DENTAL TRIBUNE

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

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ENDO TRIBUNE
The World's Endodontic Newspaper · U.S. Edition

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Endodontic retreatment
How to weigh clinical considerations.
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The functional esthetic zone
This is a prominent factor in smile design.
▶ *Page1C*

HIPAA rules
Dentists are required to comply with these rules.
▶ *Page 1D*

Dentists collect Halloween candy in trick-or-treat buyback

By Fred Michmershuizen, Online Editor

Everyone knows candy causes tooth decay. That means come Halloween, dental care professionals are simply aghast.

Some dentists this year, however, used a clever idea to cut down on the need for drilling and filling. Around the country, a number of dentists gave cash and prizes to trick-or-treaters in exchange for their Halloween candy.

The sweets are being shipped to American troops serving in Iraq and Afghanistan.

"We bought back approximately 70 pounds of candy," said Dr. Todd Snyder of Aesthetic Dental Designs in Laguna Niguel, Calif., one of the dentists who held an anti-decay promotion this year.

"Surprisingly, I am amazed at how much candy it takes to weigh that much. We had a steady stream every five to 10 minutes of parents with one or two kids who would drop off their candy."

In addition to getting $1 per pound for the candy they brought in to dental offices, the children also received toothbrushes and the chance to win raffle prizes.

The programs are designed to help kids maintain healthy teeth and gums.

"Ditch the candy, that's what we're saying," said Snyder, who

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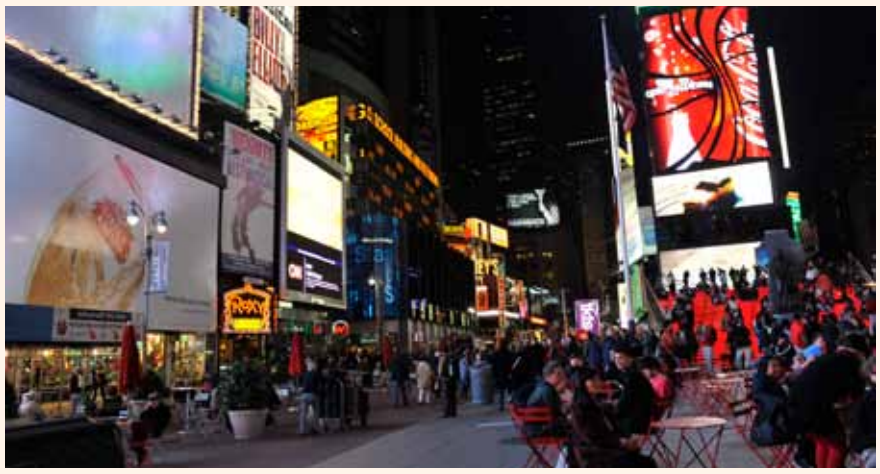
Dr. Todd Snyder, left, Dental Assistant Mimi Ramirez (red hair) and Patient Care Specialist Trina Moskal show off some of the 70 pounds of candy they bought from trick-or-treaters after Halloween this year.

Greater N.Y. Dental Meeting = no registration fee!



Heading to the Greater N.Y. Dental Meeting? Don't forget to visit Times Square and pull up a lounge chair to watch the hustle and bustle. (Photo/ Julienne Schaer, NYC and Company)

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Dentists can help identify cardiovascular risk

A recent study indicates dentists can play a potentially life-saving role in health care by identifying patients at risk of fatal heart attacks and referring them to physicians for further evaluation. Published in the November issue of the Journal of the American Dental Association, the study followed 200 patients (101 women and 99 men) in private dental practices in Sweden whose dentists used a computerized system, HeartScore, to calculate the risk of a patient dying from a cardiovascular event within a 10-year period.

Designed by the European Society of Cardiology, HeartScore measures cardiovascular disease risk in persons aged 40–65 by factoring

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Patients who have sensitive teeth may be brushing too hard, AGD says

By Fred Michmershuizen, Online Editor

Do you have patients who complain about sensitive teeth, sharp pains or discomfort triggered by hot or cold? The culprit, according to the Academy of General Dentistry, might be in their very own hands.

