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Aesthetic Dentistry

TECHNOLOGY AND TRENDS IN PRACTICE DEVELOPMENT

DAESTHETICS • VOLUME 12 ISSUE 1 • SUMMER 2013



Navigate Medical Billing

*Insurance GPS for Dentists—
Five Most Common Challenges
Conquered!*

**Think you know
everything about
bruxism? Think again.**

Elevating Dentistry

Is it time for you to rededicate yourself?



The other day I was going through some files and, I came across an article that I wrote in 1989. I was curious to know if the things I wrote back then were still applicable to the dental industry in 2013. As I read the article, I realized that what I had written almost 24 years ago was even more relevant today. I want to share some of that article with you as we explore the topic of elevating dentistry.

In 1989, I rededicated myself and Arrowhead to the improvement of dentistry. I did so with the four main intentions:

1. Help dentists do more of the dentistry they originally wanted to do,
2. Enable dentists to receive an income commensurate with the time and financial investment incurred,
3. Pay higher salaries to their auxiliaries, and
4. Provide better quality dentistry for patients.

Too many dentists have made great sacrifices of time, stomach lining, heart muscle and money, and are not receiving the sense of satisfaction and accomplishment they deserve.

Accomplishing the goals of providing quality dentistry, receiving above-average income and being able to pay better wages to your auxiliaries, takes commitment from you and your staff—a commitment to change that must come “from the top down.” If you are not sure how to go about doing this, then you need to do one of the most transformative things a leader can do—become teachable. Being teachable is not just a decision but it is also an attitude that you need to foster. You have learned the techniques of dentistry; now learn the techniques of business and people management.

Behavior and attitude are the primary forces necessary for success in the world of dentistry.

Dentists tend to be traditionalists and practice dentistry the way it was taught them by their first mentors. The greatest scientific discovers, including the new technologies and materials that we enjoy today, didn't occur until someone broke with tradition. By breaking from tradition, you are able to see the world differently. To many of you, the idea of breaking with tradition carries with it visions of rebellion. I would say that breaking with tradition is less about rebellion and more about becoming truly teachable.

Aristotle once said, “The more you know, the more you know you don't know.”

Behavior and attitude are the primary forces necessary for success in the world of dentistry. Behavior can be learned and attitudes can be changed, but they do not really become a part of you until you view the world of dentistry differently. The way that traditional practices operated 10 or 20 years ago are not reliable models for success in today's marketplace. Corporate dental practices are expanding on a yearly basis and they are shaping attitudes of patients when it comes to what is the expected level of care. The days of simply hanging out a shingle and finding a measure of success are long past. Today's dentists must constantly be looking to improve what they are able to deliver to their patients. This includes implants, full arch dentistry, and sleep dentistry. But beyond procedures, it also means having a comprehensive view of what is possible so that you can see past symptoms and help your patients find solutions that will help to ensure their long-term health and well being.

Arrowhead and the Dr. Dick Barnes Group will continue to train and teach you how to break with tradition. We will always stress the importance of quality dentistry—that is the one tradition that will never change. The programs offered by the Dr. Dick Barnes Group will train you in a set of techniques and values that will enable you to see the dental world differently; not just quick fixes, first impressions, or manipulative plays. You will love dentistry more (or once again), your patients will be happier, and you and your auxiliaries will experience the satisfaction and productivity that is available when you elevate your dentistry. ■

Aesthetic Dentistry

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Building A Better Smile

For years I was embarrassed about the appearance of my teeth. Especially being a dental ceramist. I felt like every time I told someone what I did for a living, their eyes immediately went to my teeth. The unasked question always seemed to be, “Why don’t you fix your own teeth?” I felt like my abilities as an Elite ceramist were being judged by my own mouth.

I started in the dental industry while I was in high school. A “basement lab” owner who lived in the area was looking for an apprentice and had approached the art department at my school. He wanted someone with artistic talent and a good eye that he could train to do things his way. I tried out and discovered that I had quite a knack for it. Until then I never even knew that a job as a dental ceramist existed, and also hadn’t really given much thought or care to my teeth.

I love to flash a big smile when I talk to people, and when they ask what I do for a living, I no longer cover my teeth when I tell them.

After several years and a good start in this field, I came to work at Arrowhead Dental Lab where my real education began. Over the years, I have had the opportunity to work and train with some of the best technicians and clinicians in the world. Not only was I trained by Arrowhead’s top ceramists, but I’ve also participated in countless clinics and seminars on topics ranging from advanced porcelain techniques to neuromuscular treatments in dentistry. Through this exposure I became aware of the problems in my own mouth. I started to notice the cosmetic issues and how the functional problems and wear on my teeth were getting worse. My anterior teeth were very flat and getting

shorter every year. My smile line went uphill on the right. Each year I was adding at least one or more posterior crowns due to wear and fracture, and my TMJ was starting to click. Nothing was hurting, however, so I put off any kind of treatment.

Aside from the problems I noticed, I started to become more and more self-conscious about my smile. On my 34th birthday a coworker asked me my age. When I told her she smiled and said, “Ben, don’t be so coy, you can tell me.” She was sure that I was in my early-to mid-forties and thought that I was teasing when I said 34! A close friend told me that it was because of my teeth. He said if I just got them fixed I’d be fine.

They say that the plumber always has leaky pipes in his house and that was me. I worked on full mouth reconstructions and cosmetic restorations every day. I had seen the difference it could make in somebody’s life and knew the health problems and jaw issues that I’d face if I left my mouth untreated. I’d fixed my wife’s teeth and my mother’s. Committing to doing it myself, however, was another problem. I knew what needed to be done. If I was going to do it, I wanted to do it right. That meant time and, of course, money.

It also meant the right treatment. I spoke with several dentists about treatment plans, but most only offered what I felt would be temporary solutions. One offered to veneer the top eight teeth to satisfy my cosmetic concerns, but I knew that wouldn’t fix the functional problems and would only lead to broken veneers. Another said he would restore the cuspid rise by doing the top eight and bottom six teeth, but that did nothing to resolve the problems with my bite, which caused premature wear in the first place. So I put it off.

When the opportunity came to participate in the Full Arch Reconstruction (FAR) course at Arrowhead Dental Lab, I finally decided it was time. I knew that the FAR course dealt with and

taught about the very issues I was concerned with, and I knew I would get the best treatment available. Before getting in the chair, however, I started splint treatment to restore my bite to its proper position. Using a TENS unit, my dentist was able to measure the position that the muscles in my jaw should be at naturally. Then an appliance was made that held my bite in the proper position. The therapy lasted several weeks but I felt the difference immediately. My jaw felt great! It was time to do the work.

Doctors often make the worst patients and I think that the same could be said about technicians; however, due to careful case planning with Dr. Downs, I was confident that everything was going to be fine.

We first restored the full upper arch. At the prep appointment, temporary crowns were made to an ideal arch form and occlusion by using a sil-tech matrix made from the diagnostic white wax up. Then, “snow-cap” temporaries were placed on the lower arch which cemented to the top of my teeth and fit my new occlusion. I then made the crowns using Emax porcelain and Arrowhead’s Elite porcelain technique. I chose Emax due to its beauty and exceptional strength, which works nicely with the advanced cut back and layering we use for our Elite restorations.

Working on my own case was not what I expected. It was



BEFORE



AFTER

just awful trying to please the world’s pickiest patient. As with the temporaries, the final crowns were made to an ideal arch form and occlusion was verified with a matrix. Then came the seating appointment. Crowns were placed and the process was repeated on the lower arch.

Very few people have ever said anything about my new teeth. Other than those who know, no one seems to notice. I think that most just assume I have naturally nice teeth. My crowns look very lifelike and vibrant, not artificial. They are much more age-appropriate than the worn-flat teeth I had before, and no one questions my age. I love to flash a big smile when I talk to people, and when they ask what I do for a living, I no longer cover my teeth when I tell them. ■

Ben Biggers, LVI Certified Master Aesthetic Technician; Currently employed full time with Arrowhead Dental Laboratory for fourteen years. He is a member of the Elite Department.

