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Dental Tribune debuts new media

By Daniel Zimmerman, Group Editor
Dental Tribune International

COLOGNE, GERMANY: Dental Tribune International (DTI) has expanded its presence on the Web. At the fifth licensee meeting in Cologne, just prior to the start of the International Dental Show (IDS), the company's re-vamped Dental Tribune Internet presence was introduced to the public along with DT Study Club, a worldwide online platform for advanced training. The clear, concise design of the Web site, *www.dental-tribune*, presents everything at a glance on just one page. Additional Web sites for the more than 25 local editions in different languages will be available soon as well.

Publisher Torsten Oemus speaking to DTI license partners during the company's annual publishers meeting.

The primary focus of the information provided is news. "A great number of dentistry Web sites are currently available on the Internet. Most of them, however, are addressed to local target groups or focused on rather specific subject areas," explained Publisher Torsten Oemus. "Our Web site is the first to provide dental professionals the world over with topical information on a daily basis, covering every single aspect of what's going on in the world of dentistry with regard to science, politics and the industry. In addition to this news, we have videos, blogs, forums and useful search engines for products and events."

At present, the publishing group — with headquarters in Leipzig, Germany; New York, and Hong Kong — has a worldwide network of licensed publishing houses in more than 23 countries. This year, two new branch offices will be established in France and India. Local issues of DTI publications are currently available in all relevant markets, including Germany, the UK, Italy, Russia, China, Japan and the United States.

The DT Study Club, launched in conjunction with an online C.E. festival in March, has been designed as an online platform for advanced training to be shared by dental professionals located anywhere on the planet. A panel of internationally renowned experts has been assembled to give real-time, accredited C.E. training courses and they can respond immediately to queries submitted by participants. Should a particular course be missed, it can always be accessed later via an archive function. Furthermore, the Web site provides various forums for discussion, as well as product reviews using an audio-visual format. Membership in the DT Study Club is free of charge, so please visit *www.dtstudyclub.com* for more information. DT

Official suspects dentists might be engaging in Medicaid fraud

By Fred Michmershuizen, Online Editor

Some dentists in New York state might have been fraudulently billing Medicaid for treatment on patients with no teeth, according to a recent published report. Auditors looking back five years discovered almost 22,000 questionable charges to Medicaid for treatment such as filling cavities, pulling teeth and cleanings for patients with dentures.

"Dentures don't need fillings, and New York doesn't need to pay for bogus Medicaid claims," New York State Comptroller Thomas DiNapoli told Metro New York newspaper.

Nearly $3 million in "questionable" billing was discovered in the audit. In some cases, dentists billed Medicaid $1,200 for a full set of dentures when only a partial set costing $720 was given. DT

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Dental association marks a 100-year milestone

By Fred Michmershuizen, Online Editor

The Ninth District Dental Association in New York state, a regional association with more than 1,600 members, is marking its 100th anniversary this year with a Centennial Celebration. A black-tie gala will be held on May 2 at the Hotel Thayer at West Point featuring a dinner dance and cocktail hour. Commemorative exhibits and memorabilia will be on display, and attendees will have the opportunity to tour the military academy.

According to the current leadership of the Ninth District Dental Association, the 100-year milestone is a chance not only to reflect upon past success but to look forward to an exciting second century.

"The 35 original charter members would be astounded to see our organization today — nearly 1,700 strong — a larger membership than 23 state organizations. They would be impressed with our staff and our headquarters building. Most of all, they would be humbled by the caliber of members who have contributed to the advancement of dentistry as well as the advancement of the profession on national, state and local levels," said Dr. Edward Feinberg and Dr. Gary Scharoff, co-chairmen of the Centennial Celebration, in a letter to members. "Ninth District members have made their mark everywhere."

Feinberg and Scharoff said that the celebration also marks the launch of exciting new educational initiatives. Both men expressed appreciation for the team at Henry Schein Inc. — particularly Jack Abrams and Steve Kess — and to corporate sponsors Coltene-Whaledent and 3M for their support in making the centennial event a reality and for inspiring the organization to chart new paths for the future. "These companies have not only provided much needed financial support, they have planned unique educational events this year that you won't want to miss," said Feinberg and Scharoff.

The Ninth District Dental Association is credited with playing a major role in the advancement of the dental profession during the past 100 years. It has made tremendous contributions over the years to the New York State Dental Association and to the American Dental Association.

