DENTAL TRIBUNE

The World's Dental Newspaper · U.S. Edition

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Greater New York Dental Meeting or bust!

By Robin Goodman
Group Editor

Get ready to sink you teeth into the Big Apple in a way that only the Greater New York Dental Meeting can provide. With a myriad of new programs on and off the exhibit floor as well as seminars and workshops, you'll want to plan your time carefully. Here is a taste of what awaits you.

Witness "Live Dentistry" on the exhibition floor where you can watch procedures that showcase the latest in dental technologies and materials. Also on the exhibit floor, in glass-enclosed areas, you can attend workshops that will present a broad spectrum of up-to-date, hands-on procedures. You can even earn one hour of C.E. credit for walking the expanded exhibition floor, home to more than 1,500 booths overflowing with information and demonstrations on the latest innovations in dentistry.

Illustration by Yodit Tesfaye Walker

Also new to the conference this year, Invisalign will host its first national conference, The first annual Greater New York Dental Meeting & Invisalign Expo, featuring eight different programs for the entire dental team. On Nov. 30, there is also the *Laboratory Technicians Extravaganza,* hosted by Zahn Dental and the Greater New York Dental Meeting. Finally, you won't want to miss the first annual *Dental Tribune Symposia* from Sunday Nov. 3 to Wednesday Dec. 3 where you can learn all you need to know about "getting started in" endodontics, implantology, cosmetic dentistry or digital dentistry.

Dental Tribune America is the official media partner of the meeting, so look for our show daily editions as you enter the convention center from Nov. 30 to Dec. 3. For more in-depth coverage about the Invisalign Educational Expo and Ortho Specialty Programs, please see pages 11 and 12.

Inside this week

Are you a 'cutting edge dentist'?

By Robin Goodman
Group Editor

Dr. Martha Cortes, current president of the American Academy of Cosmetic Dentistry New York Chapter and former co-chair of dentistry with the American Society for Laser Medicine and Surgery, took some time to talk about lasers with Dental Tribune.

What is the state of lasers in dentistry today?

Dental lasers are state-of-the-art technologies. Every dentist should own one and use it as an integral part of his or her practice, especially as they are much more affordable than they were 15 years ago when I got my first laser; I had the the Duopulse by Excel Quantronix, which has two separate lasers in one unit: a holmium and neodymium laser. I still have this unit in my office and use it as a backup laser to my newer ones. Lasers can be used by themselves or as an adjunct tool as they are versatile and precise. A simple diode laser can be used to disinfect tooth structure, in crown lengthening, frenectomy, biopsy, periodontal disease and gingival sculpting, etc.

There are lasers like the Periolase MVP-7, which are specifically built around a patented soft-tissue technique for periodontitis — laser assisted new attachment procedure [LANAP]. There are hard-tissue (modifies lasers) as well as soft-tissue (modifies lasers) and there are lasers available today that combine both a soft and hard tissue laser in one unit. It all depends on the practice one has, or the one that you want to develop. Bottom line is that you cannot consider yourself a dentist on the cutting edge if you do not have and use a laser as part of your daily regimen regardless of what type of dentistry you practice.

How about lasers and soft tissue such as gum and pulp?

I have developed a direct pulp capping technique involving a laser and the immediate placement of a porcelain restoration [CEREC][1], which has a great success rate as the laser can reach places that antiseptics and antimicrobials cannot reach because of their shallow penetra-

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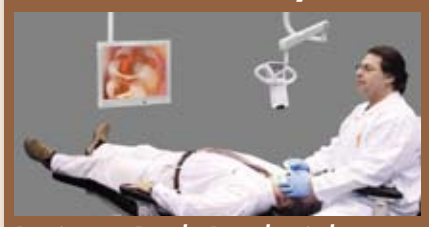

Don't miss Randy Donahoo's lecture at the Dental Tribune Symposia during the Greater N.Y. Dental Meeting at 1:30–2:30 p.m. on Dec. 2.

