to catch on.

Learning the optimal technique helped increase their efficiency and accuracy—not only for the structure of the tooth they were working on, but also with regard to the impressions and how they should send them to labs so they could fabricate great restorations and have truly predictable results. The doctors learned optimal techniques that were efficient and precise.

During the course, I showed the doctors how to prep a tooth (both posterior and anterior) in a way that was conservative, and that saved a lot of tooth structure, with clear, defined margins. I also showed them how to fill a cavity. And I showed them how to drill, which was helpful even for dentists who had been in practice many years. My objective was to help dentists see their world differently—for the better.

While drilling, it's tempting to stop and lift up your hand for 10 seconds or so when you're prepping a tooth. But it's much more efficient to keep drilling and not stop. Sometimes not lifting a hand for a full 10 seconds is an achievement! I literally held my hand over some of the dentists' hands while they were drilling because it's so hard to change old habits, and they needed to feel how to do it properly.

I had my hand on theirs and said, "Don't peck, but look at the drill bit and where you are focusing it." Then I would ask, "Are you going to push the side in or the tip?" I showed them small adjustments that saved time and materials, and established a routine order that gave predictable results.

The doctors were so excited about learning these new skills that one dentist who was retired talked about coming out of retirement just so he could put into practice everything he had just learned.

A few times I had to say, "Bear with me for a moment. I know you know how to drill. But let's see if you can't be just a little more efficient." And more often than not, when we examined their step-by-step prepping processes, they were able to learn something basic that made everything else much simpler. As a result, I kept hearing from the dentists, "Why didn't I know this before?"

They were able to put the new skills into practice the very next Monday at work. The doctors were so excited ►

about learning these new skills that one dentist who was retired talked about coming out of retirement just so he could put into practice everything he had just learned.

I often say that being a great dentist comes in a series of plateaus—and dentists should learn to love each one. For example, if a dentist really wants to work with a CO₂ laser but can't afford one, he or she should learn everything they can about the scalpel techniques first. Yes, having a laser is the ideal, but there are plenty of skills that the dentist can refine in the meantime while on that particular plateau.

It's important to master the new materials and techniques before practicing them on patients. That's where CE can help because dentists are given the opportunity to practice on models or mannequins.

Rest on the plateau, learn everything you can from it, and love it. If you want a 3D X-ray machine and can't afford it, there are labs or other dentists that you can use as resources, and from whom you can learn to optimize the basic skills before you get your own machine. Successful dentistry practice requires never-ending improvements.

It's important to master the new materials and techniques before practicing them on patients. That's where CE can help, because dentists are given the opportunity to practice on models

or mannequins. That way, when you get into the exam room, you feel confident about performing the new technique.

After the private course training, the Dr. Dick Barnes Group and I decided to offer a CE course about the basics. The CE course includes many valuable clinical tips. Topics include smile design, occlusion fundamentals, appliance therapy, stick and swallow bite techniques, cementation, TMD treatments, temporization, and others.

Temporization is an interesting topic because some doctors shy away from large cases due to their uncertainty about how to temporize cases during the interim. But it's possible to do dazzling temporaries with tremendous certainty.

The White Wax-Up is an important tool in creating those outstanding results. We recommend that any case involving more than six crowns be done with the use of a Wax-Up. The Wax-Up helps generate a matrix for the temporaries, and the result is beautiful.

Occlusion is also important to learn because it's typically not covered in great detail during dental school. We teach some simple terminology and how to measure the Shimbashi, which can help doctors who may not be sure where to begin. Without learning how to recognize problems with a patient's bite, doctors sometimes aren't "seeing the forest for the trees." In other words, some dentists are so focused on fixing just one crown, that they miss a collapsed bite.

We also go into appliance therapy because once a doctor starts working on occlusion, it's their job to know how to open a patient's dentition—and how much to open it. And they should always do a test in the form of a removable appliance



before performing any permanent procedures.

DIAGNOSTIC BASICS

Sometimes looking at the overall appearance of a patient's face and noticing asymmetries, distortions, profile, and posture can indicate potential dental problems—ones that are often overlooked.

When a patient presents with a toothache, a dentist naturally focuses on the tooth that is causing the pain. But if a patient presents with a problem, even if it seems contained, dentists should go into the mode of CSI: Dental Routine. What I mean is that he or she should stop looking at just the teeth, and instead look at a patient's face, their dental history, everything that's going on in the patient's mouth—and take all of that into consideration when faced with a patient in pain.