"It is truly amazing how the Ninth has grown during the past 100 years," Feinberg and Scharoff said. "From a small group of practitioners, the Ninth has become a well-respected leader in the community that has tremendous clout with professionals, the public and government officials. We have so much to celebrate as we look back at the last 100 years, and we have so much to do as we make plans for the next 100 years." DT

Those annoying patient behaviors

Ever get annoyed by those irritating behaviors some of your patients exhibit when you are attempting to treat them? If so, you are not alone! A recent survey of more than 300 dentists conducted by the Chicago Dental Society revealed these irritating patient behaviors:

- *Public displays of affection.* Patients who have just had their teeth cleaned "test it out" on significant others before leaving the dental office.
- *Fiddling with a handheld device.* Answering a cell phone is annoying enough, but believe it or not, a few dentists reported getting knocked in the the head by patients playing Tetris!
- *Treating the dental operatory like a reading library.* Some dentists said their patients have a difficult time parting with People magazine or their John Grisham novel while sitting in the chair.
- *Grooming.* Really, with all those mirrors and lights nearby, some patients can't help themselves from touching up makeup or even plucking their eyebrows! DT

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Esthetics and the brain

By Editor in Chief David L. Hoexter, BA, DMD, FACD, FICD

The age-old question as to what constitutes beauty has been subjected to yet another wrinkle. Research has been presented showing that left-sided brain people perceive beauty differently than right-sided ones. Beauty is and has been perceived through the ages through individual eyes. Perhaps different cultures encourage different zones of desire and contentment; also, people of different ages may have different views. Whatever the cause or conditioning, our visions encourage that beautiful zone. Is it due to our youth's environment, perhaps where our mother's left side of the brain influenced our concepts early, relating to beauty?

When I was presenting cosmetic periodontal techniques in Sicily, Italy, at a congress dedicated to esthetics in dentistry, Dr. DeLucca, an exquisite prosthodontist with exceptional esthetic prosthetic results, brought up factors and questions regarding the effects of esthetics from the right and left sides of the brain as well as the male/female dominance in their respective spheres.

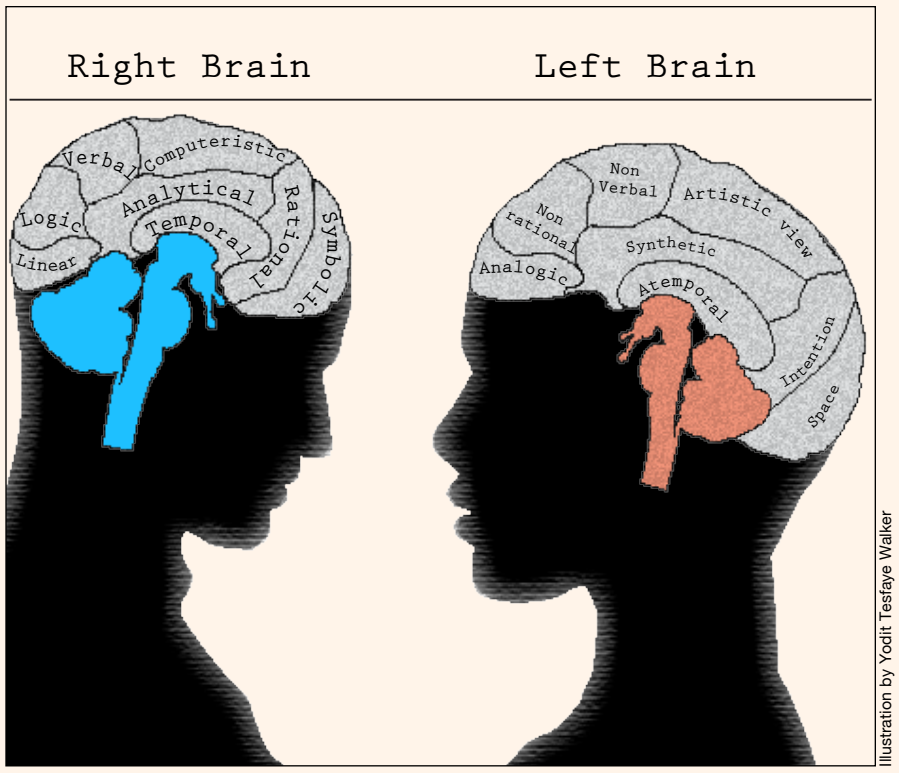

Illustration by Yodit Tesfaye Walker

The brain has been relegated to different functions on its left and right side in several factors. The right side is said to be more analytical, more detailed, as well as more scientific, mathematical, computeristic, logical and analytical. In general, the right side is usually related to males.

The left side of the brain is, in general, attributed to the female gender. Its characteristics are said to be non-verbal, intentional, emotional, excellence in spacial relationships, and good color perception.

In the past 20 plus years of dentistry, esthetics has changed the face of the profession. This is not meant to be a pun but an actual fact. The desire by patients to electively choose to have dentistry is a huge leap from its image of yesteryear. Not relying on motivation from pain or trauma, patients are eagerly trying to improve their appearance orally. A wonderful bright smile can light up the face and the public is now aware of this fact.