Aesthetic Dentistry

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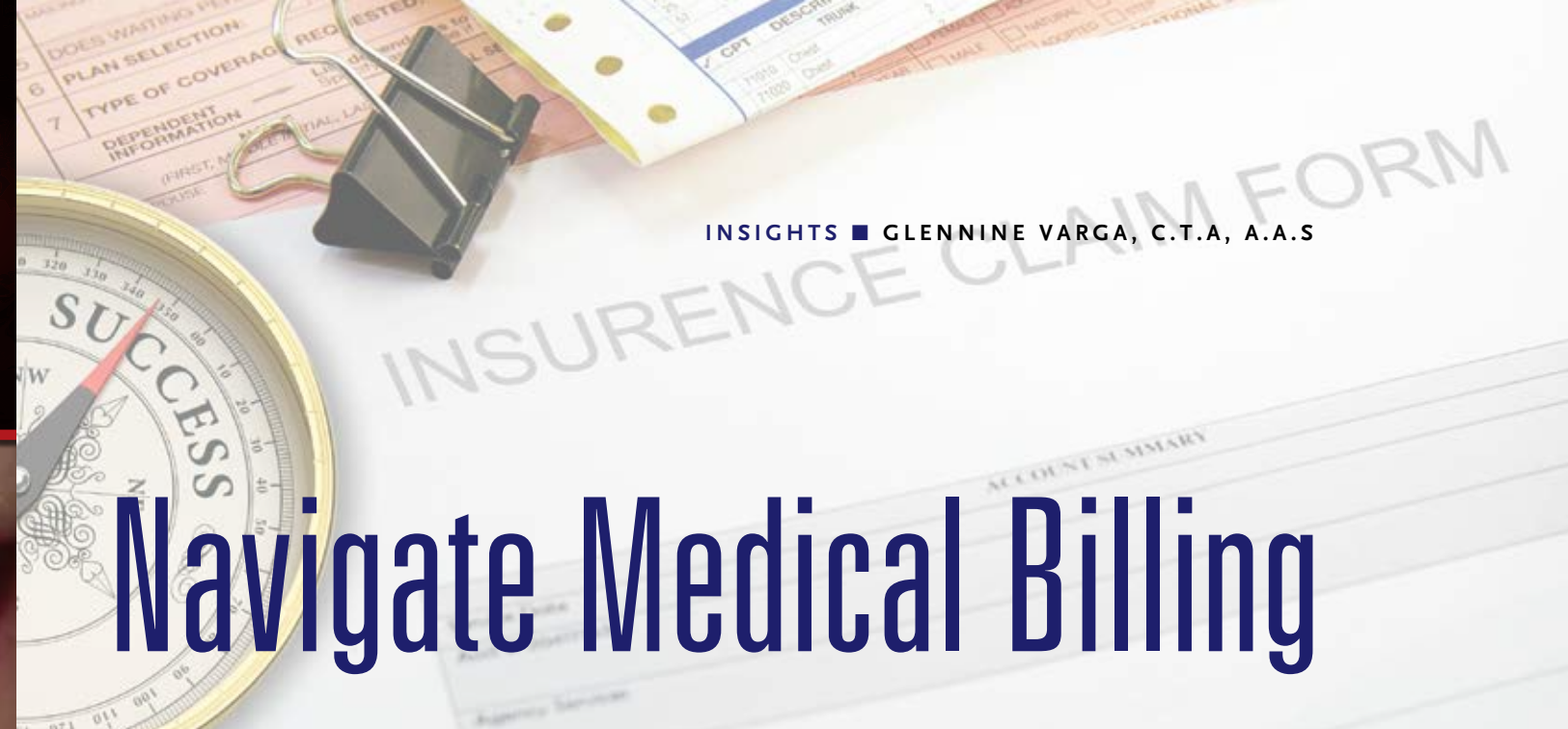
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INSIGHTS ■ GLENNINE VARGA, C.T.A., A.A.S

Navigate Medical Billing

Insurance GPS for Dentists—Five Most Common Challenges Conquered!

Medical billing in a dental office? How is this possible? For the past 17 years, I have experienced firsthand, successful reimbursement from medical insurance in a dental setting. You may be asking, "What could medical insurance cover for a dentist?" Well, I am here to answer that and give you the five most common challenges that will help you conquer medical billing, like your own GPS!

1. Understand Your Audience (a.k.a. insurance)

Like everything in life, it is better to understand as much as you can about what you are trying to do. Medical insurance will only consider reimbursement if treatment is medically necessary. Establishing medical necessity is essential and must be done in writing. Think of it like billing a crown; we may accompany the claim with a narrative and/or x-ray to show that the crown is needed. Medical insurance needs to know why your patient needs your treatment. Pain, accidents, infection, and dysfunction can prove to be medically necessary which, ironically, form the acronym PAID! Exams, x-rays, sleep apnea oral appliances, TMJ orthotics, bone grafts, oral surgery, and implants have all been reimbursed by medical insurance when the treatment is medically necessary. Medical insurance typically does not reimburse for tooth-related dentistry (i.e. fillings, crowns, bridges, or root canals) except in the case of an accident to natural teeth. Have you ever come across a medical insurance that says, "We don't pay dentists?" If so, you are not alone. If you get this response from the medical insurance representative you are talking with, make sure you let them know you have established medical necessity and need to confirm benefits.

2. Prepare Proper Documentation

If there is one thing I have learned when dealing with medical insurance companies it is to never say never! Each insurance company works differently. Yes, there are similarities in how they

process claims; however, each policy will have its own rules and regulations. It is very important that you research the medical policy for specific documentation needed. A CMS 1500 medical claim form is needed to submit. Most medical insurance companies will not accept a dental claim.

As we learned earlier, a letter of medical necessity should accompany a medical claim from a dental office to establish the need for the treatment. This information should be submitted in SOAP format:

- Subjective—patient's symptoms and dysfunctions
- Objective—clinical notes and records
- Assessment—clinical diagnosis with ICD medical diagnostic code(s)
- Plan—patient's suggested treatment plan with CPT medical procedure code(s)

Researching medical insurance can be done over the phone or online. One thing that is very important when researching is to find out if the treatment you are planning requires prior authorization. This is the process of sending the insurance an explanation

75% of medical claims that are denied to dentists are reimbursed after one appeal.

in writing before treatment is completed and, if approved, the insurance will send you back a confirmation code to proceed with treatment. In some cases, preauthorization is required for the insurance to contribute.

3. Invest In An Electronic System

Many medical insurance companies do not process handwritten claims. When a handwritten claim is submitted it is not scanned into their system like an electronic claim; it must be processed manually (which can slow the process down extensively). ▶



Preparing SOAP reports for each patient and understanding how to communicate the medical necessity in medical terminology can be time consuming. Initial documentation to support what you are billing is extremely important. The insurance may not request documentation every time you submit, however the documentation will support the medical necessity and is essential to the process.

I have had the pleasure of working with Rose Nieman of Nieman Practice Management and DentalWriter™ software for more than ten years. She created DentalWriter™ specifically for dentists billing medical insurance. This software provides an easy way to gather patient-specific symptoms, dysfunctions, and diagnosis along with clinical information to automatically generate reports of medical necessity and electronic medical claim forms.

Attempting to bill medical insurance with handwritten claims and dictating narrative reports of medical necessity for each patient can become tedious and daunting. Investing in a system can pay off. Depending on what you are billing, your investment could be recouped after just a handful of claims. Imagine running your dental office without your dental software. It can be done, but would be very unnecessarily difficult.

4. Know Your Subject

Seventy-five percent of medical claims that are denied to dentists are reimbursed after one appeal. Remember that if a treatment is medically necessary and a claim is denied, you can appeal. If the insurance simply denied the claim because it was submitted by a dentist, they may be looking for confirmation of medical necessity. This is why continuing education is a must! The more you are educated on the subject, the better your chances are for proper submission. The diagnostic ICD and procedure CPT codes are constantly changing, along with rules and regulations. It is vital that you keep up with the changes! In January of 2011, Medicare approved reimbursement to a dentist for oral appliances for sleep apnea. Two things are important here:

- Medicare approval means private insurance follows Medicare's lead.
- The device is provided and billed for by a licensed dentist DDS or DMD.

This decision reinforced the fact that dentists have a place in medical insurance reimbursement. If oral devices for diagnosed obstructive sleep apnea are something you are considering for your patients, now is a great time to get educated on the subject and bill medical insurance for it.

5. Follow Up

Like dental insurance, it is imperative that claims are tracked and followed up. Insurance companies can make mistakes and if something is not right, check it out! Always remember that, as with any insurance the policy, the contract is between the patient and their insurance. Your assistance in billing insurance should be a courtesy extended to your patients. Medical billing and the documentation you provide will aid in your patient's payment of services to you and help your patients get needed treatment! ■



Glennine Varga is a certified T.M.D. assistant and educator with an A.A. of sciences. She is a certified T.M.D. assistant with the American Academy of Craniofacial Pain. She has been employed in dental education for over seventeen years. Glennine is certified in radiology, electrodiagnostics, expanded duties dental assist, and in the treatment of temporomandibular disorders. She has been a T.M.D./Sleep

Apnea trainer with emphasis on medical billing and documentation for over ten years, and has been training the use of electrodiagnostic equipment for five years.



BEST PRACTICES ■ TAWANA COLEMAN

Do You Hear What I Hear?



Common problems to avoid while improving the overall impression of your practice.

We all know that you never get a second chance to make a first impression. What many people do not realize is what goes into making a positive, lasting first impression and conversely, what makes a negative first impression. Having worked in countless offices nationwide, I have seen both sides of the spectrum. Most troubling were those practices that didn't make a good first impression and didn't even seem to try; worse yet, they seemed not to care. Talk about a train wreck!

Somewhere in the middle of the good and bad impressions are the "in betweeners." When working at the front desk, "in betweeners" often do an adequate job when it comes to creating a favorable impression. They are usually fine until pressure comes from the patient or the clinical team. When pressure is applied, the front desk staff usually feels the squeeze. When this happens, it is easy to get into a front office vs. back office conflict.

I am empathetic because I spent many years working in the business office of a dental practice. Early on, I realized that my attitude reflected upon the whole office—whether deserved or not. I was the first person patients would see and hear. Because my boss, Dr. Kendall Roberts, saw me struggle at times and wasn't always happy with what he heard, he allowed me to take training classes from Arrowhead Dental Lab in 1994. Dr. Roberts knew this training was vitally important and could help change the tone and sound of the office.