Several years ago, a longtime patient of mine came in for an emergency appointment with my associate. She presented with a sharp pain in her front teeth. My associate looked at her X-rays, checked her teeth and gums, and couldn't find a problem. He came to me for advice on what to do.

I looked beyond the tooth that was obviously causing the pain and reviewed the patient's dental records: I noticed that she had been prescribed an appliance that she was supposed to wear at night because she juttied her jaw forward when she slept.

I asked her, "Christine (*her name has been changed*), will you push your lower teeth forward against your upper teeth?" She did it and the pain spiked. Clearly, the patient had been doing this motion a lot—but she didn't remember doing it. That meant she must have been doing it during sleep when she was supposed to be wearing her appliance.

"Are you wearing the appliance, Christine?" I then asked. The answer was no. And then I looked at Christine and said, "Christine, you know that appliance is not going to help you sitting in a drawer."

With the knowledge that the patient was noncompliant with the appliance, I said to my associate, "If she's pushing forward on the front teeth, ask her to go edge to edge with her teeth." He did and her teeth lined up perfectly, as though she kept them in that position all the time. I asked my associate, "What do you think she's searching for in that position?" "Air," he replied.

And with that, the associate realized that the patient might have the beginnings of some sleep apnea issues. He was able to explain to the patient that if she didn't wear her appliance, she could eventually wear out her front teeth, push them forward, and they would start to spread apart. "So what do you think is the best thing to do?" he asked the patient. "Wear my orthotic," she answered.

In this case, the associate and I went back to the basics—talking with the patient and bringing in basic dental knowledge



along with knowledge of the patient's history—to find a solution. The result was a positive outcome. If we had continued looking only at the affected teeth and gums, and not looked at the history of the patient and other wear and tear on her face and in her mouth, we may not have figured out the underlying problem.

MANAGEMENT BASICS

Dentists are the heads of the dental practice. If the practice isn't producing the results they want, dentists must figure out why. When dentists consistently get bad outcomes, it's tempting to blame everyone else. But often, outcomes that are less than desirable signal that it's time to go back to basics—identify the problem, master the basic skills, and then build on those fundamentals.

Dentists are the heads of the dental practice. If the practice isn't producing the results they want, dentists must figure out why.

Management skills and confidence are required for the financial side of the practice. Many dental students dream of owning their own practice, but dental schools don't teach business management skills. Dentists usually learn those skills on the job—it's like getting tossed into the swimming pool and being expected to swim. It's important for dentists to understand optimal money management fundamentals when running a dental practice.

For example, a dentist recently told me that his costs were way too high for his income. He had hired a consultant who advised him to expand more quickly than he should; consequently, the dentist had too many team members on the payroll and wasn't generating enough revenue to cover the costs. As ►

a result, he had accrued a large debt. The dentist didn't want to fire anybody because he was kind and he knew they had needs.

But his practice had needs too; and since dentists are running a business, they have to make tough decisions. I shared some basic management principles with him, and he reduced his staff, paying those who remained slightly more to take on the extra load. It didn't take long for things to turn around.

It's important to address problems as soon as they are discovered, because if left unresolved, they will only be compounded as time goes by.

If your bottom line isn't where you think it ought to be, there are many things that could be causing the problem. It's important to address business management problems as soon as they are discovered, because if left unresolved, they will only be compounded as time goes by.

LEADERSHIP BASICS

Leadership involves managing the business side of the practice, and it also includes managing your team members. Small problems, when left alone, inevitably become big problems. So what are some good basic business practices for managing your teams?

If your office manager is coming in late every day, the dentist is the only one who can say something to correct the behavior. If the dentist looks the other way, other team members will feel that they can come in late, too. One staff member's problem can have a domino effect.

What is the best way to discover what you don't know? Attend educational programs and hands-on courses and see how mentors and colleagues approach the basics.

Just as financial problems should be addressed immediately, dentists should address team member problems as soon as they begin. Otherwise, they will blossom into a full-fledged crisis, and when that happens, it's time to go back to the basics. Dentists are ultimately responsible for their practices, and having basic skills in interpersonal communication and in dealing with human behavior will help them in that responsibility.