According to a nationwide member survey conducted by the AGD, one in three dentists say that aggressive toothbrushing is the most common cause of sensitive teeth. Acidic food and beverage consumption was found to be the No. 2 cause.

As the AGD pointed out in a news release announcing the survey results, dentin hypersensitivity is a common oral condition affecting approximately 40 million Americans of all ages.

It is characterized by discomfort or sharp and sudden pain in one or more teeth and is often triggered by hot, cold, sweet or sour foods and drinks, pressure on the tooth or even breathing cold air.

Van B. Haywood, DMD, said that aggressive toothbrushing and consuming acidic foods and beverages can lead to tooth sensitivity. This is because over time, they can wear down the enamel on your teeth and even your gums.

"When the protective layer of enamel erodes or gum lines recede, a softer tissue in your teeth called dentin can be left exposed," Haywood said. "Dentin connects to the tooth's inner nerve center, so when it is unprotected the nerve center can be left unshielded and vulnerable to sensations, including pain."

The survey also found that several other factors in addition to aggressive toothbrushing and acidic foods and beverages can cause tooth erosion and contribute to the oral condition.

These factors include certain toothpastes and mouthwashes, tooth whitening products, broken or cracked teeth, bulimia and acid reflux.

Out of the nearly 700 general dentists who responded to the survey, nearly 60 percent said that the frequency of tooth erosion has increased compared to five years ago.

"Being able to detect tooth erosion in its early stages is perhaps the most important key to preventing dentin hypersensitivity," said Raymond K. Martin, DDS, MAGD. "Discoloration, transparency and small dents or cracks in the teeth are all signs of tooth erosion and should be discussed with your dentist as soon as possible."

Fifty-six percent of dentists surveyed say that patients manage tooth sensitivity by avoiding cold foods and beverages, while 17 percent said that patients avoid brushing the sensitive area of the mouth.

"While these may seem like the quickest and easiest ways to prevent sensitivity, none of them will actually solve the problem," said Gigi Meinecke, DMD, FAGD.

For those who are already affected by sensitive teeth, the AGD recommends patients adhere to the following actions to help alleviate symptoms:

• *Switch to a desensitizing toothpaste.* There are many brands of toothpaste made specifically for sensitive teeth.

• *Use a soft-bristled toothbrush.* When a patient uses a hard-bristled toothbrush, he or she may be wearing away the enamel on the teeth or causing the gums to recede.

• *Practice good oral hygiene.* A patient should floss regularly and brush at least twice a day for two to three minutes.

He or she should hold the toothbrush at a 45-degree angle, brush gently in a circular motion and hold the toothbrush in the fingertips rather than in the palm of the hand.

• *Avoid highly acidic foods and beverages.* A patient should make a conscious effort to limit his or her intake of highly acidic foods and beverages every day. DT

(Source: AGD)

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dressed up as a soldier for the post-Halloween buyback event. His office staff dressed up as well. His patients loved it, and passers-by were amused as well.

Snyder said he feels all the attention definitely made an impression on people about the importance of maintaining healthy teeth and gums.

"It's good to remind people that visiting your dentist three times per year and brushing and flossing daily are great preventative measures," he said. "Doing away with excess sweets altogether really gives teeth a healthy boost."

Other dentists holding similar events this year included Dr. Jerry Strauss of Aesthetic Dental Care, a practice offering cosmetic dentistry in Essex County, N.J, and Dr. Peter Ciampi, of Spring Lake Dental Care in Monmouth County, N.J.

The dentists pointed out that, every year, kids across the globe consume about 2 percent more sugar than the previous year.

With about 50 million tons of sugar being consumed annually, extra attention needs to be paid to make sure children are taking care of their teeth and gums to maintain oral health and prevent current and future dental problems.

Moderating or even staying away from candy altogether can not only protect children from broken teeth and damaged braces, it can also lessen the risk of developing weight problems or hyperactivity issues, the dentists said.

"Kids can still have all of the fun of trick-or-treating, and now their piggy banks will benefit as well," Snyder said. DT

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the person's age, sex, total cholesterol level, systolic blood pressure and smoking status.

Patients with HeartScores of 10 percent or higher — meaning they had a 10 percent or higher risk of having a fatal heart attack or stroke within a 10-year period — were told by dentists to seek medical advice regarding their condition.