What does your office sound like? What are some issues that your staff may be neglecting? What can be done to improve the overall impression that people have about your practice? Do you hear what your customers are hearing? Some common problems can result in creating a less than favorable impression. Here are a few of the most common ones:

1. The Difference Between Urgent and Important. It took me a while to learn the difference between these two words. The difference is critical. The difference can be summed up in the phrase, "focused attention." Everything in the business office is important, but not necessarily urgent. When a patient calls or is present, the patient's needs are definitely urgent. That patient should feel that front desk staff are providing focused attention to that interaction. A patient knows when they are only getting a portion of the staff's attention. When that happens, the patient

may feel like "just another patient," which may cause them to think of your office as "just another dental practice." It is absolutely imperative that staff give focused attention to patient interactions. When a patient feels that you and your staff are urgently attending to their needs, a powerful connection is made.

2. Chatter. I have seen front office personnel so preoccupied in personal conversation that patients have felt like they are interrupting. This can happen when staff are talking to coworkers or to people on the phone (when the conversation has nothing to do with dentistry). Remember that patients who are waiting nearby can hear almost everything, and they are forming opinions about the practice based upon what they hear. Office personnel should be aware that they are a reflection of the dentist. Things discussed within earshot of the patient should never distract patients from a positive image of the office. The staff should sound professional and always remain focused on the patient's well being. This is an important point that is often forgotten. Do you hear what I hear?

What can be done to improve the overall impression that people have about your practice?

3. Eye Contact. Seventy percent of what we communicate is non-verbal. Not making eye contact when interacting with a patient is tantamount to saying, "You aren't important enough to demand my full attention." I recall being in an office where the receptionist would not make eye contact with a disgruntled patient. The patient was angry about something that had happened in the clinical area and felt like they were not given the attention they warranted. Things escalated and ended with the patient saying, "This is why I will never be back!" Not only did they lose a patient, but all of the patients in the reception area heard and saw the entire scenario.

4. Telephone Etiquette. Oftentimes, the simplest things have the greatest impact on impressions. Telephone etiquette is one of those simple things that can have a dramatic affect on a dental practice. I have seen a multitude of mistakes in this area. The most important thing to remember is to keep a calm, professional tone with every patient. I have observed staff becoming agitated..>

with a patient on the telephone on numerous occasions. The result is usually a loud, belligerent conversation that patients in the waiting room can hear. The primary problem is that those in-office patients only hear one side of the conversation. They have no idea how difficult or disrespectful the person on the other end of line may have been. The patients can only hear the staff member and see how difficult they are being. Keep calm. Be mindful of comments made after hanging up. Even an offhand comment about a patient can leave the wrong impression in a waiting room.

5. Undermining the Dentist's Credibility. Often, a patient asks a staff member, "Do I really need this?" after the doctor leaves. The staff should be informed as to the treatment objectives so they can encourage and answer any questions from the patient. If the staff is unsure about a course of treatment, it will be evident to the patient. This will leave the patient frustrated, confused and possibly questioning the credibility of the doctor. Credibility is a function of consistency and sincerity and people know it when they hear it.

6. Cancellations. There is a right way and a wrong way to deal with the dreaded "cancellation call." I recently presented a webinar on this topic, available for download at www.ArrowheadDental.com/webinars. In it, I addressed the pitfalls of causally accepting patient cancellations. This creates the impression that a dental appointment is not important and can easily be rescheduled. Staff who do this typically don't know what to say to help the patient understand the importance and value of their appointment.

Proactive Solutions

Doctors, what are you doing with your staff to ensure that a good impression is made everyday? Are you hiring the right people for your office? This is vital to the success of your practice. Your front office is the first and last impression that your patients leave with. People working for you should be people-oriented and smile, smile, smile! They need to have both active and reflective listening skills. They should also be multitaskers. Once you have the right staff in place, you can address (and avoid) potential pitfalls.

Give Direction

To handle urgent and important matters, have a morning "huddle." Everyone can look at the daily schedule and prepare for any new patients. New patients should receive urgent attention. Decide to make new patients feel important. Let them know you and your staff are glad they chose your office. Some personnel may need a "mouth filter." In my Total Team Training course, we teach how to present information and move on so the patient will never feel insulted.

Focus on the Patients' Needs

When it comes to the issue of chatter or personal conversations, you hire your staff and pay them a full day's wage, so you should expect them to be focused on your patients' needs. Breaks and lunch hour are appropriate times for social banter and taking care of personal matters. Cell phones are not acceptable at the front desk. The temptation to text, get on Facebook, or check messages will easily cause your staff to get sidetracked at the expense of the patient.

Communicate Through Eye Contact

This is the first rule of active listening. Look each patient in the eyes. This helps them feel that they are important and that what's communicated bears the full weight of you and your staff's experience and authority.

Learn Telephone Etiquette

It makes no difference who is right or wrong if you lose a patient. Front desk personnel must learn to diffuse situations. Proper telephone principles are covered in detail at my Total Team Training course.

Improve Credibility

Avoid undermining doctor credibility by understanding the treatment objectives and sincerely motivating the patient to proceed with treatment. Patients who are confused or in doubt do not buy!

Avoid Cancellations

Finally, learn how to avoid cancellations and keep patients on schedule. Explain to the patient the value of keeping an appointment. Be sure to emphasize the urgency of not experiencing pain.

Start Listening

I often hear doctors say that since they are not in the front office, they don't know what's going on there. If you are getting negative feedback, excessive cancellations or even worse, it is time to learn what is happening in the front office. You cannot just assume that your staff knows what to do or say.

Invest in Your staff

If you don't know where to start, I invite you to attend my next Total Team Training course. Your staff will leave with information that will equip them to handle whatever comes their way. In the future, you'll know that your customers will hear what you want them to hear and nothing else.

I would be remiss to leave out the many offices that are successful—some doctors have hired well. They and their staff use a structure that allows them to shape and control the impressions that patients form about the practice. I am grateful to have worked with so many teachable people.

Personally, I want to thank Dr. Kendall Roberts for allowing me to have training some nineteen years ago. Thank you for not remembering so much about the years that I floundered. Thank you for being patient while I implemented what I learned so that we could enhance the "sound" of your practice. Thank you for reflecting on all of the lives that we helped change through the world of dentistry. ■

Tawana Coleman has been a practice development trainer with the Dr. Dick Barnes Group for more than twenty years. She has worked with thousands of dental practices. The structure that she teaches has empowered dental practices across the country to dramatically increase production.

To hear Tawana Coleman's recent webinar on "Ending Appointment Cancellations" visit www.ArrowheadDental.com/education/webinars



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

Dr. Cody Bauer, Mansfield, TX

And you can too!

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

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The Hygiene Department — Set a More Profitable Course

The potential impact of a highly empowered hygiene department is almost limitless. As business owners, we are constantly looking for ways to improve and enhance the cash flow generated by the business. There is untapped potential in the hygiene departments of every practice and to capitalize on them, think comprehensively. When you empower the hygiene department and train them to think more comprehensively, your revenue stream grows. Consider the hygiene department in terms that go beyond a P&L statement. An effective hygiene department also functions as a highly skilled diagnostic center, an integrative marketing source and a communications hub that drives almost every successful dental office. The key to unlocking the potential of this department is related to your leadership as a dentist and your ability to foster an empowering office culture. The critical things to do include: hiring talented people who share your vision and working together to find areas of growth within your practice. An often overlooked aspect is to making your hygiene department a

When you empower the hygiene department and train them to think more comprehensively, your revenue stream grows.

key part of your growth strategy. Read on to identify critical leadership characteristics, define key department performance indicators, recognize current diagnostic and technological tools, and introduce the communication and marketing tools that are necessary to propel your hygiene department to its greatest potential.

Leadership and Organizational Behavior

Leadership, as defined by Peter Drucker (a management consultant, educator, and author) is, "Lifting a person's visions to high sights, the raising of a person's performance to a higher standard, the building of a personality beyond its normal limitations."

Consider the key words that identify components of a high-performing team: vision, performance, high standards and personality beyond limitations. Don't overlook those critical aspects. First and foremost, a practice must possess the leadership and organizational behavior required to attain a highly empowered hygiene department. As an owner, you must articulate a clear vision, provide a safe learning environment, be open to change, yet decisive with the

direction of the practice and hire talent that allows you to execute strategies. When hiring team members, look beyond the clinical skill sets highlighted on resumes. High-performing team members should also possess certain competencies: innovation, commercial awareness, technological orientation, drive for excellence, customer focus, flexibility, organization, reliability, influence, integrity and respect for others. A great tool is the Sixteen Personality Factor (16PF®) questionnaire, developed by psychologist Raymond Cattell. The 16PF® Assessment can help to identify competencies as well as provide leaders with tools to develop the potential within the hygiene department. Creating a baseline measurement for employees by utilizing resources like the 16PF® questionnaire is the first step forward. (For more information, visit www.ipat.com/about/16pf/Pages/default.aspx)

Key Performance Indicators

Once leadership has an idea of the organization's characteristics, the next step is identifying key performance indicators (KPIs) and realistic benchmarks. It is hard to hit the mark if you don't know what the target looks like and establishing KPIs that describe your goals is a key part of effective management. Define your KPIs and employ analytics to measure trends related to those KPIs. It is imperative that each hygienist understands and records the KPIs as they relate to productivity and growth. A key point of failure for most KPIs is the failure to communicate to staff members about what the KPI is measuring. For this reason, I like to make sure that the hygienists are involved in the definition of the KPIs. Monthly, quarterly, and annual meetings are recommended to keep team members updated, motivated and informed of emerging trends. When necessary, adjust strategies as the KPIs indicate trends that can be capitalized on.