WHAT YOU MAY NOT KNOW

The phrase "you don't know what you don't know" is appropriate for many dentists who think they already know the basics. What is the best way to discover what you don't know? Attend educational programs and hands-on courses and see how mentors and colleagues approach the basics. It may be revelatory to learn a new and different approach.

I have met a few burned-out dentists who had retired or were on the verge of retiring or switching careers, and when they



learned some of the optimized approaches to "basic" dentistry, their passion for the profession was reignited.

With the optimal basic framework mastered, dentists can expand on that knowledge for continuous iterative improvement, and when that happens, I see doctors' confidence explode! Their passion for dentistry ignites and/or returns, and they want to perform at a higher level because they know they can be successful. It's energizing and motivating because it unlocks limitless possibilities.

Don't dismiss the basics as being too elementary. Think about what you know and what perhaps you may be missing out on. Learning how to optimize basic skills can lead to better and more productive dentistry—I've witnessed it firsthand. ■



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.

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As you proceed with this part of the structure, remember that dentists and team members can never want the treatment more than the patient wants it. It's not enough to tell patients, "The doctor thinks it's urgent for you to get this treatment." You must clearly explain the benefits for patients in a way that resonates with their values.

Remember that dentists and team members can never want the treatment more than the patient wants it.

Once team members make that joint discovery with the patient, the financial coordinator will stop *taking* money and start *receiving* money. He or she will become the patient's ally, and not the bad guy.

III. SCHEDULING TREATMENT

The third part of the structure is about scheduling treatment in a productive manner. To begin, set production goals every day. Next, have resources available to fill the schedule.

Where do those resources come from? They come directly from the diagnosis/financial arrangement appointment. Once you've found those resources, you will have what it takes to fill the schedule.

A good appointment scheduler should be in control of his or her schedule, and will never ask a patient, "When would you like to come in?" Instead, the question will be replaced with, "The doctor has these times available for these procedures."

When it comes to a hygiene schedule, schedulers can ask if morning or afternoon appointments work better, but they should never ask such questions when arranging a doctor's schedule.

A good appointment engineer learns what are confining procedures for the doctor, and what are nonconfining procedures for the doctor. Now, I know many dentists think they have a special suit under their shirts with a big "S" on it (which, of course, stands for

Superman), but teams have to be realistic enough to admit that even the best dentist can't be in two places at one time—much less three.

TAKING ACTION

When the three-point structure is implemented in the proper order, offices see results. I was always delighted when dental team members would call me to report their successes after a training. However, sometimes offices that really wanted

the structure to work for them did not see the results they had hoped for right away. When that happened, I would reach out to the team members and review how they were implementing the structure.

After reviewing their actions, I could help them identify what part of the structure was left out or implemented incorrectly. For example, I worked with a practice that had a chronic cancellation problem. They reported to me that the structure wasn't helping their cancellation problem. Just that morning, they told me, a patient for a large case failed to show up on the day of his appointment.

When I heard this, I responded, "Tell me about the patient who was supposed to be here at 9 a.m." The team member said, "He was supposed to bring the money with him today." I realized that the team member hadn't helped the patient find a way to pay and/or fit it into his budget.

Once team members make that joint discovery with the patient, the financial coordinator will stop *taking* money and start *receiving* money. He or she will become the patient's ally, and not the bad guy.

If you help patients find a way to fit the treatment into their budget, and co-discover the value of treatment with them, no matter what unexpected events happen, patients will still show up for their treatments.

It's important to implement the structure in the proper order, as each step builds upon the success of the previous one. As a result of completing the structure in the proper order, patients will be asking, "How soon can I come in?" That phrase is music to the ears of any appointment engineer.

It has been my joy to reflect on all of the dental offices that I have had the privilege to train throughout the years. If you'll make the decision today to move forward, you won't ever go back. Every day should be better than the day before. And always believe that "the best is yet to come." ■



Tawana Coleman was a practice development trainer with the Dr. Dick Barnes Group for more than 20 years. She worked with thousands of dental practices across the United States and Europe. The structure that she taught empowered dental practices to dramatically increase production. For any questions, email Tawana at rtcoleman@cox.net.

TIPS TO STAY AHEAD

1. **Constantly seek out mentorship**
2. **Don't rest on your laurels**
3. **Present comprehensive dentistry**
4. **Surround yourself with like-minded people**

The sad truth is that waiting for something to happen is never the best way to get ahead. As dentists, we should be constantly looking for ways to move ahead, and sometimes the very thing that propels us to the front of the line comes as a result of misfortune or difficulty.

