DENTAL TRIBUNE

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

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A popular topic
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Several options offer functionality and esthetics.
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'HIV tests should be offered in every dental practice'

By Daniel Zimmermann, DTI Group Editor

According to the latest figures from the United Nations organization UNAIDS, more than 34 million people worldwide are currently living with the HIV virus. Because it can take up to 10 years before progressing to AIDS, early testing can be a life-saving factor.

New tests for HIV checks in dental practices have recently been developed. Dental Tribune Asia Pacific met with Dr. Catrise Austin, who maintains a dental practice — VIP Smiles — on 57th Street in New York City, to speak about HIV testing in her practice and how such testing could help to create a heightened awareness of the disease amongst patients.

Dr. Austin, would you tell our readers the reason you decided to offer free HIV tests to your patients?

The idea for offering free HIV tests to my patients arose earlier this year once I had learnt that doctors other than medical doctors can offer HIV testing in their practices. I said to myself: "Why not add another service to our existing checklist of lesions or cavities and give patients the opportunity to know their status in a different setting?" I saw this as a unique opportunity for me as a dentist to diagnose HIV in its early stages.

Unfortunately, the virus is still highly prevalent. In New York City alone, there are 94,000 confirmed cases and it seems that the number of infections is not improving in 2009/2010.

Why should dental offices test for infectious diseases such as HIV/ AIDS or tuberculosis in the first place?

My opinion is that HIV tests should be offered in every dental practice because the oral cavity is one of the

Dr. Catrise Austin, New York City

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Greater N.Y. Dental Meeting: The place to be!

There is so much that goes on during the Greater N.Y. Dental Meeting, there is no way we could summarize it all. If you were unable to attend, here is a taste to whet your appetite for next year (Trust us, it's worth the trip!).

→ *See pages 16A, 17A*

America's Toothfairy unveils 2009 holiday cards

By Fred Michmershuizen, Online Editor

Are you looking for a way to spread some holiday cheer while promoting good oral health for children at the same time?

If so, you might want to consider sending some do-it-yourself cards available from the National Children's Oral Health Foundation: America's Toothfairy (NCOHF).

The way it works is simple: You visit the America's Toothfairy Web site, make a donation ($5 minimum) and then you can download your choice of design to print out or send as an e-card to loved ones, friends and business associates.

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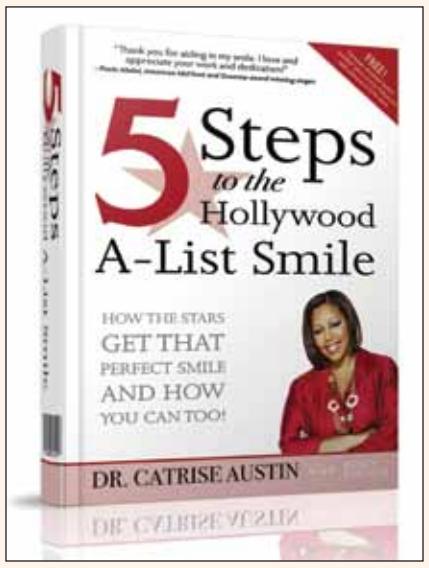

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first places that shows signs of HIV infection. You can detect signs of herpes and other sexually transmitted diseases in the mouth as well, and so we look for lesions and other signs or symptoms of the disease.

I am currently not aware of other tests that may diagnose diseases other than HIV/AIDS; it would be fantastic if we were able to diagnose everything through the mouth.

How does the test work?

The test is called OraSure Advance and it tests for antibodies in the blood system. It uses an oral swab, which we take under the upper and lower lips and place in a developing solution directly at the beginning of our dental appointments.

The results are available within 20 minutes and we can start with normal treatment immediately after we have done the test.

Unfortunately, I often encounter skepticism from some of my colleagues about the comfort level and the way to introduce the test to a patient in a dental setting. I tell them every time that the test is very easy to apply without making the patient feel uncomfortable.