At about the same time that cosmetic improvement was encouraged by our profession, the profile of the dental school population started to change. The number of female dental students became more predominant than ever before in the United States. Was this the left side of the brain making its mark?

The initiating pioneers in the dental esthetic field, Drs. Irwin Smigel and Ron Goldstein, forged awareness to the public as well as dentists, and encouraged the patient to request looking better orally. In turn, they encouraged the dentist to provide the services that stimulated dental companies to research and provide better esthetically appearing, yet formidable, restorative materials. Did it take these pioneers the use of the right side of their brain to forge this field of esthetics?

In other countries throughout the world, the number of female dental school graduates has been higher than males for years. In addition, 85 percent is the common percentage of female dentists practicing in many such countries. In the U.S., that number hovers at about 50 percent.

Does the right side of the brain dominate our field with the necessary precision that is demanded? Have the materials in dentistry today improved so much that there is compensation in techniques to allow the left side of the brain's activity to transcend and emit an esthetic sensitivity for the patient's appearance? Can the individual dentist utilize the left and right side of his or her brain as noted in today's terminology by the expression "crossover?"

Will the economic turmoil of today affect the demand by patients for cosmetic dentistry beyond the necessary health requirements? I know that for me to find the answer regarding the male/female, left and right brain relationships, I should smilingly have to ask my wife. DT

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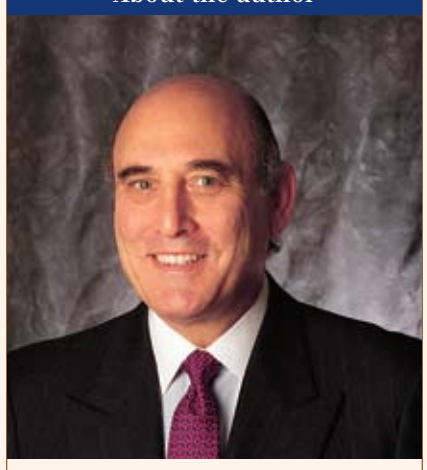

Dr. David L. Hoexter is director of the International Academy for Dental Facial Esthetics, and a clinical professor in periodontics at Temple University, Philadelphia. He is a diplomate of implantology in the International Congress of Oral Implantologists as well as the American Society of Osseointegration, and a diplomate of the American Board of Aesthetic Dentistry.

Hoexter lectures throughout the world and has published nationally and internationally. He has been awarded 11 fellowships, including FACD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and esthetic surgery. He can be reached at (212) 355-0004 or drdavidlh@aol.com.

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The 60-second conversion: emergencies to comprehensive exams

By Sally McKenzie, CMC

In stressful situations, people don't necessarily remember what you did but rather how you made them feel. When managing an emergency patient, that point couldn't be truer. Take steps to ensure that your emergency patients feel good about your staff, your care and their decision to choose your practice and you'll find you're well within striking distance of that much desired 80 percent conversion rate.

Send the right message

Oftentimes, emergency appointments are viewed as negative and potentially problematic by both the patient and the staff. Consequently, practices commonly send the wrong message to those patients that they must interact with under emergency pressure. The person is squeezed into an already full schedule. Although it's probably not intentional, this patient is frequently viewed as an annoyance, an interruption to the day rather than an opportunity. In addition, that message comes through loud and clear to the patient.

Start with a little sensitivity training for those on the front lines. Business staff, who tend to be more task oriented and are much more comfortable when the day runs according to a specific plan, occasionally need to be reminded that emergency patients are likely to require more empathy and concern than they may typically convey in their day-to-day patient communication. The emergency patient should feel that your practice is one that is understanding and helpful, not punitive.

Listen to how the emergency patient calls are handled. Are these conversations warm and welcoming? What is the staff member's reaction? Irritation? Frustration? Does it depend on the time of day? How would you feel if you were an emergency patient calling your office? Would you be glad you chose this practice or would you feel that the practice's primary concern is the payment rather than the patient?

Here's what happens in many offices. The scheduling coordinator takes the call and scans the already full schedule. With a labored sigh, she/he tells the patient it's going to be very difficult for the practice to work them in, but they will. Oh, and the dentist expects payment upfront, she/he adds. Within the first 60 seconds of contact with the emergency patient, your practice is laying the groundwork for conversion to a comprehensive exam … *or not,* as the case may be.

Develop and use 'emergency phone scripts'

I recommend that dental teams develop phone scripts to help them effectively communicate with emergency patients from the very first word. The script provides a general guide to assist all staff, no matter who picks up the phone, in gathering necessary information, conveying essential details and continuously expressing a helpful, caring tone and attitude throughout the exchange.