Hygiene Department Key Performance Indicators:

Hourly production	Open time
Production/collection ratio	Attrition rate
Collection/compensation ratio	Referred patients
Co-diagnosis value for restorative/aesthetic treatment	New patient converted to hygiene patients
Utilization of adjunct procedures	Percent of procedures billed as related to periodontal care

While not necessarily a KPI in the traditional sense, be aware of the overutilization of the D1110 code and the underutilization of the D4341, D4342 and D4910 codes. This imbalance stems from periodontal disease going unrecognized and untreated. To determine how well your practice is diagnosing periodontal disease, generate the following report from your dental software: identify the percent of procedures billed out in 2012, then compare your statistics to the percentages to the chart below.

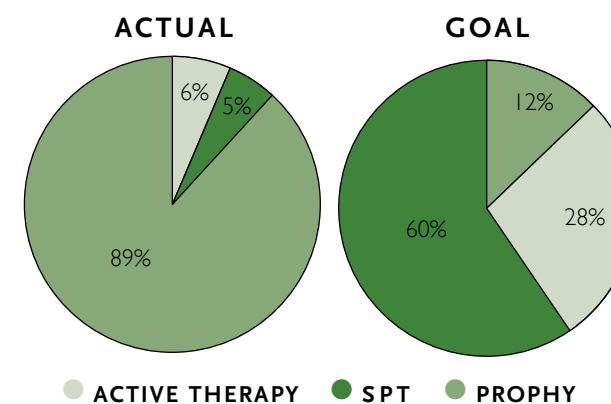
Example of a Billed Procedures Report for 2012*

Procedure	Total Number	% of total
Prophy 1110	2180	89%
SPT 4910	141	6%
Active 4341 Therapy 4342 4355	120	5%
Total	2441	100%

The new report not only provides an accurate representation of the office's recognition of periodontal disease, but also serves as a growth predictor. The report is the basis for determining future hygiene capacity as well as optimal financial growth. To successfully shift from the pie chart labeled "actual" to the pie chart labeled "goal," (see chart below) the following should be employed:

- Standardized definition of healthy
- Integration of treatment protocols designed to control periodontal infections and the inflammatory aspects of the disease
- The entire team must understand and promote the philosophy
- Effective case presentation to increase case acceptance
- Technological investments

Example of a Billed Procedures Pie Chart for 2012*



Optimize Clinical Protocols

To attain and sustain growth within the hygiene department, a constant awareness of current and emerging technologies is essential. Technology is advancing at an exponential rate so it is critical that the hygiene department members have innovation as

one of their characteristics on the personality questionnaire. In order to create sustained growth and improvement, a practice must possess a "change oriented culture," with protocols designed to establish clinical continuity, leadership and accountability. Since the focus of this article is the hygiene department, look at the technologies available today that allow many hygiene departments to raise not only their productivity and profitability but also their standard of care.

Products To Empower Your Hygiene Department

Product	Potential Benefits	Source
Salivary Diagnostics & HPV Diagnostics	• MyPerioPath® identifies a specific type and concentration of periodontal pathogens to create a risk assessment, including genetic susceptibility for certain types of oral pharyngeal cancer.	GPT Technologies www.gptdental.com
Lasers	• Bacterial reduction. • Bone repair. • Reduced inflammatory response.	GPT Technologies www.gptdental.com
Advanced Oral Cancer Screenings	• Identify tissue that might be displaying early dysplastic changes.	VELscope® www.velscope.com VisiLite® www.zilz.com/visilite/
Probiotics	• Living organisms that populate the mouth with BLIS proteins, creating a positive effect on the oral cavity as well as one's overall health. Oral probiotics can produce positive effects on periodontal health, caries susceptibility and halitosis.	Venus Smile™ (Heraeus Kulzer) www.myvenusmile.com EvoraPro® www.evorapro.com
Intra-Oral Cameras	Creates a higher degree of case acceptance by: • Promoting patient dialogue • Increasing patients' dental IQ • Cultivates trust-basis communication • Enhances legal records	Iris Intra-Oral Camera (Digital Doc) www.digi-doc.com

Adopting new technologies is about being on the "cutting edge." It is also about providing more comprehensive care while managing costs and creating additional revenue. The table on page fourteen compares the difference between a routine and comprehensive hygiene approach. The comprehensive approach makes use of technologies that many dental practices may have, but underutilize. Pay special attention to the D4910L, D4341L codes which make use of a laser. The net effect on your productivity as evidenced by the charts below is significant. ►

*All charts generated by Gwen Smukowski for reporting and revenue examples.

Comparison Of Daily Revenue For Routine vs. Comprehensive Hygiene*

Daily Routine Revenue		Daily Comprehensive Revenue	
1110 0274	\$140.00	1110 0180 0431	\$158.00
1110	\$94.00	4910L 0431 1204	\$226.00
1110	\$94.00	4341L 4341L w/ Arestin	\$316.00
1110 0274	\$140.00	4910L 0274 0418*	\$364.00
1110	\$94.00	4341L 4341L w/ Arestin	\$316.00
4910	\$134.00	1110 0274 0431 0418*	\$322.00
1110 0274	\$140.00	4910L 0180 1204	\$226.00
1110	\$94.00	4341L 4341L w/ Arestin	\$316.00
Total: \$930.00		Total: \$2,244.00	

Comparison Of Yearly Revenue For Routine vs. Comprehensive Hygiene*

	Routine	Comprehensive
Daily Productivity	\$930.00	\$2,244.00
Days Worked Annually	192	192
Projected Annual Production	\$178,560	\$430,848

Communication and Marketing Tactics

In today's highly competitive world, it is not enough to be a great clinician. To thrive in our industry, you must also excel in communication and marketing tactics. That simply means that you must understand and control the messages that you are sending to the general public and to your patients. Patients and potential patients are constantly bombarded with information and offers from dental practices. They can become "blind" to the differences between a great dental practice and a run-of-the-mill one. Often, the messaging is so convoluted or complex that they fall back on the most natural decision making strategy—price. In this article, I have focused mostly on the internal communication and marketing tactics that your hygiene department should use to ensure that your message is resonating. Essential components of an effective messaging strategy are:

- Adopt a systematic communication strategy like the 16PF®, which will empower staff to better understand one another and connect with patients in a meaningful way.
- Participate in and assist in developing an effective "Patient Care Meeting." These types of daily meetings allow staff to review the needs and concerns surrounding upcoming patients and discuss month-to-date KPIs and marketing strategies.
- Develop team awareness to enhance product knowledge and increase sales ratios.
- Actively participate in the development of the messages that are the core of your marketing efforts.
- Train hygiene staff to properly ask for referrals and encourage patients to promote/endorse the practice.
- Make sure that the staff feel that they can contribute to the content for your social media campaigns and your website.
- Look for opportunities to gather patient testimonials that affirm the messages you want to promote.
- Enhance perceived value of your practice and your brand by providing informational presentations to your community.

The potential of an empowered hygiene department is limitless. The best part is that the outcome is both a win for the practice and the patient—the practice is more profitable and the patient is getting a level of care that will ensure their health and well being. The ability to make this happen is something that all dental practices potentially possess. If you empower the hygiene department, commit to continuous learning, and communicate effectively, you will be successful and your patients will be healthier. ■

Gwen Smukowski is the Founder of Continuity Consulting, an educator and coach, a national speaker, as well as clinical hygienist in a private practice. Gwen maintains her focus on the development and expansion toward excellence in periodontal care and aesthetic/restorative team support. This focus on excellence has taken her worldwide as an instructor and speaker on the subjects of laser-assisted periodontal health, practice management, leadership development, operational excellence, integrated marketing, and team based comprehensive dentistry.



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To hear Gwen Smukowski's recent webinar on "The How And Why Of Lasers In Dental Hygiene" visit www.ArrowheadDental.com/education/webinars

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CASE ANALYSIS ■ JAMISON R. SPENCER, D.M.D., MS

Think you know everything about bruxism? Think again.

For years we have searched for answers regarding why some patients clench and/or grind their teeth. We have blamed this so called “parafunctional activity” on everything from premature occlusal contacts, dysfunctional mandibular position (too far forward, too far backward, too much vertical, too little vertical, in “CR,” not in “CR,”) and of course, emotional and psychological stress. We often see the results of bruxism in children and hear from the parents of the violent and loud nature of the grinding. We have provided every type of plastic to place between the teeth of patients to “control” their parafunctional behavior, or at least to try to protect their teeth and periodontium from damage. But often our attempts to control the behavior seem futile, and the patient continues to fight whatever piece of plastic we place in their mouth, or worse yet, destroy their teeth and restorations.

Speaking of restorations, have you noticed that patients with significant anterior wear tend to break whatever restorations you place, whether composite, veneers, or even full crowns? Why are these patients grinding on their front teeth to begin with? If you ask a patient if they are aware of grinding on their front teeth, they will almost always tell you that they are not aware, and likely the patient is indeed not grinding anteriorly during the day.