I guess that like most new ideas it takes some getting used to, but it will be successful because we are helping to save people's lives.

So we hope to get more dentists all over the world interested in offering the test because it is easy for the patients and takes only a little bit of time.

Is the test optional?

The test is completely optional and we offer it to all our patients, from teenagers who are in high school and probably sexually active to those in their 60s and older. We do not discriminate because the virus does not discriminate.

Since we began administering the test in August, we have offered it to about 150 patients of which about 60 percent have taken it. Fortunately, we did not have any positive testing so far.

What happens if a patient tests positive?

We are fully trained and prepared in case a test is positive. If a patient tests positive, we counsel him or her immediately and help him or her call a primary health physician to schedule a confirmatory test.

It is important to note that the test that we offer is a screening test only and not a confirmed test. If a patient does not have a physician, we usually refer him or her to one of the clinics in the New York City area with which we have a partnership.

There are thousands of people in the US and more around the world who are unaware that they are HIV/AIDS infected. Do you think that regular checks in dental practices could help to create more awareness of the disease?

That is something I would like to see happening as more dentists begin administering the test. It is time to recognize that we should be concerned with the patient's holistic health, not only his or her oral health.

I am the first dentist in New York to offer the test, and I would love to be the trailblazer and help to make the test the standard of care in dental practices around the world.

The greatest joy for me is when a patient says that he or she would have never undergone this test if it were not for me. DT

AD

Stewart president of CDA

By Fred Michmershuizen, Online Editor

The California Dental Association recently elected a new president and new officers. Dr. Thomas Stewart, a U.S. Navy captain and dentistry veteran of more than 30 years, was elected president of the CDA. He was installed recently at the CDA's House of Delegates meeting in Sacramento and will serve a one-year term.

Also taking office at the CDA's House of Delegates meeting were Carol Gomez Summerhays, DDS, immediate past president; Andrew Soderstrom, DDS, president-elect; Daniel Davidson, DMD, vice president; Clelan Ehrler, DDS, treasurer; Alan Felsenfeld, DDS, speaker of the house; and Kerry Carney, DDS, editor.

As president, Stewart will continue CDA's mission of improving the oral health of all Californians.

"As I begin my year as president, I recognize the many challenges that face our profession and our service to the public, especially in these economic times," Stewart said.

"This year's state budget crisis resulted in the loss of two government programs that provided dental education and services to both low-income children and adults. This has had a tragic impact on the number of people who experience barriers to receiving dental care. Dentists must be the leaders, providing the expertise to develop solutions to this problem."

"CDA is truly fortunate to have a president of the caliber of Tom Stewart," said Dr. Thornton A. D'Arc, a longtime CDA volunteer leader. "Tom is visionary, but his vision is tempered by his common sense."

Stewart has been a leader in the field of dentistry since he graduated from Howard University College of Dentistry in 1972. He served four years in the U.S. Navy on active duty as a dentist and then 19 years in the naval reserve, retiring as a captain in 1997. He has operated his own practice in Bakersfield since 1976.

Stewart has also held leadership positions at the local and national level. He has been a member of the American Dental Association since 1976 and served on the ADA Council of Communications from 1994 to 1995. He is a member of the Kern County Dental Society and served as president, six years as a trustee and was a long-time member of the board of directors.

In addition to his DDS degree, Stewart also received honorary degrees from the Pierre Fauchard Academy, the International College of Dentists and the American College of Dentists.

He has also been a Kiwanis Club member for 33 years (with a perfect attendance record); on the Teen Challenge of Kern County Advisory Board for 23 years; and has been on the board for 20 years of STEPS (Special Treatment Education and Prevention Services), a local drug and alcohol treatment and rehabilitation organization, serving two years as president. DT

This holiday card is one of several designs available from America's Tooth Fairy.