This course will provide you with an opportunity to see for yourself how the benefits of "heads-up" dentistry can enhance your practice. Experience first hand the Dental Procedure Scope, a life-changing device that provides increased magnification, superior lighting and improved ergonomics all in one device. The lecture will provide an overview of how Dental Procedure Scopes work, their capabilities and the ease of which they can be incorporated into your daily routine. Learn how they can enhance your practice and put the fun back into dentistry. It's just a wonderful way to spend your day!

MagnaVu Magnified Video Dentistry

Minimally invasive dentistry in rapid-fire fashion

Don't miss Dr. Jesse's and Dr. Kaminer's lecture at the Dental Tribune Symposia during the Greater N.Y. Dental Meeting at 3–4 p.m. on Dec. 1.

Topics to be discussed include the following: caries management by risk assessment; current concepts in cariology; minimally invasive endodontics; bonded fiber posts; dental lasers; minimally invasive periodontics; current advances in tooth whitening; bonding agents: separating the truth from the hype; and much more. This program will introduce concepts that will change the way you practice forever.

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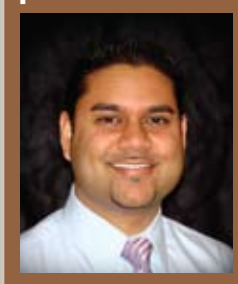

Catch Dr. Patel's lecture at the Dental Tribune Symposia during the Greater N.Y. Dental Meeting at 10 a.m.–1 p.m. on Dec. 1.

Dr. Patel will share a practical perspective of cone beam technology and its multiple uses in "real world" private practice. He will shed light on what the future has to offer and give insight into the impact CBCT technology can have from a business standpoint — return on investment (ROI)! By the end of the presentation, attendees should:

- Understand how 3-D technology can benefit the modern dental practice.
- Learn how state-of-the-art 3-D digital dentistry is being done today.
- Acquire the tools for implementing 3-D X-ray imaging and software in their practice.

sirona The Dental Company

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For more information and registration, please contact Julia Wehkamp: j.wehkamp@dtamerica.com.

ARE YOU

From Page 1

tion into bacterial colonies [biofilms]. Lasers can be used on the delicate tissue of the pulp without causing necrosis by using the correct settings and the right lasers.

Nd:YAG's and diodes are great for sculpting the gingival tissue in crown lengthening, smile makeovers and gingivectomy. Both can be used in treating gum disease, although the diode is not as ideal as the Nd:YAG laser, as it is hotter, can cut deeper and has a potential greater zone of thermal damage in the wrong hands; it should not be used on pockets deeper than 4 mm. The Nd:YAG can be used to pocket depths above 12 mm. Those interested in the Nd:YAG for gum disease should really look at the Periolase MVP-7 by Millennium Dental Technologies as the laser is sold with instruction/training in the laser and LANAP technique.

And for lasers and hard tissue such as tooth and bone?

Erbium lasers are great for disinfection of teeth and for osseous surgery as they are specifically made for disinfecting and cutting hard tissue. They are also ideal for preparing class I and class V restorations and removal of defective composite materials; however, they cannot be used on metal or porcelains, as these cannot be cut by a laser.

Metals and porcelains must first be removed using the drill; however, once they are removed the laser can be used directly to remove any underlying caries. If the caries are very deep, the erbium laser can be used in a direct/indirect pulp-capping technique with the immediate placement of a CEREC 3-D porcelain restoration. An erbium laser like the Waterlase MD by Biolase can also be used in the direct treatment of root canals as it has laser endodontic tips that are used post instrumentation for cleaning and disinfecting the canal.

What are your thoughts on a connection between heart disease and periodontal disease?

I love it when patients tell me that they are fit and in good shape except, of course, for the severe gum disease they have. Unfortunately, we have grown up with faulty medical/dental health models that describe the body as distinct and disconnected units, and this shows up in how we view disease and the body. Severe infection in the body is dangerous as it can spread, especially to vulnerable organs.

Periodontitis is a bi-directional manifestation of disease. It can be seen as a manifestation of systemic disease such as diabetes, cutaneous disease, joint disease and osteoporosis. It can also be seen separately from systemic ones as its own complete disease with the great potential of releasing bacterial emboli into the blood system that can travel to the heart, lungs and other major organs. It has been linked to cardiovascular disease since the late 1990s and rightly so, as oral bacteria are not contained but spread and are particularly dangerous for heart patients who are vulnerable to endocarditis, especially before open-heart surgery.