Then you have a patient with a beautiful occlusion. Almost too perfect. Then you notice wear facets on the posterior teeth. This patient is more likely to have fractured posterior restorations, and is the patient that “chews through” their nightguards. They

are also more likely to suffer with morning headaches and various “TMJ” disorders. They too are usually unaware of spending a lot of time during the day clenching. They may acknowledge clenching from time to time, but not enough to cause the wear and effects that you see.

So why are these patients grinding and/or clenching their teeth while they sleep?

Over the past 30 years, a few practitioners and researchers have looked at the connection between the airway and temporomandibular disorders, particularly from a growth and development standpoint. In the last 20 years, more and more studies have looked at exactly what is happening during bruxism events. These parafunctional activities have become better defined and described, but the “why” still remained.

However, recent studies indicate that in many cases so called “parafunctional activity” may actually be an attempt by the central and autonomic nervous systems to protect the organism⁽¹⁻⁴⁾. As dentists have become more involved in the treatment of obstructive sleep apnea, we are learning how very important the airway is. We’ve always recognized the “ABCs” and know that “airway and breathing” are first and foremost, because without a proper airway we can’t breathe, and if we can’t breathe, we’re dead.

One study that should keep you awake at night (pun intended) is a pilot study which showed that five of ten subjects with sleep apnea had their sleep apnea WORSEN when using a flat plane nightguard, just like the ones most dentists use to

“protect” their patients from bruxism. The authors state in their conclusion:

“This open study suggested that the use of an occlusal splint is associated with a risk of aggravation of respiratory disturbances. It may therefore be relevant for clinicians to question patients about snoring and sleep apnea when recommending an occlusal splint.”⁽⁵⁾

Wait a minute! So am I saying that some people are clenching and/or grinding their teeth to help them breathe? And that dentists can affect this, positively or negatively, depending on what we do or don’t do?

So am I saying that some people are clenching and/or grinding their teeth to help them breathe? And that dentists can affect this, positively or negatively, depending on what we do or don’t do?

That’s exactly what I’m saying.

I believe what is happening is that the patient’s brain is attempting to maintain a patent airway. This is done by either grinding anteriorly (think “head tilt, chin lift,” or the patient bringing their chin forward), by clenching the teeth to keep the jaw from falling back, or by some combination of the two. If this hypothesis is true, then we should see less bruxism in patients with sleep apnea when the sleep apnea is effectively treated.

And that’s exactly what we see.

A case study reported that a patient with severe sleep apnea who also exhibited 61 bruxism events on the baseline study

had “complete eradication of the tooth grinding events” when continuous positive airway pressure (CPAP) was introduced. The authors state that “when sleep bruxism is related to apnea/hypopneas, the successful treatment of these breathing abnormalities may eliminate bruxism during sleep.”⁽⁶⁾

This is also seen in children. When children are diagnosed with sleep apnea the typical first line therapy is adenotonsillectomy. Several studies have shown a reduction of bruxism events after removal of the tonsils.⁽⁷⁻⁸⁾ Most dentists believe that children grow out of the bruxism activity and that may be the case for

some. However, I believe a lot of children don’t grow out of it, and it takes longer for the very hard enamel of the permanent teeth to show the wear patterns, as opposed to the relatively rapid breakdown of the significantly softer and thinner enamel of the primary dentition.

The good news is that when bruxism is related to airway issues, appropriate therapy, including use of mandibular advancement devices in adults, can reduce or even eliminate the bruxism. Knowing this can help you protect your patients’ teeth, protect your restorations (saving you thousands of dollars in remakes,) and literally protect your patients’ lives. >

In a future article I will discuss what to look for when evaluating your patients for possible sleep apnea-related bruxism, how to refer for medical evaluation when indicated, and how to manage and treat these patients, both from a restorative perspective as well as helping them with their sleep apnea.

Dr. Jamison Spencer is the director of the Craniofacial Pain Center of Idaho in Boise and the Craniofacial Pain Center of Colorado in Denver. Dr. Spencer is the Past President of the American Academy of Craniofacial Pain (AACP), a Diplomate of the American Board of Craniofacial Pain, a Diplomate of the American Board of Dental Sleep Medicine, and has a Masters with a certificate in Craniofacial Pain from Tufts University. He teaches head and neck anatomy at Boise State University and is adjunct faculty at the Tufts Craniofacial Pain Center in both the craniofacial pain residency and dental sleep medicine programs. Dr. Spencer lectures nationally and internationally on TMD, dental sleep medicine and head and neck anatomy and is faculty of the AACP's Institute and the AACP/ Tufts Dental Sleep Medicine program. ■

Dr. Spencer lives in Boise, Idaho with his wife of 21 years (Jennifer) and their six children.



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Register for Dr. Jamison Spencer's Temporomandibular Disorder (TMD) Course, January 10, 2014 at Arrowhead Dental Laboratory by calling 877-502-2443.

WAITING ROOM 2.0



Create a patient experience that will drive production and enhance your brand!

"The dental waiting room is where good brands go to die." That is what I tell the dental practices that I consult for. The reason is simple; waiting without purpose causes anxiety and taints the entire patient experience. A waiting room experience devoid of engagement can dramatically diminish the effectiveness of case presentations and as a result, may also diminish productivity. I am always amazed at how much money a dental practice will spend on developing marketing assets to highlight a unique experience that patients will have, only to immediately contradict that message as soon as the patient enters in the waiting room. Worse yet, many waiting rooms become a distraction where the patient begins to focus on everything but the reason for the visit.

What should be done to address this potential problem in your practice? Get rid of the waiting room? Perfectly engineer your schedule everyday so that patients can simply walk in and see the doctor? While possibly tempting, these options are not very practical. Rather than remove the problem, I advise you to reengineer the waiting room so that it can become a solution that drives production. Believe it or not, this idea has already been used to great effect at many amusement parks. To those who might say that amusement parks have nothing in common with dental waiting rooms, let me share with you my experience when I took my kids to Disneyland.

It was summer and I was expecting park lines to be long. I honestly was dreading the thought of waiting in lines with two small children. As we approached the park, the messaging that I saw surprised me. Rather than pushing product, the brand conveyed a series of carefully crafted messages that focused on how "magical and fleeting" time with your children is and how Disneyland is the place where "memories are made." From the outset, they redirected my focus from getting on rides and waiting in lines to the preciousness of spending time with my family. Upon arriving at the park, the person at the gate introduced himself and told me (as if he were imparting a secret) which rides had the shortest lines and then informed me where my children's favorite characters were currently located. When we found ourselves in a long line, it wasn't long before Disney characters came along to take photos with the kids, turning a potentially negative experience into an affirmation of their message. As I became aware of this carefully choreographed experience, I started studying how they did it. In the process, I discovered three principles that work equally well in dental waiting rooms. In order to change your waiting room from a liability to a practice asset, you must: First, seek to control the environment and make sure that your waiting room becomes a continuation of your external messaging. Second, seek to... >

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pre-contextualize those topics to engage your patients. Finally, use the waiting room as a way to humanize the practice and provide patients with a personal connection to you and your staff. Here's more detail:

Controlling the environment is more than just owning the space. If your waiting room does not have continuity with your messaging, then you are diminishing the experience that your marketing department tried to shape. If your messaging focuses on delivering life-changing dentistry and your waiting room consists of chairs, some magazines and a television blaring out a talk show, you likely have just killed the experience. If you advertise life-changing dentistry, the waiting room should become a showcase for the life-changing dentistry that you provide. Replace the usual magazines with nicely bound books showing some of the work you do, including a narrative of the patient's experience and how they felt about the outcome. Make sure

If done properly, your waiting room will become a powerful part of the experience that you provide for your patients.

that the walls contain more than just the stock images of models with white teeth—put great examples of your work on the walls. Most importantly, replace the network or cable TV programming with custom video content that you control. It has never been easier to have custom video content running in your waiting room. We are currently testing a platform for some of our customers that allows them to have custom content that is easily updated by front office staff in a matter of minutes. Arrowhead Dental Lab is making images, video and other content available to help dentists create an immersive experience. Controlling what is on TV is critical to controlling the continuity of your messaging. For the same price you pay for cable TV, you can have engaging content that shapes the messages your patients hear while they wait. This is especially important because it helps patients see the potential in your treatment options.