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"As you surround yourself with loved ones and count your blessings this holiday season, please consider spreading some holiday cheer to children across our country who are suffering severe pain from a disease that is completely preventable," said Fern Ingber, CEO of NCOHF. "Pediatric dental disease, the No. 1 chronic childhood illness in our country, knows no holiday."

According to America's Tooth-fairy, 100 percent of each dollar contributed goes directly to programs and services that provide underserved children with comprehensive oral health services and a renewed hope for a brighter future.

"These holiday cards are a small, simple way to give back this holiday season while encouraging friends and family to do the same," Ingber said.

To participate in the holiday card program, visit *www.ncohf.org/your-support/tribute-cards.* DT

‘Dentcubator’ meets in New York

By Daniel Zimmermann, DTI Group Editor

Year after year, dental companies spend millions on the research and development of new products. Nobel Biocare, which is one of the biggest spenders in the dental industry, uses about 4 to 5 percent of its annual turnover for R&D.

However, there are thousands of ideas developed by individual dentists that will never be implemented because their inventors lack the funds or expertise to market their ideas or are downsized by shrinking R&D budgets in difficult economic times.

For such ideas, there are usually incubators. Introduced in the late 1950s as physical buildings that housed many small businesses, incubators have become a significant tool in the business world for assisting early-stage companies.

Their main goal is to accelerate the successful development of entrepreneurial companies through support resources and services such as finding attorneys, funding prototypes and finding distribution channels.

In fact, a study by the University of Michigan found that almost 90 percent of start-up companies stay in business for the long term with the help of incubating programs.

Worldwide there are an estimated 5,000 of these incubator networks, with 1,400 operating in the United States alone. In dentistry, there was no such network until Dentcubator was founded at the Greater New York Dental Meeting (GNYDM) last year.

Originating in Massachusetts from a loose network of renowned dental specialists around the globe, the program has evaluated 48 submissions thus far and aims to support as many as 80 over the course of the next five years.

Panels of dentistry experts — such as Steve Buchanan, Sonia Leziy, John McSpadden, Lorne Lavine, Jöerg Strub, Ron Jackson, Ken Aliment and Tom McCarty — evaluate new ideas on a regular basis.

Dentcubator is a virtual entity, which means that its members meet by phone, e-mail or through Webinars. Once an idea is submitted through one of the committees, it undergoes a four-week screening process to evaluate its marketing potential. Special emphasis is placed on the ability to re-design a product for emerging markets such as Asia or Latin America.

“By testing each submission for its applicability to emerging market countries, we have the opportunity to offer the products and techniques associated with outstanding oral health care to a broader audience than the typical markets of Western Europe, Japan or the United States,” a Dentcubator representative said during this year’s GNYDM.

Once the idea has been approved for funding, the network provides its services with compensation taken in equity in the ownership of the idea. The process typically takes up to three months to be completed. After Dentcubator becomes an equity partner, develops and protects the idea, discussions are initiated with the directors of acquisition or R&D departments at global dental companies.

Dentcubator sees itself as a complement to traditional R&D and as an alternative source for funding, development and access to market resources.

“We are under no circumstances in the business of replacing R&D budgets,” the Dentcubator representative said. “We are the nursery that takes the small seed of an idea, grows it and then brings it to market.” DT

Trident provides funding for new NCOHF grants

By Fred Michmershuizen, Online Editor

Thanks to the generosity of Trident chewing gum, the National Children’s Oral Health Foundation: America’s Toothfairy (NCOHF) recently awarded grants totaling $100,000 to four not-for-profit university and community-based dental programs.

“For over 40 years, Trident has been an innovator and leader in oral care advancements, beginning with the introduction of Trident in 1964 as the first cavity-fighting, sugar-free gum,” said Lesya Lysyj of Cadbury North America, manufacturer of Trident.

“Our partnership with NCOHF enables us to continue our commitment to promote good corporate citizenship in the communities we touch by helping to raise awareness and funds to fight oral disease among thousands of children in need,” Lysyj said.