An Nd:YAG laser can reduce microbial colonies that inhabit periodontal pockets by 97 to 100 percent, as the laser is precise, site specific and does not rely on secondary or tertiary effects to kill microbes. It destroys microbes and their colonies on contact without any side effects.

Editor's Note: Please see Cosmetic Tribune in this edition for a clinical article by Dr. Cortes and her contact information.

[1]The article is titled, "High-Tech Pulp Capping Using Laser and CAD/CAM, Dental Economics," and was published by PennWell.

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Endodontic irrigation via EndoVac: safety, efficacy and clinical techniques

Don't miss Dr. Schoeffel's lecture at the Dental Tribune Symposia during the Greater N.Y. Dental Meeting at 1:30–2:30 p.m. on Nov. 30.

Although seemingly simple, endodontic irrigation is a highly complex problem that begins with patient safety and ends with clinically efficient and effective results. However, as complex as the problem is, the answer is equally simple. Attendees will learn the answer, while becoming familiar with:

- Identifying flaws in current endodontic irrigation studies.
- Listing the principles and ancillary benefits of apical negative pressure.
- Describing the critical importance of safely using full-strength sodium hypochlorite during endodontic irrigation.

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Don't miss Dr. McEowen's lecture at the Dental Tribune Symposia during the Greater N.Y. Dental Meeting at 3–4 p.m. on Nov. 30.

Cone beam computed tomography (CBCT) offers a whole new paradigm to dental radiography. From what were conventional 2-D images, dentists now have the ability to look at the maxillofacial region in any direction, and at any thickness, as well as in 3-D. With the introduction of CBCT the specialist and general dentist alike can now afford to own and enjoy the benefits of this fantastic diagnostic tool. This symposium will cover the basics of CBCT, field of view (FOV), focal spot, flat panel types, processing time and gray scale, and how these affect resolution and image quality. PreXion 3-D high resolution images will be discussed and time spent with real scans showing how these images can be used in planning periodontal treatment, implants, oral surgery, complex endodontic diagnosis, and treatment planning for the general dentist.

CEREC by Sirona

CEREC CAD/CAM: The power of technology in clinical restorative dentistry

Join your colleagues for Dr. Antenucci's lecture at the Dental Tribune Symposia during the Greater N.Y. Dental Meeting at 10 a.m.–1 p.m. on Nov. 30.

CAD/CAM technology has revolutionized the practice of dentistry with enormous implications for the delivery of patient care that is timely, comfortable, long lasting, beautiful and economical. This presentation is designed to provide not only an overview of the role of CAD/CAM and CEREC in clinical dentistry today, but also provide attendees with practical clinical information on how CEREC literally transforms the practice of restorative dentistry. Numerous clinical cases will be provided along with a thorough discussion of case selection, fabrication and design, delivery and finish. Attendees will leave with a thorough understanding of the clinical application and use of CEREC CAD/CAM technology in achieving outstanding results.

DENTSPLY TULSA DENTAL SPECIALTIES

Successful treatment strategies for anterior total tooth replacement in the thin scalloped periodontal architecture: the ankylos tissue care concept for long-term success

Catch Dr. DiGiallorenzo's lecture at the Dental Tribune Symposia during the Greater N.Y. Dental Meeting at 1:30–2:30 p.m. on Dec. 1.

This lecture will provide a systemic, biologic and evidence-based approach to ensure success in the class 1 to class 4 case utilizing the "Tissue Care Concept by Ankylos," PRGF, lasers and piezo surgery. Learn about:

- Diagnosis of patient biotypes and its affect on treatment decisions.
- Immediate or staged?
- Surgical management: incisions, atraumatic extraction, periodontal plastics, bone grafting (PRGF), overcorrection, site preparation, and 3-D implant placement.
- Prosthetic management: abutment selection, provisionalization, restorative materials and methods.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at **feedback@dtamerica.com**. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at database@dtamerica.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

A-TITAN INSTRUMENTS

Bone preservation: one of the keys to esthetic success in immediate implant therapy

Don't miss Dr. Levin's lecture at the Dental Tribune Symposia during the Greater N.Y. Dental Meeting at 3–4 p.m. on Dec. 2.

