The Window of Opportunity

Reopening from COVID-19 business closures presents new opportunities for dental practices to improve dental care and leverage technology to increase production, while decreasing chair time and overhead.

Sponsored by

PLANMECA

ADA American Dental Association®
Vendor Showcase Premium Content
Clinicians are uniquely positioned to reverse the economic trajectory that started with the practice disruption caused by COVID-19. In fact, it’s entirely possible to make this crisis a temporal landmark for a professional turning point toward better dentistry and practice growth.

The COVID-19 crisis underscored the benefits of a more sophisticated and flexible use of technology. Dentists, too, can marshal resources to take advantage of technology that will not only replace lost revenue but increase it exponentially, while providing better dentistry. Now is a good time to advance and learn, while patient volume rebounds.

Many business owners might be inclined to postpone practice-building investment and try to ride out the slump. But consider the financial and operational needs of the practice (and patients) before choosing a path of least resistance. Complacencies aren’t options for recovering and increasing revenue as the economy rebounds.

Using observable facts about the operational areas of development and well-substantiated data about solutions, dentists can respond quickly and achieve new levels of profitability, before damage turns from temporary to permanent.
Actual Needs: *Increase Production, Decrease Chair Time and Overhead*

The ADA Health Policy Institute found that 26.7 percent of procedures performed by general dentists nationwide are in the restorative dentistry category. The unhappy fact is that providing restorative dentistry accentuates pain points magnified by COVID-19 – not enough production, too much chair time, too much overhead. A common response to declining revenue is to gamble on unproven schemes to increase patient volume with secondary services like Botox, or to hike patient fees. Such detours during tenuous times make practices vulnerable to the dire consequences of uncalculated risk. The COVID-19-induced contraction is likely one of those times.

With the U.S. economic recovery starting to take shape, it’s necessary to optimize workflow. You can jumpstart your practice with digital tools to address actual needs – increased production, decreased chair time and overhead – by maximizing your efficiency with the dentistry you’re already doing.

**Just ask Dr. Daron Clark.**

Dr. Clark’s practice gained close to $1 million dollars in added revenue during the first five years after integrating a completely digital workflow. Patient satisfaction followed the same upward curve.

Dr. Clark received his DMD from the University of Mississippi in 2007. Through his Fellowship with the Las Vegas Institute of Advanced Dental Studies and his subsequent coursework with other advanced institutes, Dr. Clark has completed over 400 hours of post doctorate education in advanced TMD, craniofacial pain, dental orthopedics and sleep medicine.
Here’s the backstory. It was 2012. Five years out of dental school and focused on managing patients, clinical care and the business side of his practice, Dr. Clark felt something had to change. “I was treading water,” he explained. A traditional and conservative provider with little digital capability beyond some basic scheduling and radiography his practice was moving forward and his patients seemed happy, but he still had doubts. “I wasn’t feeling as good about the level of dentistry I was providing as I thought I should be.”

Fast forward to the present. Dr. Clark says he ends week after week with renewed energy that goes right back into his practice. “That drive just wasn’t there before. Now, I’m able to make the most of it.”

The impetus for change was the realization that there was a means for addressing his needs to reach his practice goals. For starters, he wanted to elevate the level of his dentistry, and he wanted to increase his productivity. His director of strategy and operations, Lisa Smith, performed a business analysis and encouraged him to begin the implementation of a digital workflow. “There was so much opportunity for improvement in all areas of the practice, including increasing diagnostics, improving efficiencies, and most importantly improving the overall quality of the patient experience,” noted Ms. Smith. “Bringing in a digital workflow checked all the boxes for us.”
What ultimately persuaded him to invest was news of the Planmeca Cone Beam Computed Tomography (CBCT) technology that offered a low-dose radiation option and an extraoral bitewing function. “We spent a lot of time researching different machines before we found the right fit,” he recalled. He was convinced by the potential to diagnose more accurately with less radiation and thereby save patients from more serious outcomes down the road, while also producing more dentistry.

The results were beyond his expectations. “I’ve had conversations with doctors about the results of this imaging and sometimes they don’t seem to believe me,” said Dr. Clark. “It’s a reaction I totally understand because I had to experience it to believe it too. I discovered so much asymptomatic pathology in our current patient base by changing our imaging. It really allowed me to take much better care of my patients.”