The Trident Toothfairy Grants, which fund critical early childhood oral health treatment and educational training programs, were awarded to:

- Howard University in Washington, D.C.;
- the University of California at San Francisco;
- the University of Illinois at Chicago and
- the Arkansas Oral Health Coalition.

Each institution received $25,000 to help reach thousands of young children and caregivers in their communities.

The facilities are members of the NCOHF’s national affiliate network and are dedicated to delivering comprehensive oral health treatment and preventive educational programs to millions of underserved children and their families.

Children receive dental screenings at the University of California at San Francisco during a recent outreach event conducted by the National Children’s Oral Health Foundation.

“Effective oral health practices must be established during a child’s early years, and NCOHF is fortunate that Trident understands the key to eliminating pediatric dental disease lies in comprehensive preventive therapies and educational programs,” said NCOHF President and CEO Fern Ingber.

“These generous grants allow NCOHF affiliates to establish programs that provide vital services and smile-saving oral health care basics for our nation’s youngest generation,” Ingber said. DT

Visit *NCOHF.org*

The NCOHF is composed of dental professionals, industry leaders, philanthropic individuals and concerned non-profit agencies.

It is the only independent non-profit national children’s health organization exclusively focused on supporting delivery of comprehensive oral health care for economically disadvantaged children.

Lifeline Express: A journey with the world's first hospital train in India

By Neil Sikka, United Kingdom

India is a vast and varied country with a population of a billion, of which 70 million are disabled — more than the population of the United Kingdom. I was looking forward to returning to my homeland and to working alongside those on the Lifeline Express.

While the word Delhi may conjure up images of crowding, poverty and sickness, Delhi domestic terminal was like any other European airport — all Jasper Conran-designed hotels, five-star cuisine, designer shops and even a place to grab a coffee and a chocolate muffin. It seems Delhi has changed incredibly since my last visit three years ago.

After a good evening meal (during which I choked over the wine list as luxury items cost three times more than in London; yet everyday living costs less than one third), I caught the red-eye flight from Delhi to Jabalpur in the Madhya Pradesh state. Touching down in Jabalpur revealed a complete contrast.

A solitary, simple, small, plain concrete terminus greeted us, surrounded by a barren and dusty landscape. Jabalpur is just like many other small towns in India: low rise, an army presence and an air of forbearance from all those who go about their daily routine, especially when it comes to the traffic. Most importantly, it has a railway station!

Lifeline Express

Neelam Kshirsagar, general manager of special projects for Impact India, met me and immediately took me to the Lifeline Express. The train, consisting of six or seven brightly painted wagons, was parked in the siding where a platform had been specially built.

There were families milling around, waiting their turn for treatment, not worried about the baking platform and extreme heat.

A quick tour revealed two operating theatres, three beds in each, with waiting and recovery areas; three large, gleaming, industrial autoclaves; a lecture room; stores; an office; a changing room; a staff room and, finally, the dental room, all wonderfully air conditioned!

I was introduced to Zelma Lazarus, the charismatic CEO of Impact India. She explained that the Lifeline Express was here to provide free treatment for all, but it could only be successful with the support and cooperation of the local community.

Local hospitals had been contacted many months prior to arrival, and teams of local orthopaedic, eye, cleft lip and ENT surgeons agreed to give freely of their time. The local Hitkarni Dental College was also supporting the project. The director, Dr. Dhiranwani, and his team would be assisting me for the duration of my visit.

Getting things moving

As only certain types of operations could be performed on the train, all patients had to be screened prior to commencement. The orthopaedic team alone saw more than 3,000 patients, of which 200 were suitable cases.

Lazarus explained that the only way to "get things moving" was to go straight to the district collector. He is the area head of local government and in India holds a position of considerable power and influence.

He agreed to mobilise his network of officials to ensure that all in the town and outlying villages would be aware of the visit. The collector also wanted to meet "the dentist from London," and so at the duly appointed hour he arrived for the inaugural ceremony of the dental suite.