Emergency patients must be treated with compassion and understanding no matter what the circumstances — full schedule, stressful situations, etc. Believe me, I know this can be tough for your highly task-oriented and incredibly efficient office manager who is lightning fast on the computer and can spit out production, collections and accounts receivables figures with pinpoint accuracy a sharpshooter would envy. But this is when she/he and the rest of that highly efficient business staff need to step back, take a deep breath and put forth a tone of care and consideration that would make Florence Nightingale beam with pride.

When emergency patients arrive at the office for an appointment, the business staff welcomes and greets them with a smile. They assure the patients that the clinical team is excellent and they will take very good care of them. In addition, they give the patients a general idea of how long their wait will be. They ask if the patients would like assistance completing their paperwork. If the patients are in considerable discomfort, they take them into a consultation room or other quiet area where a staff member can help them complete practice medical forms and other documents. The focus should be on making the process as easy and comfortable as possible for the patients.

Seize the 'teaching moments'

As the ancient proverb says, the teacher appears when the student is ready. When it comes to emergency patients, be prepared for the "teaching moments" that lie ahead. Up until this moment, the emergency patient may not have been interested in what you and your practice had to offer. Perhaps this is one of those patients who has known for quite some time that he/she was going to need additional care and treatment, but for whatever reason (fear, time, finances, procrastination) she/he simply kept putting off the inevitable. However, things have changed. The patient's situation has prompted her/him to consider not only immediate treatment, but quite possibly, comprehensive care as well. Unfortunately, dental teams miss this opportunity time after time.

Develop a plan to seize the "teaching moments" that emergency cases present. For starters, pay attention to cues the patient is giving. The conversation that the assistant has with the individual can be particularly useful in identifying those

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issues that will need to be addressed in order for the patient to consider further care.

Does the patient appear anxious or fearful? Does he comment that he is concerned about the cost of the treatment or the pain or the time the procedure is going to require? Is she apologizing because it's been such a long time since she's been in for an appointment? Did he have a negative dental experience in the past? Is she angry or frustrated? When talking to the patient, the assistant should be able to identify the most likely obstacles the dental team will encounter when encouraging this patient to pursue comprehensive care.

Track the most common reasons why emergency patients wait until there is a problem before coming into the practice. From there, the team can develop a patient communication strategy via the use of scripts and educational materials to overcome those barriers.

Develop and use patient scripts

Just as scripts are essential at the front desk when answering phones, they are also critical when educating patients about the value of ongoing dental care. Moreover, they are a safety net that prepares the staff to know what to say, how to say it and when to say it. If the patient is highly anxious, the team should have a specific script and protocol that they follow to put the patient at ease. If the patient is concerned because he doesn't understand why he needs a specific procedure, the staff should be prepared to respond with educational videos, printed materials, dental models, etc. Anticipating patient concerns and being prepared to address those enables staff to educate patients confidently and consistently, and thus, to seize the teaching moments effectively.

Set aside time during the weekly or monthly staff meetings to develop scripts. Don't get bogged down in addressing every possible scenario immediately. Pick a couple of key barriers and address those initially. The doctor and team should work together to fine-tune the documents over time and to develop an easy and natural flow. Once you feel confident in using those, create a few more.

'Close the deal'

Be sure to take time to "close the deal." After the treatment, escort the patient to the front desk and gently impress upon her/him once again the importance of ongoing care. Explain to the scheduling coordinator that the patient needs an appointment for a comprehensive exam. Time should be set aside in the schedule to allow emergency patients to be scheduled for comprehensive exams within the next week.

That evening or the next, the dentist follows up with a phone call to check on the patient and express appreciation for the opportunity to take care of her/him. Shortly thereafter, the patient should receive a new patient packet in the mail with printed information about your practice and your services along with a handwritten note from the dentist's assistant that expresses concern for the patient's wellbeing, and indicates that the staff is looking forward to seeing the patient again for the comprehensive exam on the designated date.

Seize the teaching moments and watch your conversion rate increase significantly. DT

About the author

Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dentistry nationwide. She is also editor of The Dentist's Network Newsletter, *www.thedentistsnetwork.net*; e-Management Newsletter from *www.mckenziemgmt.com;* and The New Dentist™ magazine, *www.thenewdentist.net.* She can be reached at (877) 777.6151 or sallymck@mckenziemgmt.com.

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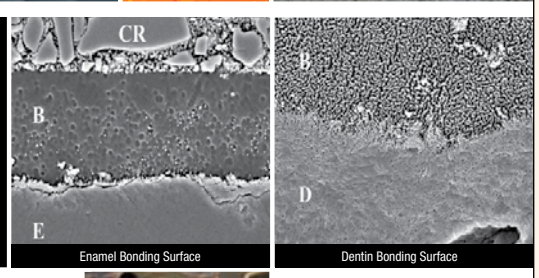

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