Clinicians and researchers have developed recommendations regarding implant position, dimensions and numbers, but the area of surgical technique and instrumentation to preserve native bone has been under emphasized.

Instrumentation designed to remove teeth without damaging or eliminating pre-existing osseous tissue is mandatory. The era of using large cumbersome elevators and forceps is dwindling. Surgeons must now appreciate the importance of preserving surrounding bone and maintenance of soft tissue and understand the necessity of modern instruments designed to facilitate, if not enable, esthetically pleasing results.

The advent of Periotomes, X-Trac forceps and now X-otomes by A. Titan Instruments has simplified these procedures. The presentation will demonstrate the role of these instruments in immediate implant surgery.

Earn C.E. credits! Attendance is free for all GNYDM visitors!
For more information and registration, please contact Julia Wehkamp: j.wehkamp@dtamerica.com.

Do you value your care?

By Sally McKenzie, CMC

Have you ever heard of Fritz Knipschildt? I've never met him, but I think I'd like to, for a few reasons. First, Knipschildt is a Connecticut-based chocolatier. Now, mind you, this guy is no ordinary candy maker. No sir. A one pound box of his confections will fetch $2,600. Yes, you read that correctly, two-thousand, six-hundred dollars.

Do you suppose that Knipschildt loses sleep over how much he charges for his award-winning decadent delights? I would guess that he feels quite confident in his fees given his credentials, the time, care and ingredients that must go into each "truly exquisite chocolate experience" as they are described on his Web site.

Whenever I come across a story about someone like Knipschildt, I'm always struck by the irony. This gentleman is not afraid to place a significant value on the few minutes of pleasure that he provides in each of his creations. Yet many dentists who provide a lifetime of care and concern for their patients suffer immeasurably whenever they must stand toe-to-toe with a $4 fee increase.

They fret and they worry and they hem and they haw. *How will the patients react? Will they balk? Will they leave and never come back? Will they complain about me to their friends, neighbors and random people they meet on the street?*

Economic boom or bust, it seems that dentists are always reticent to do anything that might call attention to the issue of m-o-n-e-y. Certainly, where you set your fees is a personal decision, yes, but your business depends on it. Whether you increase your fees, lower them or keep them firmly planted where they are, there are a few steps you want to take to ensure that you are making a carefully reasoned decision, rather than simply reacting to what you perceive to be the current public sentiment.

Keep up with the Joneses

Many dentists will arbitrarily establish their fees without ever checking out what Dr. Jones, Dr. Smith or any of their dental neighbors are charging. Study dental fees in your area and find out where yours stand in comparison. Information on dental fees is available online and through your local dental society. Income and demographic information, which can be extremely helpful in establishing fees, is available through the local chamber of commerce as well as through private companies, such as Scott McDonald and Associates. In addition, a variety of surveys and reports regarding the costs associated with running a dental practice are available through the American Dental Association.

Consider the message your fees send to current and prospective patients. If yours are the lowest in the area, you may be setting yourself up to be a magnet for price shoppers. Similarly, if your fees are the highest, consider if your services are on par with the rates charged. Perhaps you do indeed offer a patient experience and a level of dental care and expertise that warrants the higher rate. Or perhaps you prefer to work with a smaller patient base. That is fine, but you still need some understanding of how your fees compare to the competition.

Make logic, not fear, your guide

Many dentists have not increased their fees in a very long time and have no system for doing so. Consequently, these dentists have trapped themselves in a financial quagmire, many charging only in the 50th to 60th percentile for their areas. Undercharging patients by as little as 7 or 8 percent each year translates into thousands of dollars lost to the practice. Undercharging by 40 to 50 percent translates into a serious financial pounding.

The dentist down the street may be charging in the 90th percentile and may be thriving, but many dentists convince themselves that they simply couldn't charge that because patients will leave or the dentist feels guilty for increasing fees. Or the dentist doesn't believe that his/her level of care is really worth that price. Yet ours is a culture in which people associate quality with cost. And, like it or not, cheap is often equated with low quality. Certainly, if you're charging in the 60th percentile today, you don't want to jump to the 90th percentile next week, but you do need to develop a plan to gradually increase fees over time.