He assured me that he was committed to spreading the word and promised me many patients for the next day. To prove his point, he brought along the local television station to conduct an interview with me (which was aired that night).

The following morning I was raring to go. I hadn't been this excited about going to work for years. So at 9 a.m. on the dot, I arrived at the platform ready, willing and able, only to find the place virtually deserted.

Lt. Col. Randhir S. Vishwen (who runs the Lifeline Express) invited me into his office for a cup of tea. In the nicest possible way, he explained that in India when a doctor says he starts at 9 am he never arrives before 10.

As a result, patients never turn up before 10:15. The team from the dental college arrived at 9:30. I had thought they would send a dental nurse to assist me, but to my surprise two dentists, Dr. Mangesh Ghate and the newly qualified Dr. Pratiba Patel; a hygienist, Amos; and our nurse, Reena, welcomed me.

Ghate explained that as it was my first day they wanted to ensure I was fully supported. He proposed that as it was likely to be very busy, we concentrate on those most in need. Patel and he would initially screen the patients and any non-urgent cases would be asked to return at a later date.

Anyone else would be given a written prescription for treatment. This was of enormous assistance, as my Hindi is terrible and most patients spoke a local dialect (one of 1,500 in India!).

Patients

True to the colonel's word, at 10:15 the first patients arrived, and by 11 we had a queue of 20 people. We turned the lecture facility into a waiting and post-op room. Extractions and scaling were the order of the day.

Many patients had never visited a dentist in their life and most had travelled enormous distances to be treated.

By lunchtime, I had removed more teeth than I had in the past 10 years. I was thankful for the pristine ultra-sonic scaler, which enabled me to provide some first-time scaling. All those I treated were incredibly grateful and remained stoic despite the considerable pain they had been in (probably for some years).

Some of those I examined had difficulty in opening their mouths and, on further investigation, I noticed clinical changes on the buccal mucosae consistent with chewing tobacco and betel nut.

Ghate later confirmed that they see many cases of submucous fibrosis at the dental clinic.

I remained for the next two days, after which it was time to

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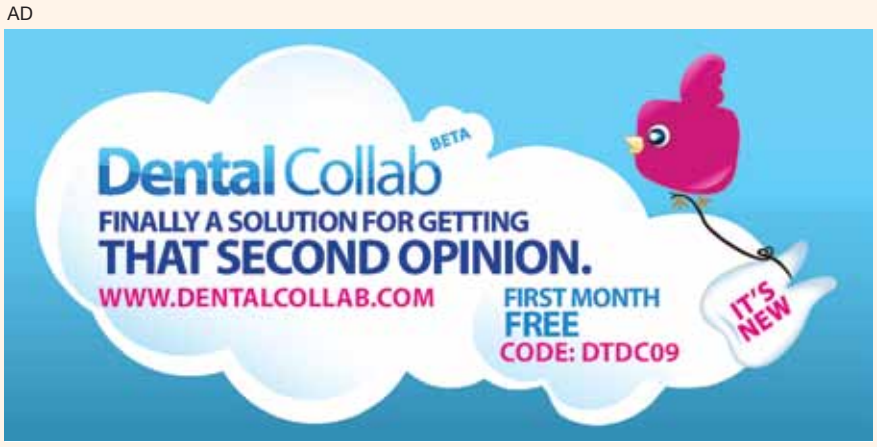
AD