Pre-contextualizing the topics to engage your patients is one of the easiest and most effective ways to enhance your case presentations. The problem for many patients when they are presented with a course of treatment is that they are hearing everything for the first time. They have not been exposed to the "potential" of what you are talking about, so they often fill in that lack of vision with concerns about price. Here again is a powerful argument for replacing the distractions in your waiting room with content that prepares the patient and helps create a vision of what is possible. Custom videos are some of the most effective mediums you can employ. Imagine that instead of patients watching "The View" in your waiting room, they see a slide show of "before" and "after" images featuring patients who have undergone a full arch reconstruction. Then, when you present such a case, the patient will have a proper context so that the value behind the proposition is more concrete. You can also use video to highlight other services or treatments available. Imagine patients coming to the chair and asking you about treatment options rather than you having to bear the full burden of that engagement. In marketing, there is a simple truth: prepare the customer to receive

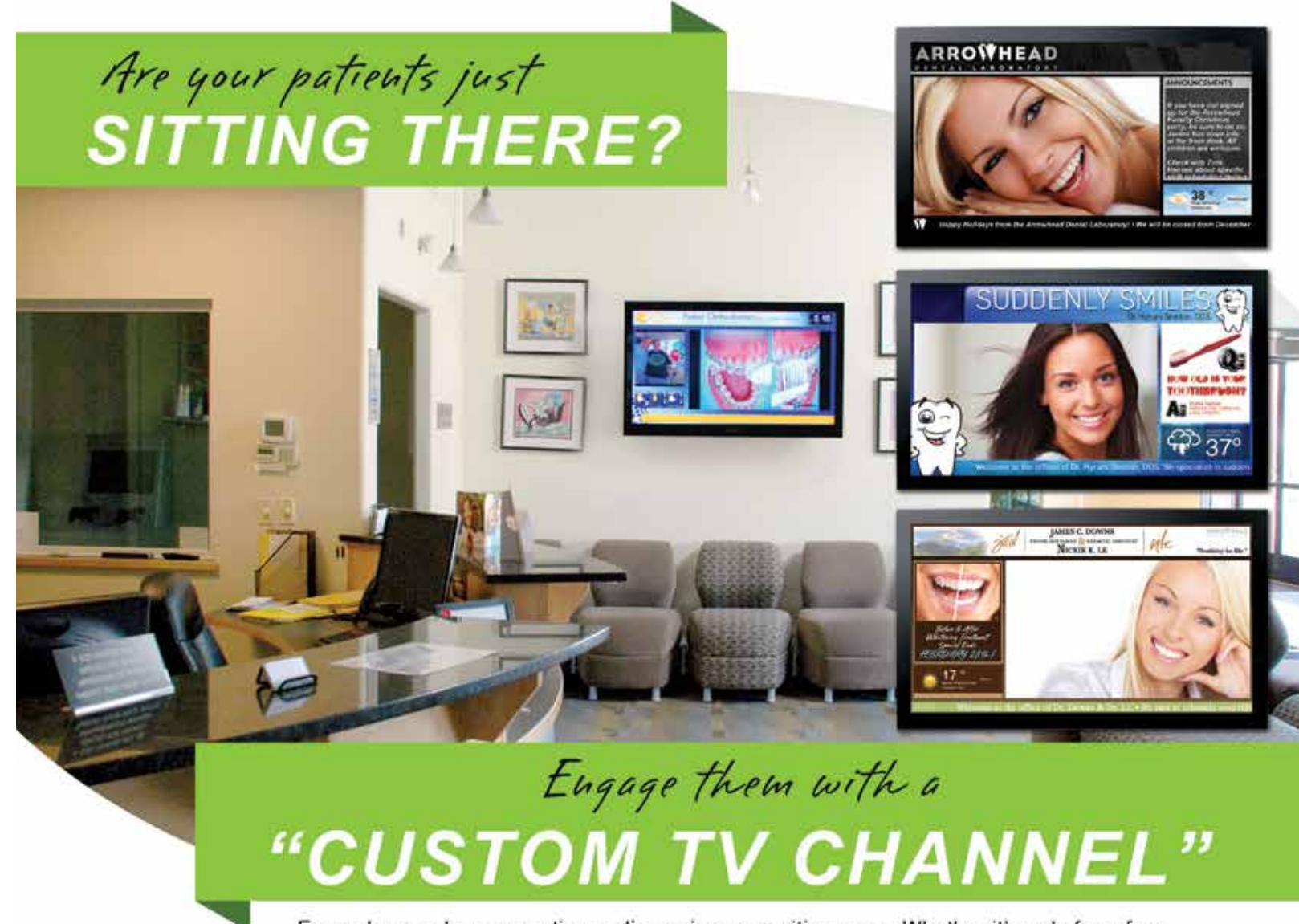
the message before asking them to act. Pre-contextualizing is a technique employed by many of the world's most successful brands and it is a principle that can have a dramatic impact on your waiting room and its ability to drive production.

For many people, the waiting room is the cold shoulder of the modern medical establishment. It is a place filled with anxious strangers all waiting for expensive and potentially painful procedures. Add the constant din of ringing telephones and unfocused distractions, and you may have a very cold and uninviting environment. Many dental practices do very little to engage the patient. Putting a human face to people and showcasing your expertise helps the patient achieve an optimal outcome and is a powerful way to build a sense of familiarity and comfort. If you believe that the true power of dentistry can only be experienced through a good relationship with the patient, ask yourself what you are currently doing to foster that relationship. I know of several dental practices that have leveraged custom video in their waiting room to achieve this very goal. They feature images of staff members engaged in community service as well as birthdays and other special events that humanize the practice. They even post information about new certifications staff members have earned. One practice created a quick video about each of the staff members. The result is that patients not only know staff members by name, but they know more about them. One of the key components of relationship building is a sense of knowing something about the other person. Using your waiting room as a venue to enhance your patients' knowledge about you, your staff, and the good things you do is a great way to enhance a relationship. Patients who feel that they have a relationship with their dentist cancel fewer appointments, are more receptive to proposed treatment, and are less likely to be lured away by lower price points.

On average, a patient spends 23 minutes in a waiting room before they go to a treatment room. Turn that time into an investment that will shape the patients' experience and create a positive and profitable difference in your practice. Commit to creating a waiting room that affirms your marketing message, pre-contextualize the points you want to engage your patients in and make sure that your patients see the human side of your practice. As I reflect on photos of my family at Disneyland, I don't think of long lines and outrageous food prices. I remember how precious that time was and I look forward to going there again. If done properly, your waiting room will become a powerful part of the experience that you provide for your patients—an experience that drives production and allows you to practice the dentistry that you have always wanted. ■



Matthew Cook has been a dental technology consultant for more than fourteen years, specializing in the creation of technology enhanced business processes. In 2004, he joined Arrowhead Dental Laboratory as the head of their IT Department.



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Growing Beyond a Single Office

It's all possible when you empower your staff!

In July 2004, I left the United States Air Force and opened my first private dental practice with a partner in Farmington, New Mexico. The practice was an immediate success and within twelve months we added more dentists, equipment, and team members to keep up with patient demand. At the three-year mark, it was evident that we were going to exhaust the capacity of our ten operatories and four dentists. In October 2008, we opened a second dental practice in Kirtland, New Mexico, located approximately 15 miles west of the flagship practice in Farmington and changed our name to Sundance Dental Care. The growth didn't stop. In 2009, we added a third practice in Bloomfield, New Mexico and we have added another practice every year since. We are on target to open a seventh dental practice in the fall of 2013.

The last nine years have been a whirlwind and there are lots of lessons that I've learned about growing effectively beyond a single office. The two most important things I've learned are: the need to create a shared vision, and the value of building the right team. These two factors are foundational to any practice and they are factors that will determine the level of success.

The Shared Vision

It is difficult to run a single dental practice well, let alone multiple offices. With a second office, the challenges don't just double, they seem to grow exponentially. A dentist can't be in

two places at once, so there must be something to bring order to the chaos. That something is a shared vision of what the practice is about, what it will focus on, and how it will engage its patients. All dentists and team members must be "on the same page" and share the same vision and goals for the dental practice. Early in our expansion, we set a goal to be, "The Leaders in Full Service, High-Tech Dentistry." Through this short statement, we distilled our philosophy of dentistry to words that we all believed.

We refer very few procedures out because part of this shared vision includes providing full service dentistry in a high-tech, gentle and compassionate manner within the confines of our practice. We were the first in our area to adopt many of the new technologies designed to enhance the patients' outcome. I was the first general practitioner in Farmington to offer I.V. sedation, and we were early adopters of digital radiographs and electric hand pieces.

Remaining on the cutting edge has been an important aspect of our shared vision. This does not mean that we adopt every new gadget or technology that comes along. Rather, we look at new innovations in terms of their potential to bring enhanced outcomes and experiences to our patients. If a new technology fails to meet the dictates of our vision, then we don't use it. (Incidentally, we were some of the first dentists to adopt and shortly thereafter drop in-office crown milling for many of the reasons that Dr. Jim Downs articulated in his Fall 2011 *Aesthetic Dentistry* article.). As a result, our patients know that they are

always getting state-of-the-art treatments that are focused on their well being. Patients' perception is everything. They need to know that we are constantly looking to provide treatments that will change their lives for the better. Currently, we are educating ourselves and becoming involved in sleep apnea identification and treatment, and working with Arrowhead Dental Lab and their continuing education courses.

The Team

It doesn't matter how nice your office is, where it's located, or the technological wonders you can offer if you don't have the right staff. Building the right team, one that shares the vision when you are not physically in the office is the most critical aspect of a multi-location practice. In the book, *Good to Great*, author Jim Collins writes about highly successful companies and the need to have "the right people on the bus." To do this requires the use of organizational management with a focus on empowering the members of that organization.

As dentists, we all know how important it is for a successful practice to have systems in place. As my practice began expanding, the need for systems became even more important as we moved forward. We needed operational protocols for the front office, the back office, billing, bookkeeping, and accounting. Systems, though, are only as good as the people who are implementing them. This has always been an important aspect of Sundance Dental Care. We pride ourselves on identifying, hiring, and maintaining the best team available, which can be difficult in rural or semi-rural communities. We subscribe to the philosophy of "hiring for attitude and then training for skill."