Twelve patients in the study, all of them men, had HeartScores of 10 percent or higher. All women participating in the study had HeartScores of 5 percent or less.

Of the 12 male patients with HeartScores of 10 percent or higher, nine sought further evaluation by a medical care provider who decided that intervention was indicated for six of the patients.

Two patients did not follow the dentist's recommendation to seek further medical evaluation and one patient was only encouraged by his dentist to discontinue smoking. Physicians for three patients were not able to confirm their risk for cardiovascular disease.

All 200 patients enrolled in the study were 45 years of age or older with no history of cardiovascular disease, medications for high blood pressure, high cholesterol or diabetes and had not visited a physician during the previous year to assess their glucose, cholesterol or blood pressure levels.

The study's authors conclude that oral health care professionals can identify patients who are unaware of their risk of developing serious complications as a result of cardiovascular disease and who are in need of medical interventions.

According to the authors, "With emerging data suggesting an association between oral and non-oral diseases, and with the possibility of performing chairside screening tests for diseases such as cardiovascular disease and diabetes, oral health care professionals may find themselves in an opportune position to enhance the overall health and well-being of their patients." DT

(Source: ADA)

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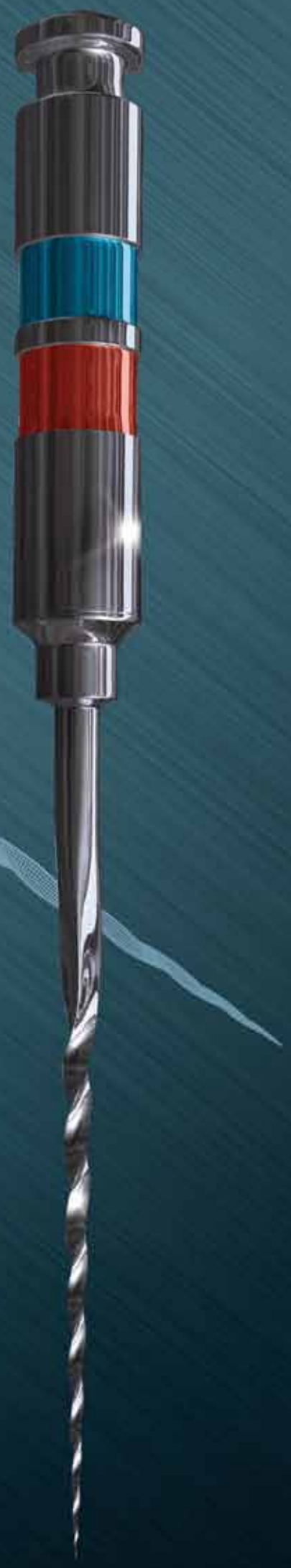

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Fiscally fit in 2009*

Tax breaks and limited-time laws make 2009 the right time to invest in your practice

By Keith Drayer

The American Recovery and Reinvestment Act of 2009 was signed into law on Feb. 17 with some of the best benefits having limited remaining time eligibility.

Small business owners have limited time in 2009 to benefit from the most lucrative tax incentives for acquiring technology and/or equipment.

If your practice is ready to buy equipment or software, the tax incentives for doing so are better than ever. These benefits will expire, or be reduced, as of Jan. 1, 2010.

The American Recovery and Reinvestment Act accompanied by lower interest rates make this a strategic time to invest in your practice to meet the demands of today's health care industry.

Because of these beneficial conditions, installing equipment and technology in 2009 can create a cash flow win-win for health care practitioners "in the know."

Can you deduct $250,000?

For the 2009 tax year, many small businesses may potentially deduct up to $250,000 if the equipment or software is placed in service.

This valuable break is the Section 179 depreciation deduction privilege, and it is an exception to the general rule that you must depreciate equipment and software costs over several years.

Section 179 is an annual "use it or lose it" accelerated deduction benefit that optimally lowers taxable income.

The bonus depreciation is allowable for regular and alternative minimum tax (AMT) purposes for the tax year in which the property is placed in service.

Property eligible for this treatment includes:

- Property with a recovery period of 20 years or less (almost all dental equipment).
- Standard software/practice-management software.

Who can take the deduction?