Planmeca’s ProMax Plus combines safety with its ultra low-dose protocol and helps Dr. Clark diagnose conditions on CBCT images that would be undetectable with traditional 2D imaging.
Increasing Production

Dr. Clark purchased the Planmeca ProMax Plus. Using the machine’s ultra-low dose (ULD) protocol, Dr. Clark can reduce radiation dose to 77 percent of what’s emitted with standard protocols. He has the flexibility to choose the balance between image quality and radiation dose – from low dose to endodontic mode. In addition, the extraoral bitewing function offers a wider range of view on the screen than a traditional sensor allowing him to diagnose conditions from the extraoral bitewings that would generally only be visible in a panoramic X-ray. Furthermore, he regularly diagnoses conditions he sees on the CBCT image that would be undetectable with traditional 2D imaging. The ULD technology can reduce the effective patient dose to levels comparable to (or lower than) traditional 2D imaging modalities. His primary objective – to improve patient care – was an outcome that repeated itself more frequently than he thought possible.

A very common condition Dr. Clark now sees much more readily is the often asymptomatic inflammatory process that eats tooth structure away – external or internal resorption.

For example, there is the patient who had been in a motorcycle accident prior to his extraoral bitewing imaging in Dr. Clark’s office. Despite being completely asymptomatic, three of his teeth were affected by resorption. If he hadn’t been imaged with the extraoral bitewing function, those teeth would’ve ended up extracted because his next scheduled panoramic was more than a year out. Because of the imaging he had teeth-saving root canals instead.
Dr. Clark estimates that he sees pathology for which patients need additional treatment five times out of 10. “Countless patients who are on our hygiene schedule have asymptomatic periapical abscessed teeth,” Dr. Clark found. It also isn’t unusual for a patient to come in complaining of a sinus infection and for Dr. Clark to see abscessed maxillary posterior teeth that were previously considered asymptomatic. But as well as being able to diagnose additional treatment patients need to avoid complications down the road, Dr. Clark finds himself saving patients from unnecessary treatment and time-wasting appointments. He described patients with toothaches in the maxillary posterior who have active sinus infections that wouldn’t have been seen without the imaging. “I’m able to save them the endodontic assessment and refer them directly to an ENT,” he said.

Dr. Clark also recalls the patient who had been referred to his practice because of sleep apnea. He had trouble breathing and had been seen by multiple specialists. “Dr. Clark took a 3D image of the pharynx and nasal airway to find he had a sinus infection encompassing all four major sinuses.

“Without the imaging, we would’ve made a sleep device that would’ve cost the patient time and money and wouldn’t have helped his condition at all,” he said.

“We spent a lot of time researching different machines before we found the right fit.”
-Dr. Daron Clark

Dr. Clark’s standard imaging protocol for assessment prior to preparing a patient’s sleep device is the upper maxillary, lower mandibular, part of the sinus cavity, the pharynx, the temporomandibular joints and the cervical vertebrae. Capturing the moving parts of the airway with the Planmeca ULD protocol, Dr. Clark has learned of cases where the originally planned device would’ve pulled the jaw forward and caused temporomandibular joint dysfunction (TMD). He said it would’ve been impossible to know that would be the effect without the imaging until the patient reported pain.
But most affirming to Dr. Clark about his investment are the cases where the imaging leads to life-changing outcomes. He recalled one such patient, a father, who was at risk for sleep apnea. Using the Planmeca technology, Dr. Clark found an arterial plaque in the internal carotid artery. The finding was life-saving for his patient and also life-changing, as he embarked on a healthier lifestyle post-diagnoses. It’s a situation Dr. Clark estimates comes up as frequently as once each year.

“Talk about the business of dentistry,” commented Dr. Clark. “The ROI from an outcome like that has far reaching implications. Not only does it make me feel good about my practice, that patient will pass 30 other practices to remain my patient and he’ll tell his compelling story to people who will become my future patients.”

“Now I get to be the doctor on the block who doesn’t have a lot of mystery cases anymore,” joked Dr. Clark. “We can figure out what’s going on most of the time.”

Dr. Clark’s imaging unit provided results that immediately boosted productivity, leaving him with little hesitation about investing more effort in computer-aided design and manufacturing (CAD/CAM) technology. “The imaging was motivating. I was diagnosing more dentistry, and I wanted to be more efficient in providing it.”

Technology improves the patient experience and helps dentists and the oral care team inform and educate about oral health care and treatment plans.
Decreasing chair time and overhead

Because single-unit restorations made up almost one half of Dr. Clark’s restorative work at that time, one of the first things he did was convert most of his treatment planned PFM lab crowns to minimal prep crownlay designs, using adhesive dentistry for cementation. “They’re a better restoration, and they last longer,” he said. “Newer ceramics like lithium disilicate (e.max) more closely match the structural and mechanical properties of natural tooth, so the material’s qualities fit within the system rather than being too hard or too soft. And you can get a really good seal, adhesive dentistry allows that extra flexibility.” He treats patients more efficiently too. “Instead of doing three different crowns in three different rooms, I can provide three different onlays for one patient and save us both a lot of chair time.”