When I first started practicing dentistry, I had graduated from dental school and gotten "in line" with the other new dentists. I hoped to someday have the opportunity to build a practice that would allow me to make a difference and provide the lifestyle I wanted. But being in the back of the line gives you a lousy view—it is difficult to accurately gauge your progress and see what is happening up front.

As a young dentist, I quickly became disheartened because my patients didn't seem to want the type of dentistry that I could provide. Case presentation after case presentation ended with a patient saying "no," and each time, it felt as though my place in line was moving farther towards the back.

It seems as though a great many dentists are stuck waiting in line, hoping that someday they will arrive at a place where they can get what they went into dentistry for.

After a few years, I decided to find a set of professional crutches in the form of a mentor. That mentor turned out to be Dr. L. D. Pankey and with his wisdom and insight, I started moving in the right direction. He taught me about the value of dentistry.

On my way to the front of the line, I discovered what had been holding me back. I had to want to become more than "just another dentist." The only thing I ever aspired to in my life was to be a dentist—and I wanted to be the very best dentist that I could. I had to stop focusing on what every other dentist was doing, and look at what would differentiate my practice.

I decided not to accept the conventional wisdom that every patient will need their teeth removed and replaced with a denture. I believed that dentistry had the power to help patients keep their teeth for their lifetime. I based my professional approach on that philosophy, and my patients responded—and my practice, by the way, was in a small community in California that was "blue collar" at best.

I didn't magically become an expert salesman. Quite the contrary! By freeing myself from the groupthink and the limited view of dentistry's potential, I was able to speak to patients in terms of a higher level of care. I learned to speak with authority and to communicate dentistry's value.

I had to stop focusing on what every other dentist was doing, and look to those things that would differentiate my practice and take me to the front of the line.

This approach changed my life and my practice. In a short time, I had a new view of dentistry, unobstructed by the assumptions of those who had been in front of me. I now had a clear view of what was possible. I made a daily goal to stay at the front of the line.

STAYING AT THE FRONT OF THE LINE

Make a commitment to stay at the front of the line. Here are some tips to get you there:

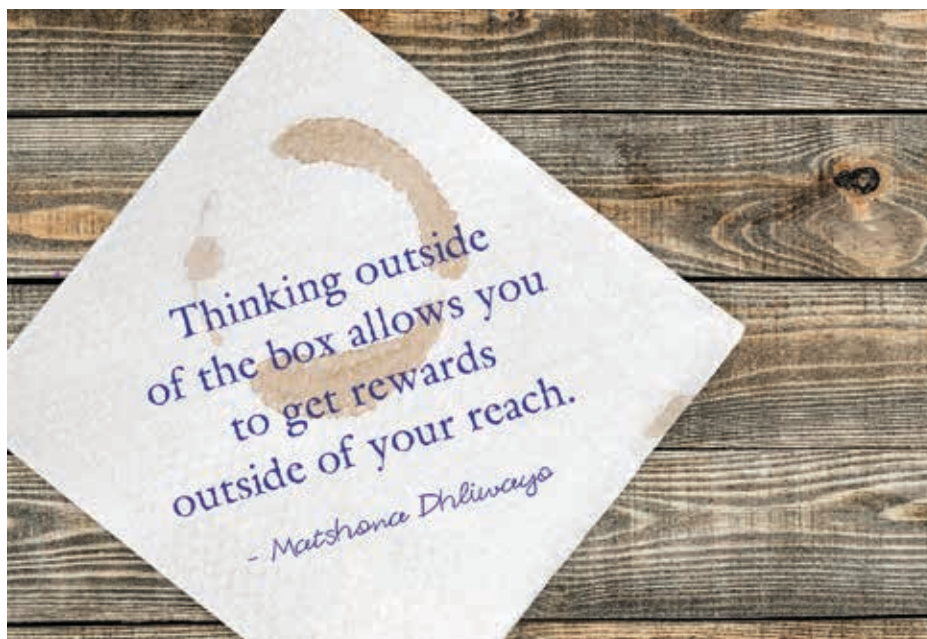
1. Constantly seek out mentorship. Dentistry is a commitment to lifelong learning. All dentists should implement iterative improvements and always be looking for new techniques and better ways of doing things. Learn to practice the best dentistry possible, and don't assume that patients can't afford it.