Building a top-notch organization requires more than platitudes and clichés. It requires competitive pay and good benefits, not minimum wages and cheap fringe benefits. You will attract the right people when you create an environment where they can be a coparticipant in life-changing dentistry. They must have a sense of ownership and a voice in making decisions, which requires that they receive the direction and training necessary. To that end, our team members accompany doctors to continuing education courses. Providing world-class training to all our staff allows them to become world-class team members. It's very rare that you'll see a Sundance Dental Care doctor alone at a training.

Organizational Management

A multi-location practice is not just another dental practice. As you expand, you will have to consider more than just the typical staff member positions. There are obvious positions such as hygienists, dental assistants, front desk personnel, etc. However, have you considered the need for a dedicated billing and accounts receivable manager, accountant, H.R. director, marketing professional or even a general contractor?

At Sundance Dental, we employ a graphic designer, print ad photographer and videographer, a commercial contractor, and a communications director either on staff or on a monthly retainer. I could not have imagined that the staff of a dental practice would ever include these positions. However, the financial and logistical requirements of a growing multi-location practice dictate the necessity for these roles. They are valuable team members and they offer specific skill sets that I, as a general dentist, quite simply do not have.

Organizational management isn't something you just have or put into place—it must be something that you continually evaluate and improve as you move from one to multiple locations. A guideline to keep the level of service in line with our shared vision is to add a team member when someone is functioning at 80 percent of his or her capacity. Anything over 80 percent and you run the risk of employee burnout and a resulting decrease in the level of service for the patient. The "take away" is that an organization must be managed, particularly when moving beyond a single location and management must fill several roles with individuals who possess the right expertise and have a balanced workload.

Empowering the Team

All great teams are empowered. No dentist can be at the front desk answering telephones, in the consultation room discussing treatment plans and financials, working in the operatories cleaning teeth, performing dental procedures, and everything else with each and every patient.

The true power of a team can only be experienced when each member is empowered to bring the full scope of their talents and abilities to their job. In the past century, dental practices evolved from the solo practitioner with one or two "jacks of all trade" assistants to highly skilled team members with highly specialized duties and scopes of responsibility. At Sundance Dental Care, we average six to eight team members per doctor in the practice.

Early on, I recognized that being involved in every decision and every patient interaction was not only impossible but also exhausting. Each member of our team is now trained and empowered to handle the patient interactions that fall within their respective realms of responsibility. Employees are guided by the shared vision that puts the patient as a central focus of our practice. This interaction with patients is always being refined and improved upon by our team members because they feel empowered to suggest and implement iterative improvements in all aspects of the practice.

One of the keys to our success is that every morning we have a team "huddle" twenty minutes before we start seeing patients. We discuss our challenges and our achievements and highlight individual patient interactions and team member performance. We also take the opportunity to share key metrics with the staff in these huddles. I believe firmly that the only way

The two most important things I've learned are:
the need to create a shared vision and the value
of building the right team.

for the team to know how they are doing is to "know the score." We share with our team members our collections, production, and the number of current and new patients. Some doctors get nervous to share metrics with their staff. I feel it is imperative. Why keep them guessing? We use these numbers to set goals and reward the team for achieving goals each month with profit sharing. If you are concerned with sharing these numbers, then also share with them the overhead numbers and how profits and losses are determined. (continued on page 31)



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SECRETS OF SUCCESS ■ JIM DOWNS, D.M.D.



A Room to Match the Message

Keep your patients coming back and saying yes to proposed treatment plans!

Over the past 25 years, I have searched for the case acceptance "pearl" that will have patients saying a resounding "yes" to recommended treatment. I thought that pearl would come in the form of some new piece of equipment or new restorative material. I know many dentists who are masters of numerous areas of dentistry and are the best in their community at what they do. Yet, the reality is that many of them are going broke! The bottom line: you may be one of the best educated dentists because you have spent endless amounts of money on CE, however, if your work environment does not match your message, all bets are off on case acceptance.

My philosophy when I present a treatment strategy is not just to get a "yes" to the treatment plan but to get them to say, "yes, I want my treatment done here," and "yes, I intend to refer friends and family." The ability to inspire this reaction is intimately linked to how we are perceived by the patient. This first patient encounter with your practice is always the initial phone call. How that call is handled initiates a first impression from which all others will be based. It leaves an impression of excellence, trust and caring, or it leaves them feeling that they have reached "just another dental practice." The area in which most patient interaction occurs is your office and so I ask: does your environment match your message?

Imagine for a moment that you and a friend go out to a particular eatery because of their menu. When you arrive at the restaurant, you take notice of napkins on the floor, fingerprints on the glass door, and flies buzzing around. The menu feels sticky from spilled food and the waitress who seated you wore a uniform that needs a good washing and ironing. Now the great food that you heard so much about suddenly seems unappealing.

Do your dental clients feel this way when they come into your practice? When was the last time you sat in the reception room or laid down in an operatory chair to get the patient's view? Are the ceiling tiles soiled? Dust balls, anyone? Patients judge quality on many levels and the physical appearance of the dental office is the first thing they'll notice. Special attention should be placed on the reception area to ease their anxiety and to present a professional appearance.

Yet, of all areas of the office layout, the most important room that matches your message of excellence, trust and caring is the

consultation room. This room is strictly dedicated to presenting comprehensive dental solutions and all private financial conversations with patients. Our consultation room is designed using Feng Shui interior design concepts. Feng Shui principles suggest the decor should be clean and crisp-looking throughout, with soft neutral colors, clean surfaces and light woods. In our office, we used maple wood tables and cabinets, that are sleek, sophisticated, and current (see pg. 27). The intent in using Feng Shui to design work spaces is to make the energy of your environment a conscious part of your life. Our room includes a large dry-erase board (see pg. 26) on one wall to project photos and video, or to draw illustrations. We show "Dr. Dick Barnes' Seven Slides" using a DLP projector connected to a PC. Utilizing our dental management software, we also review a patient's intra-oral photography taken at the initial visit. LG® makes a TV monitor that has touch sensors to draw images on as well. The level at which this screen is placed on the wall has critical importance. Here Feng Shui finally meets up with modern brain research.

The most important room that matches your message of excellence, trust, and caring is the consultation room.

Scientists have discovered that eye movements trigger neural response in different areas of the brain, depending on how high the eye is looking. Placing the screen or a 40-inch monitor just above eye level jump starts the imagination. It helps people enter the realm of the possible, the imaginable, and the achievable. It's also important to keep your own personal office in mind, since you'll spend quite a bit of time there.

The entry door into our consultation room is glass and has a glass side window. There are two entry doors to convey openness, instead of a sense of confinement. (see pg. 26) The other wall displays anything that will inspire excellence, trust and caring. This consultation room must promote a feeling of high trust and low fear. Developing a bond with the patient is instrumental for treatment acceptance, and a well designed...

consultation room that is properly equipped has a way of establishing credibility and trust at an almost subconscious level.

Today's patients are looking for a safe and caring environment that promises quality and convenience. Preparation for the consultation, treatment solutions are done in advance, along with financial options. Being organized and prepared for your patient reduces stress and makes you appear fresh and relaxed. This is the best opportunity to make a patient feel confident in you and your abilities. To ensure quality time, which allows a patient to feel important, it is essential that the consult visit be appointed with the dentist at a time when he or she will not be interrupted. Typically in our office, consult times are before lunch breaks or at the end of the day. When placed in the middle of the schedule, the chances of the dentist coming to the appointment on time is rare and valuable time spent cultivating that case acceptance can fall victim to scheduling conflicts.

Would you find it easy to trust a physician who entered the consult room late, confused, frazzled, and unorganized? The dentist has to be enthusiastic, alert, positive, and caring so that a rapport between the patient and doctor is developed, nurtured, and strengthened. Whether a patient views what you are offering as an expense versus an opportunity, depends very much upon your appearance and demeanor as a presenter.

During this consultation, we focus on dental solutions that define what we offer in terms of value—what the patient wants and needs. We focus on access to dental solutions and integrate those with the patient's entire dental health journey. Instead of price, we focus on creating value by making clear the benefits we offer in relation to price.

The way you look and what you say is extremely important. I wear a dress shirt and tie for my consults. You need to appear and communicate like you're successful. Mastery of communication to emulate confidence, credibility, wisdom, and clarity is a must. Dr. Dick Barnes' CD series are a great source for developing your communication skills. In them, he introduces the phrase, "So let's do this..." which inspires a coordinator or dentist to go from a passive communicator to a more confident one. Here is an example of how to guide your patient with options and direction. "So let's do this, you can pay with cash, check, or credit card today." Another source I have found very helpful is Tawana Coleman's Total Team Training course which will provide you and your staff with the right words for success.

Learn how to actively listen to your patients during the consultation, which will enable you to find their "hot" buttons, whether pain or pleasure motivators. Active listening allows you to read between the lines to determine what patients are truly saying. The key is to ask questions about what is truly going on.

All in all, the consultation room environment has to allow for trust to be developed and be built upon. If you do not have such a room, and you have a personal doctor's office, clean it up and create one. In today's economic climate, it's not that patients do not want the treatment; they want to trust the office and understand payment options for treatment. Remember, solid clinic skills are not enough; the need to be a true leader in communication skills is paramount.