Dr. Clark thinks the learning curve to use CAD/CAM technology isn’t as steep as it used to be because the technology has gotten so much better. “The key for me was using it as much as I could, investing the time and effort into learning the best way to use it in my practice,” he said. “With CAD/CAM, you’re doing 15 new things at the same time, and they all make a difference.”
Exploring the Benefits of 3D Imaging Protocol and True Extraoral Bitewing Technologies

Adapted from Dr. Daron Clark, Downtown Dental, Nashville

Better patient care

• Increase patient safety by reducing radiation exposure
• Faster diagnoses leading to earlier intervention
• More effective or less invasive patient treatment
• Fewer unnecessary appointments
• More specific referrals

Professional satisfaction

• Improved treatment outcomes
• Greater confidence in treatment planning
• Opportunity to provide better dentistry

Better practice health

• More satisfied patients
• More professionally satisfied and proficient dental team members
• Increased treatment acceptance

Technology helps the clinical team at Downtown Dental work more efficiently to better manage patient and doctor chair time. This operational efficiency also helped improve treatment acceptance.
He brought his expanded function dental assistants to train right along with him from the outset. “You won’t get the most out of the equipment unless you bring your team with you,” said Dr. Clark. “This technology is a very powerful incentive for them, and they take pride in the opportunity to use it and reach their potential with it.”

Ms. Smith noted that when the clinical team began to take ownership of the design and fabrication of the porcelain units there were additional unexpected benefits. “So many treatment conversations occur between the patient and the team, and when our clinical team understood the value of what we were providing to the patient we saw a dramatic increase in treatment acceptance,” said Ms. Smith. “Patients did not want to wait until it hurt and they needed a root canal; they wanted to take care of the decay right away, conservatively.”
With Planmeca team training, a CAD/CAM dentist can easily run two revenue producing appointments at the same time, better managing patient and doctor chair time. Assistants can design, mill, stain and glaze, while the dentist preps and seats.

The deep dive paid off. The number of Dr. Clark’s porcelain units per year went up from about 300 in 2013, which was prior to the CAD/CAM purchase, to more than 700 by 2016. In 2013, all of the crowns were made in the lab, but by 2016 he was making 97 percent of his patients’ porcelain crowns in the practice. Prior to his CAD/CAM use, most of his patients’ crowns were Porcelain Fused to Metal (PFMs).

Over the first four years of incorporating CAD/CAM dentistry, Dr. Clark saved over $230,000 in expenses. Those savings are the difference between his variable costs for porcelain units produced in house and the lab expenses he would have paid.

“The ROI from an outcome like that has far reaching implications. Not only does it make me feel good about my practice, that patient will pass 30 other practices to remain my patient and he’ll tell his compelling story to people who will become my future patients.”
-Dr. Daron Clark

Dr. Clark said it’s impossible to not become a better dentist using CAD/CAM technology. “Having the ability to design the restorations in your office offers the opportunity to remove as little tooth structure as possible. With a conventional crown you take all the enamel off of the tooth right down to the gumline,” said Dr. Clark. “Now I’m able to do more conservative prep and then bond a restoration that has longevity.

“We haven’t come up with anything better than natural tooth structure, and now I’m able to more frequently preserve it,” noted Dr. Clark. “It goes back to the same reason we try to keep fillings small – we want the teeth to live longer.
Working with Planmeca

I think one of the best things about working with Planmeca is that they treat their users like business partners, not sales customers. They have set up systems to be incredibly responsive when we need them, and they are constantly innovating and improving the existing technology. I would also say that being a part of the user community has been a huge asset to my skills, knowledge and development as a young dentist. There are education opportunities all the time. Planmeca is everything you would want from a dental tech company, and more.

Final Words

The culture of innovation Planmeca has formed and fostered has shown me that dentistry could be more than the philosophies and techniques I was taught in school. Prior to investing in the CAD/CAM system and 3D imaging with our Promax, I was seven years into my career and already growing complacent and uninspired with dentistry. Planmeca's technology reinvigorated my love for my work, and it set me on a path to seek out additional education and training. The knowledge and skills I gained in advanced physiologic dentistry have allowed me to care for my patients in ways I had not thought possible, and I can't imagine treating my complex sleep and TMD patients without my imaging equipment. The restorative care we provide is also more efficient than it has ever been. We are achieving higher quality patient outcomes than ever before. And our financial success has never been as robust as it is now.

Click here to meet with a Planmeca representative.

The cited references in this eBook do not reflect ADA views and policies.