Fee adjustments are simply a nec-

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From Page 5

essary part of running a high-quality dental practice, which leads me to another question that you need to ask yourself. Are you compromising quality for low fees? Do you continue to forego necessary investments in staff training? Do you bypass updated equipment and more efficient systems because you fear you can't afford any more than the status quo? Are you compromising your own continuing education opportunities because of the impact on the budget? If so, this commitment to being cheap is costing you a fortune in lost opportunity, higher production quality and staff efficiency.

Develop a fee schedule

I don't need to tell you that the cost of running a dental practice increases every year. And this year those increases are likely on a record pace. Establishing a sound fee schedule allows you to be fair to your practice and improve care to your patients. Lean years may still be lean, but their impact will be lessened because you will have kept pace with the cost of doing business.

There should be a standard fee for each service. Determine these by evaluating the time required for each procedure, the fixed expenses necessary to run the office, variable expenses including supplies and lab fees, and income required per hour

to compensate you, the dentist.

In terms of expenses, they should line up according to the following benchmarks: laboratory expenses, 10%; dental supplies, 5%; rent, 5%; employees' salaries, 19–22%, payroll taxes and benefits, 3–5%. Identify specific production goals based on the number of days per week you will see patients and the number of hours you will spend on treatment. (More on that in a moment.)

Establish a solid fee for each service and plan to adjust your fees twice a year, 2% then 3% for an annual increase of 5%. Even if you increase your fees only slightly — $4 to $5 per procedure — that will make a huge difference in your bottom line.

Revisit your vision and goals

Step back and take a look at what you want to get out of your career now and in the future. Perhaps you want to save for retirement. Maybe you really want to work fewer hours to spend more time with your family. Perhaps it's your dream to create a truly state-of-the-art practice.

No matter what your personal/professional desires, they do have a price tag attached. The key is to determine how much your practice needs to produce to enable you not only to keep the lights on and the staff paid, but to achieve your vision and goals as well. That's where production per hour goals come in. Let me explain.

By way of example, let's say your goal is to break the million dollar mark for practice production, including hygiene. If you take 33 percent out for hygiene, that puts your share of the goal at $670,000. This calculates to about $13,958 per week (taking four weeks out for vacation). Working 32 hours per week means that you will need to produce about $436 per hour.

A crown charged out at $950, which takes two appointments for a total of two hours, exceeds the per hour production goal by $39. It's unlikely that you re-doing crowns every hour on the hour, but this surplus revenue could be applied to any shortfall caused by smaller ticket procedures.

Use the formula below to determine the rate of hourly production, and whether you're meeting your own personal production objectives.

1) The assistant logs the amount of time it takes to perform specific procedures. If the procedure takes the doctor three appointments, she/he should record the time needed for all three appointments.

2) Record the total fee for the procedure.

3) Determine the procedure value per hourly goal. Take the cost of the procedure, for example $215; divide it by the total time to perform the procedure, 50 minutes. Take the production per minute value of $4.30, and multiply that by 60 minutes to get $258/hour.

4) The amount must equal or exceed the identified goal.

Now you can identify tasks that can be delegated and opportunities for training that will maximize the assistant's functions. You also should be able to see more clearly how set up and tasks can be made more efficient. And you'll be well on your way to achieving your own production goals, whatever those may be.

Finally, as you consider the various steps and suggestions I've offered in this article, you might want to mull it all over a nice glass of wine, perhaps a bottle of 1787 Chateau Lafite — that is, if you can get your hands on one. One such bottle sold at Christie's London in December 1985 for a mere $160,000. Said to have been from the cellar of Thomas Jefferson, our third president, it was recorded to be the most expensive bottle of wine ever sold.

Certainly, some of you will shake your heads in disbelief at such seemingly outrageous sums for consumables. But I can promise you that the person who purchased that bottle had great appreciation for the value of his/her investment. My point is that dentists commonly undervalue the care and treatment they provide. Oftentimes the biggest barrier in establishing appropriate fees is not the patients, it's the dentists who sell themselves and their care short time and again.