This deduction is available whether you are a sole proprietorship, partnership or corporation (S corporations are subject to different rules). If you plan to acquire equipment in the near future, purchasing it before year's end is prudent.

What type of financing is eligible?

Utilizing a finance agreement or capital lease to acquire technology or equipment will qualify for this benefit, while true leases or fair market value agreements will not.

If you use a finance agreement to acquire your equipment and you have deferred payments, you may file your tax returns and achieve the benefits before you have made any payments.

Avoid last-minute decisions

Don't wait too long to acquire technology or upgrade your office.

Although it is true that you can have equipment placed in service by Dec. 31 to take advantage of the incentives, waiting much longer may mean that you will settle on your selections because of diminished year-end choices.

Now is the right time to meet with an equipment or technology specialist and discuss acquiring the optimal production-enhancing technology and equipment that will help your practice stay fiscally fit.

Don't forget bonus depreciation

Your practice may generally claim first-year bonus depreciation deductions equal to 50 percent of the cost that is left over after subtracting allowable Section 179 deductions (if any).

If your business uses the calendar year for tax purposes, you only have until Dec. 31 to take advantage of the generous $250,000 allowance.

Don't wait to see if 2010 will provide the same opportunity. Act now and take advantage of all the benefits available through this current legislative windfall. DT

** This article appeared in our August editions, but as the year is about to come to a close, we felt it beared repeating.*

Annual Internal Revenue Code Section 179 Example

Calculations	Equipment not more than $800,000
A. Equipment price	*$300,000*
B. Section 179 deduction	$250,000
C. 50% bonus depreciation (A - B x 0.50)	*$25,000*
D. 2009 MACRS deduction (A - B - C x 0.20)	$5,000
E. Total first year tax deduction	*$280,000*
F. Combined federal and state tax bracket	38%
G. Total 2009 tax savings as a result of capital expenditure (E x F)	*$106,400*

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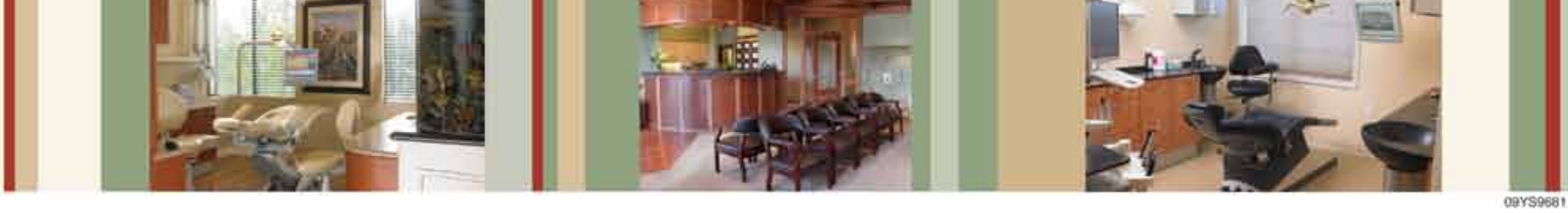
About the author

Keith Drayer is vice president of Henry Schein Financial Services, which provides equipment, technology, practice start-up and acquisition financing services nationwide.

Henry Schein Financial Services can be reached at (800) 853-9493 or *hsfs@henryschein.com.*

Please consult your tax advisor regarding your individual circumstances.