Instead of pearl hunting, propel your practice and create a consultation room that will match your message. It is an investment that will pay dividends for years to come. I know it has for me. ■

James C. Downs received his D.M.D. degree from Tufts University School of Dental Medicine. 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. Jim Downs' consultation room: (Top) large dry-erase board allows for projected photos and video, or to draw illustrations. (Above) According to principles of Feng Shui, two doors in a room can convey a sense of openness. (Right) Example of Feng Shui using maple wood tables, and cabinets that are sleek, sophisticated, and current.



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INDUSTRY INSIGHTS ■ BUZZ NABERS, D.D.S.

Get Out Of The Way!



They say there are five basic obstacles to success: fear, lack of goals, holding onto the past, distraction, and poor influences. I think this holds true for dentistry and I would add one more: yourself! I have found this to be personally true, and if you are a dentist wondering why you aren't finding the success you envisioned, let me humbly suggest that you get out of the way of your own success. This is how I did it.

After twenty one years in practice, I now find myself with a large family practice in a great community, and a second practice that recently opened in downtown Knoxville, TN. I am working 12-hour shifts to cover both offices and now have more employees than I ever thought I would have. You might think that this sounds like more work than success, but I have to confess I am having more fun than ever in my career. I love what I do and I am excited to go to work every day. Did you hear that? Dentistry can be fun! How can that be?

The simple answer to creating fun in my career stemmed from developing a structure from where there was once ambiguity—a structure that formed when my ego and I got out of the way and allowed my team to unleash their talents and abilities on behalf of my patients. My job is a lot easier now. I show up, diagnose, and treat to the best of my ability. Then I GET OUT OF THE WAY! How I arrived at this happy state of affairs can be reduced down to four principles: First identify your practice leaders, second maintain and cultivate them, third delegate and empower your staff, and lastly have fun!

Identify Leaders—And Other Key Team Members

When adding a person to our team I always ask, "Do they want a job or a career?" A leader will almost always have a career-based view of the opportunity; whereas a regular employee will

think of their position mostly in terms of income. Both leaders and regular employees are important to the success of the practice. Leaders will help you give shape to the vision of what the practice will become, while setting the pace and the attitude that the regular employees will follow.

Finding a leader is not always easy and requires some creativity to find them. Don't constrain yourself with preconceived notions of where to find leaders. My wife is great at this. We have always had the philosophy of "Hire for personality, work ethic and

If you are a dentist wondering why you aren't finding the success you envisioned, let me humbly suggest that you get out of the way!

people skills, and train technical skills." We have hired a bartender (great multitasking and people skills), an athlete (great team skills and work ethic), even a hair stylist (knows how to make people feel good about themselves). It may sound like a haphazard way of staffing an office, but remember, it only takes a couple of "all-stars" to create an environment that drives excellence. Once you have effective leaders in place, you will find that you naturally attract and develop the employees needed, so that the dentist can get out of the way and focus on dentistry.

Maintain and Cultivate

Once you assemble the right mix of leaders and employees, don't screw it up by micromanaging! No matter what, you must respect those who work with you, which is done principally by trusting them to own the job they are doing. I have found that... >

when I try to make staff members do things a certain way for no other reason than it is the way I like it done, tension creeps into the office. An effective working relationship that allows for continual process improvement requires two-way communication, not simply top-down management of every detail. Once I started approaching my staff with that in mind, I was able to get out of the way and focus on dentistry. They felt empowered and went out of their way to make sure things were done effectively and efficiently. As the saying goes, "Respect goes both ways." If you want to lead, then you must have their trust and respect.

If tension is a common part of your staff dynamic, you are probably in the way. If there is tension between you and your assistant or hygienist at the chair, it will be visible to the patient through your body language. Talk about killing case acceptance. It is hard to for a patient to see the value in the treatment you are presenting if there is tension between you and your staff.

I believe one of the key indicators of a cultivating environment is the level of involvement that staff members have in the case. If you and your staff work in a silence that is punctuated by short directives from you to them, you are not cultivating your team. I always try to praise assistants in front of the patient when things go well. My assistants select almost all shades, so when we nail one, I make it a point to really brag about how lucky I am to have the staff I do. This accomplishes two key things: first, it assures the patient that they are in good hands and that they also are lucky to be a patient at a practice that has such excellent staff. Second, it affirms the staff member's contribution and results in a more detail-oriented assistant who feels appreciated.

Make it a point to involve the entire staff in the outcomes you deliver to patients, and let them feel your passion for what you do. Passion is contagious. We try to get the entire team involved in our bigger cases, not just the assistants. Share the patients' stories and the impact dentistry has had in their lives and watch your staff blossom as your life gets easier.

Delegate and Empower

This is one of the most important, yet most difficult aspects of getting out of the way of your own success. In my role as a member of the Dr. Dick Barnes Group, I meet many doctors that can't give up control of any part of the practice. They micromanage things to the point that their staff is paralyzed because they don't feel empowered to do anything without approval. When this happens, doctors, you will not have time to focus on your passion because you will be spending a majority of your time managing details that are best handled by simply getting out of the way and focusing on patients. I have found that giving every staff member a responsibility makes them feel ownership in our practice. And that is exactly how I refer to it: "OUR" practice.

When someone shows a strength we let them "run" with that task. They may make some mistakes but that is the best way to learn.

Here are some examples of delegated duties:

- interviewing new patients
- postoperative calls
- new patient follow up letters
- presenting treatment
- expanded functions , making temporaries, adjusting appliances
- anesthesia (hygienists, where legal)

- phoning in prescriptions
- gifts to patients
- marketing and promotions

It's amazing how much easier it is running a practice when the worry is shared by an empowered and engaged staff.

Have Fun

Dentistry is hard enough under ideal circumstances, so why not try to keep the mood light and positive? My wife Trish and I keep morale up by planning periodic events designed to affirm our appreciation and team effort. This can involve various activities as well as incentives as rewards for a job well done. For instance, we involve everyone in March Madness, where a random draw gives everyone teams from the NCAA tournament, with the winner receiving an iPad. This one really gets the camaraderie going (as well as some good trash talking.) We have rented box suites for local professional baseball games. Spontaneous shopping sprees have been fun, for obvious reasons. We surprised them at lunch, and took them to the mall where they had 30 minutes to spend \$150 with the stipulation being it had to be spent on themselves.

We also involve our team with "thank you" gifts and incentives for patients. They are the ones who hand out Starbucks or Subway® gift cards when we run behind or inconvenience a patient. Along the same line, they help decide who will be our candidates for charity cases or models for Arrowhead classes. This is fun for them and reinforces the sense of ownership of the practice.

The bottom line is that I truly believe the biggest obstacle to a successful practice can be the dentist. The difference between a leader and a dictator is often seen in the outcome. Do you catch yourself uttering the phrase, "Do I have to do everything?" Is tension a constant presence in your practice? Do you find that most of your day is spent running the practice instead of focusing on patients? If so, I would suggest that you are a dental dictator. Success is found where leaders empower those they work with. Getting out of the way has allowed me to find a level of success and fulfillment in dentistry that I didn't know was possible, and I am sure it will work for you. ■



Buzz Nabers received his D.D.S. from the University of Tennessee in 1992. He has practiced in the Knoxville area for thirteen years. He currently maintains a family practice with a strong focus on adhesive restorations and cosmetics.

Growing Beyond a Single Office (continued from page 23)

Rarely, if ever, do I have team members who are critical of the practices' success and feel that they are not compensated fairly.

A couple of months ago, I started focusing on the patient trackers that are part of the Total Team Training program with Tawana Coleman and the Dr. Dick Barnes Group. I not only do this, but I also track each new patient and existing hygiene patients and share the information with my dental assistants. We know what treatment has been proposed, the quoted fee, and if it has been accepted. If a patient has not accepted treatment, an assistant calls them personally during "down time" or during the times I am booked for longer, solo procedures. This results in greater monthly production and collection numbers. The number of "no shows" and holes in my schedule has decreased exponentially as a result of empowering the dental assistants with patient trackers.

Another aspect of practice expansion that is helpful for my team is the opportunity to progress within the organization and gain internal promotions. In most stable, mature dental practices, a glass ceiling can exist. Promotions stop because the position of advancement may not be available unless someone quits or dies. This can result in frustration and can be the reason that many great team members leave unexpectedly and join a competing dental practice. With constant growth and expansion, there are always new opportunities for advancement and this creates excitement within the team.

Practice growth and expansion is exciting and important. A practice that does not grow may wither away and die. We can no longer take for granted the success of our dental practices. The landscape is becoming more and more competitive and mega-corporations are becoming more and more active in locations throughout the United States. If you are entrepreneurial and feel that more locations may be on your horizon, empower your team and share the vision! ■

Dr. Tornow has been in private practice since 2004 after completing an AEGD and 3-year tour in the U.S. Air Force. He has extensive post doctoral training in full mouth rehabilitation, including dental implants. He is the founder of Sundance Dental Care and continues to be involved in opening new dental practices each year. His greatest achievement is his family—wife (Ivy) and four children—and enjoys time with them, especially traveling.



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† M. Kern et al. "Ten-year results of three-unit bridges made of monolithic lithium disilicate ceramic";
Journal of the American Dental Association; March 2012; 143(3):234-240.
††Mean observation period 4 years IPS e.max Press, 2.5 years IPS e.max CAD.
See The IPS e.max Scientific Report Vol. 1 (2001-2011).

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