About the author

Sally McKenzie, Certified Management Consultant, is a nationally known lecturer and author. She is CEO of McKenzie Management, which provides highly successful and proven management services to dentistry, and has since 1980. McKenzie Management offers a full line of educational and management products, which are available on its Web site, *www.mckenziemgmt.com*. In addition, the company offers a vast array of Practice Enrichment Programs and team training. McKenzie is the editor of the e-Management newsletter and The Dentist's Network newsletter sent complimentary to practices nationwide. To subscribe visit *www.mckenziemgmt.com* and *www.thedentistsnetwork.net*. McKenzie welcomes specific practice questions and can be reached toll free at (877) 777-6151 or at sallymck@mckenziemgmt.com.

Smiling toward peace

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

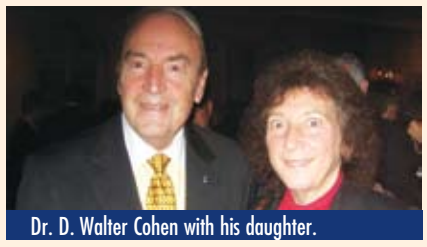
Dentists are contributing a massive effort to achieving peace in the Middle East. Ironically, the movement by our colleagues is called "Bridges to Peace." Led by Dr. D. Walter Cohen, dean emeritus of the University of Pennsylvania School of Dental Medicine and chancellor emeritus of Drexel University College of Medicine, dentists are learning to improve the quality of life for the world's populous.

The D. Walter Cohen Middle East Center for Dental Education, in collaboration with Henry Schein Cares, the global and socially responsible program of Henry Schein Inc., has launched a pioneering Israeli-Palestinian partnership between Israel's premier dental school, Hebrew University, and the newly established Faculty of Dental Medicine at Al-Quds Dental University in East Jerusalem.

This partnership is creating forums for dialogue between dental professionals of different backgrounds, faiths and cultures to produce dental professionals skilled in modern dentistry techniques. Students from these schools are sharing classes and reporting information learned on the academic and clinical aspects of our profession. Henry Schein Cares is providing cutting-edge equipment and supplies to train these Israeli and Palestinian dental professionals to assure quality dental care.

Stan Bergman, chairman and CEO of Henry Schein Inc. (left) and Editor in Chief Dr. David L. Hoexter.

Six recipients from this partnership were just awarded the prestigious Tree of Peace award. Stanley Bergman, CEO of Henry Schein Inc., speaking on behalf of the six honorees, after receiving the statuette of the Tree of Peace at the Pierre Hotel in New York City, reaffirmed his commitment to the role of dental medicine in building "bridges to peace." I personally would like to emphasize two of these recipients, Professor Musa Bajali, dean of Al-Quds Dental School, and Professor Adam Stabholz, dean of the Hebrew University School of Dental Medicine, who deserve special recognition. Using ratiocination they — aided by the efforts of Dr. D. Walter Cohen — helped forge a leap toward global quality dental care.



Dr. D. Walter Cohen with his daughter.

Steve Kess, ADA chairman of Give Kids A Smile.

Dr. A. Finkelstein, while presenting a large sculpture, the Tree of Peace, summarized the hopes of all involved when he sagely prophesized, "Perhaps this tree will grow into a forest. Through this great healing science we will teach the world that we can live in peace in the Middle East and throughout the world."

As dentists show the world that by working together we can forge bridges to peace, I personally am very proud of my profession.

About the author

Dr. David L. Hoexter (BA, DMD, FACD, FADFE, FICD) is director of the International Academy for Dental Facial Esthetics, an organization that combines physicians and dentists with other related fields in research and relates its finding to clinical practice. He is also clinical professor in periodontics at Temple University, Philadelphia, Pennsylvania.

He was previously clinical professor in periodontics at the University of Pittsburgh. He received his degree from Tufts University, where he was an adjunct professor in periodontics. 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.

Dr. 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 dr-davidlh@aol.com.

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 *When you purchase $25,000 per year in supplies you earn as much as $2,000 in an annual rebate for three years.

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