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Phoenix—General Dentist seeking Practice Purchase Opportunity #12108
Phoenix—4 Ops - 3 Equipped, GR $515K+, 3 Working Days #12113
No. Scottsdale—General Dentist Seeking Practice Purchase Opportunity #12109
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Fresno—5 Ops, 1,500 sq. ft., GR $$1,064,500 #14250
Fresno—3 Ops, 1,000 sq. ft., GR $86K. Same loc 24 yrs #14298
Fresno—4 Ops - 3 Equipped, Equipment 2 years old #14297
Greater Auburn Area—4 Ops, 1,800 sq. ft., GR $763K #14304
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Modesto—12 Ops, GR $1,097,000. Same loc for 10 years #14289
N California Wine Country—4 Ops, 1,500 sq. ft., GR $958K. #14296
Porterville—6 Ops, 2,000 sq. ft., GR $2,289000 #14291
Red Bluff—8 Ops, 2008 GR $1,006,096, Hygiene 10 days a wk. #14252
San Francisco—4 Ops, GR 875K, 1500 sq. ft. #14288
San Francisco—Patient base sale, Apx 700 patients #14303
San Jose—4 Ops. #14295
South Lake Tahoe—3 Ops, 647 sq. ft., 2007 GR $534K #14277
Sunnyvale—3 Ops - Potential for 4th, GR $271K #14285
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Dixon—4 Ops, 1,100 sq. ft., GR $122K. #14265
Grass Valley—3 Ops, 1,500 sq. ft., GR $714K #14272
Redding—5 Ops, 2,200 sq. ft., GR $1 Million #14293
San Francisco—4 Ops, 1,100 sq. ft., GR $496,600. #14299
Yuba City—5 ops, 4 days hyg, 1,800 sq. ft. #14275
CONTACT: Dr. Thomas Wagner @ 916-812-3255

Palm Springs—5 Ops, GR $901K #14300
CONTACT: Mario Molina @ 323-974-4592

Rancho Margarita—4 Ops, 1,200 sq. ft., Take over lease #14301
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Wallingford—2 Ops, GR $600K. #16113
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Jacksonville—GR $1.2 Million, 3000 sq. ft., 7 Ops, 8 days hygiene #18118
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Atlanta Suburb—2 Ops, 2 Hygiene Rooms, GR $633K #19128
Atlanta Suburb—3 Ops, 1,270 sq. ft., GR $458,563 #19131
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MASSACHUSETTS
Boston—2 Ops, 2 Hygiene, GR $650K. #30113
Boston—2 Ops, GR $252K, Sale $197K #30122
Boston Southshore—3 Ops, GR $300K. #30123
North Shore Area (Essex County)—3 Ops, GR $500K+ #30126
Somerville—GR $700K #30108
Western Massachusetts—5 Ops, GR $1 Mill, Sale $512K #30116
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Middle Cape Cod—6 Ops, GR $900K, Sale price $677K #30124
Boston—2 Ops, 1 Hygiene, GR $310-310K #30125
Middlesex County—7 Ops, GR Mid $500K #30120
New Bedford Area—8 Ops, $650K #30119
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CONTACT: Dr. Jim David @ 586-530-0800

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Fargo/Moorhead Area—1 Op, GR $185K. #32107
Central Minnesota—Mobile Practice. GR $730K+. #32108
Minneapolis—Looking for associate #32105
Rochester Area—Looking for associate #32106
CONTACT: Mike Minor @ 612-961-2132

MISSISSIPPI
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Marlboro—Associate positions available #39102
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Syracuse Area—6 Ops all computerized, Dentrix and Dexis #41104
CONTACT: Donna Bambrick @ 315-430-0643

Syracuse—4 Ops, 1,800 sq. ft., GR in 2007 over $700K #41107
CONTACT: Marty Hare @ 315-263-1313

New York City—Specialty Practice, 3 Ops, GR $400K #41109
CONTACT: Richard Zalkin @ 631-851-6924

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Foothills—5 Ops #42122
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Medina—Associate to buy 1/3, rest of practice in future. #44150
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Chester County—High End Office, 4 op's, Digital, FFS + a few PPOs #47141
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Southern Rhode Island—4 Ops, GR $750K, Sale $456K #48102
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SOUTH CAROLINA
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Hilton Head—Dentist seeking to purchase a practice producing $500K a year #49103
CONTACT: Scott Carringer @ 704-814-4796

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Chattanooga—For sale #51106
Elizabethon—GR $400K #51107
Loudon—GR $600K #51108
CONTACT: George Lane @ 865-414-1527

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'Will my insurance cover that?'

By Sally McKenzie, CMC

How often does this simple question — "Will my insurance cover that?" — stand between treatment diagnosed and treatment accepted? Five words that mark the great divide between the care patients truly need and deserve and the bare minimum that they often settle for.

Here's the typical scenario. You present the treatment plan. The patient is eager to proceed. Then the financial coordinator steps in and unveils the price tag.