2. Dispel the notion that you can rest on your laurels. If dentists don't actively work to stay at the forefront of their profession (the front of the line), they'll quickly be overtaken by the crowd that says, "My patients can't afford it!"

3. Present comprehensive dentistry. Dentists should present comprehensively to all patients, regardless of preconceived notions about their patients' desires or their ability to pay. They should keep their skills up to date so they can provide treatment options that deliver outcomes above and beyond the norm.

4. Surround yourself with like-minded people. Dentists should engage with colleagues who also want to be at the front of the line. Those dentists will drive you to be the best you can be—and the same philosophy applies to business partners, suppliers, and, of course, your dental lab. Learn from those who have learned to become "the best and most productive!"

Once I made it to the front of the line, I never looked back. The kind of dentistry that I provided took me to the front of the line, and my patients have been grateful and happy that they still have their teeth—40 years later. ■



interruptions. Then block out times for high production to meet daily numbers in the daily production goals set.

Many dental professionals are uncomfortable encouraging patients to take that next step towards advanced dentistry. But it can be as easy as telling patients, "Let's take some models, X-rays, and let me study them and have you back for a comprehensive treatment plan." After watching trouble spots for a while, it's time for treatment. Dr. Dick Barnes suggests telling patients, "It's time." Dr. Jim Downs simply asks, "When would you like me to intervene with the care of your teeth?"

By taking the initiative with patients and making time in the schedule for them, dental practices will notice an increase in advanced dentistry cases.

REHABILITATION FEES

When determining fees for cases of eight units or more, practices often charge too little. Dentists often base the fee for large-case dentistry on a per-unit basis, or they discount the case with the hope of increased patient acceptance.

As a result of a lower fee, the dentist may find him or herself limited to fewer material choices, little or no profit margin, and undue stress from surprises and complexities once treatment is underway. It can also result in a dissatisfied patient who received less than ideal care to fit the low budget, or who received additional charges to achieve the desired outcome.

Don't sell yourself or your patients short. To determine a fee for any large case over eight units, base the fee on *total reconstruction difficulty*. There are many ways to structure rehab fees, but do not set the fee on a per-unit basis or it will be too small. (For more info. on rehab fees, call Arrowhead at 1-800-995-7243.)

FIND A PARTNER/MENTOR

A final element in shaping your success is finding partners and mentors who offer support. As a dentist working to affect

change, look for partners you can call on during moments of self-doubt or fear. Remember, you don't have to do it alone.

A great way to find partners/mentors is to network with like-minded dentists. Attending conferences and CE courses is a good place to start building a network. Look for educators who offer the tools to build predictability and consistency in your advanced dentistry.

Another way to find partners/mentors is to find a dental lab that offers technical support for advanced cases. In the July 2017 issue of *Aesthetic Dentistry*, Dr. Jason P. White of Lubbock, TX, said, "I talk to my lab representatives constantly, especially when we're in the middle of a case."

Dental laboratory reps are experts on the proper function of and technique for crowns, and they can provide a wealth of knowledge for treatment planning and advice.

GET STARTED

Now is a great time to evaluate your dental practice and take steps to implement effective changes that will take your practice to the next level. By analyzing what drives and limits your practice, you can identify where you need to focus your efforts. Once you start to implement some key strategies, you will notice a difference.

You don't have to become the next Amazon to see tangible results. You can transform your business and move beyond traditional drill-and-fill dentistry. Start today! ■



Peggy Nelson has worked in the dental industry for nearly 20 years. She currently works at Arrowhead Dental Laboratory in Sandy, Utah, where she has been the Director of Business Development for the past eight years. Prior to her current responsibilities, Peggy worked at Arrowhead as the manager for the doctor relations group, and as a doctor relations account rep. In addition,

Peggy worked in dental sales and office management for a dental group in California.

Originally from the San Francisco Bay Area, Peggy received a bachelor of science degree in business management from Brigham Young University in Provo, UT. In addition to her degree, Peggy completed the requirements for the AchieveGlobal® Professional Selling Skills® certification, and the SPIN® Selling certification. Peggy's areas of expertise include practice management and team training, and she is passionate about helping to deliver life-changing dentistry for patients. Peggy can be reached at pnelson@arrowheaddental.com.

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