The patient swallows hard and asks the question that she intuitively knows the answer to. "Will my insurance pay for that?" Now what? Everyone is just looking at each other, not sure how to explain the situation to the patient.

Educate and communicate

Don't be caught stuttering and stammering through these tricky situations. I recommend you educate and communicate.

First, educate your patients about insurance limitations and other financial options just as you educate them about proper oral health care. Specifically, patients must fully understand that while standards of dental care have improved dramatically in the last 25 years, dental insurance coverage remains virtually unchanged.

Most policies have a per calendar year cap that has not been increased in more than two decades — an important detail that patients often aren't aware of.

Next, communicate. Your financial coordinator should sit down with the patient and review what's covered in his/her dental plan according to a prepared script (more on this later) in which the situation and options are clearly articulated and the coordinator is well prepared with the answers to those frequently asked patient questions and concerns.

Discuss the calendar year cap, deductibles, co-pays, coverage for preventive care, etc.

Using scripts

For example, "According to the information you provided and additional information I gathered from the insurance company, your employer has purchased a package for you that includes the following benefits and coverage." Explain those to the patient.

"The plan your employer provides offers a small per calendar year balance of $1,000. This will help cover some of the care you need. In addition, your plan includes a deductible and co-payments." Explain those to the patient.

The greatest benefit of a script is that it is clear how you will respond and you are prepared. Dentist and team can better manage the messages to ensure they are clear and professional.

Scripts also are ideal for addressing patient financial issues. When insurance plans fall short, as they often do, scripts help staff to clearly educate patients on treatment financing options that can bridge the financial divide.

For example, your financial coordinator might script this approach: "Mrs. Patient, we offer four convenient payment options to help you obtain the care you need. The first is a patient financing program offered through CareCredit. It allows

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"The second option provides a 5 percent reduction in the total fee if the procedure is paid in full. The third option would allow you to build a credit on your account and then begin treatment. And the fourth option would allow you to break your payments into equal installments."

Script the 'routine'

Scripts are tremendously helpful with insurance and treatment financing discussions, but they also make a huge difference in how staff handles those seemingly "routine" conversations.

They can curb no-shows and cancellations, boost patient retention and improve cash flow. Consider the schedule: one simple question can have a huge impact on whether you reach or fall short of production goals.

In many practices, the scheduling coordinator is charged with making sure patients are in the chair at the appointed time. Unfortunately, the individual is often left to figure out how to accomplish this by trial and error.

Here's the typical scenario: Scheduling Coordinator Jane con-

firms appointments every day. She finds the process frustrating because it seems that more patients cancel or reschedule than actually confirm.

The problem is Jane's approach, which usually goes something like this: "Good Morning, Mrs. Madison. This is Jane from Dr. Krager's office. I was just checking to see if you'll be in for your appointment on Thursday."

Mrs. Madison, responds with "No, I need to cancel that. I will call back to reschedule." Jane wraps up the call with, "Thank you for letting me know," and promptly goes on to the next person on the list.

However, if Jane had a script, she would know how to phrase the confirmation call so as not to encourage a cancellation. She would be prepared with communication techniques that emphasize the importance of keeping appointments.

She would be ready to politely encourage and redirect the patient to minimize the negative impact on practice production. However, even though effective communication is critical to Jane's job, without a script she doesn't have the necessary tools to ensure that she can succeed.

Staff acceptance of scripts

While the justification for scripts is obvious, the concept can be difficult for staff to accept.

Say the word "script" to the dental team you may well be greeted with a chorus of groans and "you must be kidding, right?" Somewhere along the way, the idea of the script became taboo.

The typical responses to the mere suggestion of scripting is, "We'll sound 'canned'; it won't sound natural; what if I mess up my 'lines'?" Scripts are often mistakenly viewed as barriers to natural conversation when, in reality, they are tools for effective discussion that build patient relationships and keep systems on track.

Scripts ensure that when it comes to day-to-day patient communication, everyone is on the same page and conveying the same messages.

For example, when new patients call the practice a script helps the team ensure that no matter who takes the call, he/she is prepared to gather necessary information.

When it comes to collections, a script enables even those most reticent to request payment from patients to do so more effectively.

The schedule has fewer gaping holes because team members understand how to consistently reinforce the value of care in day-to-day discussions with patients.

Patient retention is strong because team members know how to effectively communicate with patients whose payments are past due, with those who have unscheduled treatment and with those who have failed to cancel their appointments. They know what to say, how to say it and when to say it because they are prepared.

They aren't in a situation in which they have to think on their feet, but the communication is as natural and comfortable as it would be if they were chatting with the patient over coffee.

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To retire or not to retire?

By Stephen Safran, DDS

I am a 1965 graduate of NYU College of Dentistry, and I practiced until 2000. I was 58 at the time and was somehow bent on retiring in my late or middle 50s when most people thought that way.

Social security was available at age 62 then, and the average age men lived to was 66. My dad died at that age and so did most of my friends' fathers. Thus, I figured I could have a good 10 years to live the "really good life." Boy has that changed.

'Dad loves his work'

I was one of the few dentists I knew who really loved his profession. The reason I retired in 2000 was my wife had suffered from breast cancer for 13 years and I wanted to take her places and be with her full-time until her death, which was in 2003.

After her death, I had sufficient funds to live without working, but I had not really considered what I would do when I was alone and had so much free time on my hands.

For two years I was a hermit. I lost 25 percent of my body weight in only a few months and did not answer the telephone. Truthfully, I have little memory of those years. Eventually, my dear brother and a lifelong friend convinced me to renew my dental license, go on JDate (an online Jewish dating service) and get back into the real world.

It was not easy, but I managed to shed my hermit life. I met a woman with whom I have become a partner in life. Although this new relationship can never be what a 50-year relationship was that began at the age of 16, it is good to have a romantic partner back in my life.

The result of renewing my dental license has translated into working the past two years as a dental consultant for two 600-bed nursing home facilities. This work has given me a *raison d'être,* and the ability to practice in a stress-free environment that also provides an income.

Do you 'have to' retire?

The answer to that question is, of course, no you don't have to retire. If you truly enjoy dentistry but do not want as much stress in your life, I highly recommend you rethink the decision to retire completely from dentistry. Besides, why should you give up something you truly enjoy?

Personally, I used to have very little respect for any physician or dentist who worked in a nursing home. In my narrow view, I felt these practitioners were incapable of making a good living in private practice so that is why they must be working in a nursing home (don't throw the tomatoes at me just yet please).

In this narrow view, those who worked in nursing homes were lumped into a heap along with instructors at dental schools.

I presumed these men and women also could not have a successful practice and likely worked at their practice only a day or two per week until they could build up referrals to do it full time (please, hold off on those tomatoes a little longer).

Maybe my narrow views are true for a few people, but now that I am looking at this picture from the other side of the fence, I can see how wrong I was to think the way I did.

By working as dental consultant I have not given up on all the skills I acquired through a lifetime of private practice: surgery, prosthetics, diagnosing and relating to others.

Instead, in my new position I also

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Practice those scripts

The best scripts use words, phrases and questions that prompt patients to respond the way you want them to respond.

Those who are able to use scripts most effectively understand the message they need to convey. They know the information and material thoroughly and are able to adapt the scripts so they come across naturally.

What's more, those teams that use scripts to their full advantage practice, practice, practice and regularly engage in role-playing.

Role-playing is essential in helping staff with average communication skills raise their level of performance. In addition, it enables the team to determine how to best phrase questions and determine the most appropriate sequence for statements and questions.

For example, you would carefully script where you place questions involving insurance or statements regarding the financial policy so as not to send unintended messages to patients.

What's more, role-playing enables the team to pay close attention to their tone and how their words come across to others.

Are they perceived as being warm and caring yet still assertive?

Do they come across as timid and easily flustered or manipulated?

Alternatively, might they come across as abrupt and cold?

Listening to responses and coaching each other on how to improve those responses ensures that team members are well prepared to handle routine patient communication as well as the occasional difficult exchange.

Moreover, it enables the dentist to hear how staff would react in specific situations and to redirect that approach if it is inconsistent with practice protocol or policies.

Scripting and role-playing empower the team to respond to patients cordially, yet effectively, in every conversation from the most mundane to the most important. DT

About the author

Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide. She is also editor of The Dentist's Network Newsletter at *www.thedentistsnetwork.net;* the 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.*