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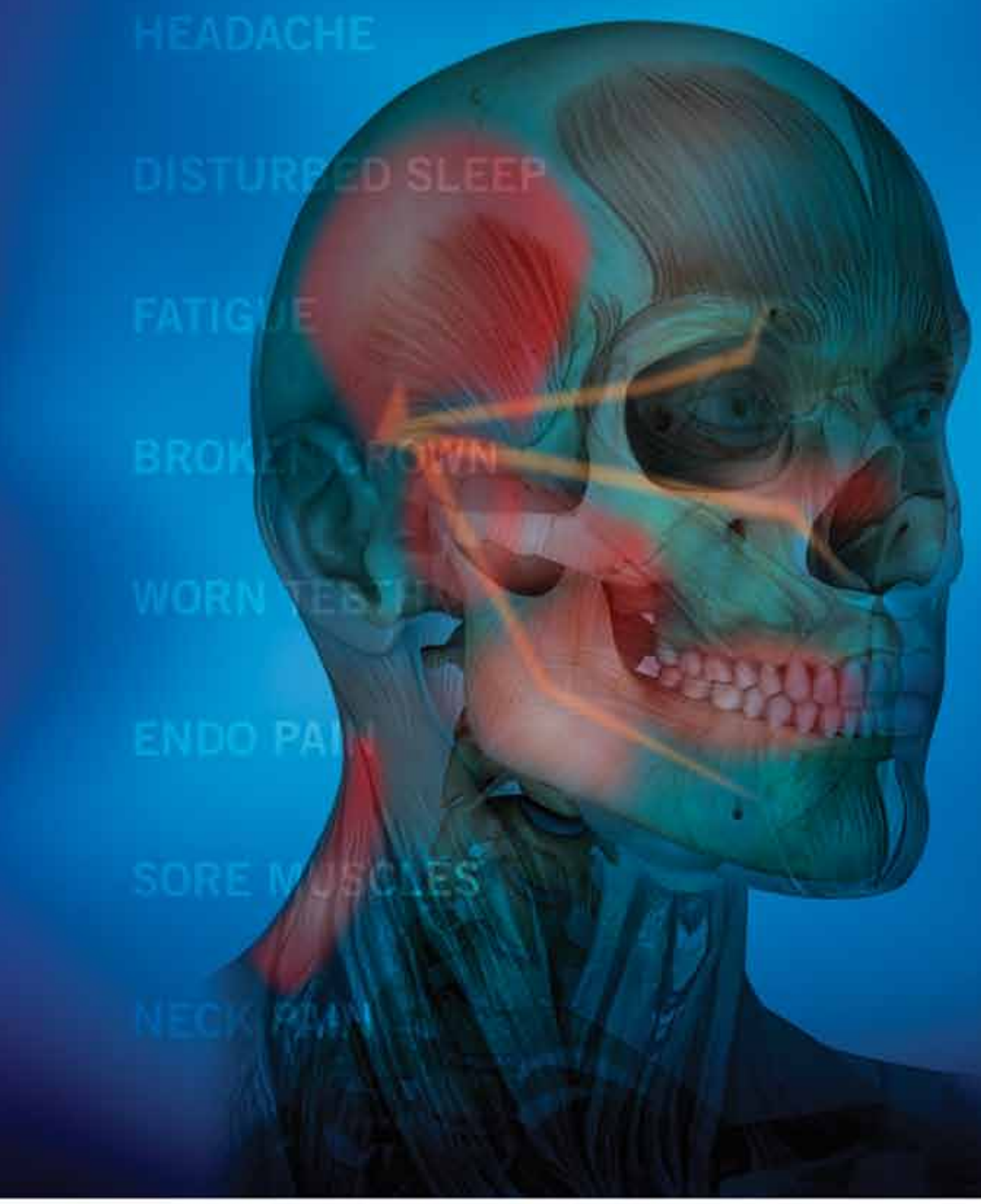

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Dr. Neil Sikka (right) is owner of Barbican Dental Care in London. He can be contacted at enq@barbicandentalcare.com.

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hand over to Dr. Ghate and his team who would continue the service for three weeks.

Staggering numbers

By the end of my two days, we had seen and treated 62 patients for dental problems, a number that rose to an impressive 334 at the end of the three-week clinic.

The medical teams on the Lifeline Express also treated 405 patients with eye problems, more than 100 for cleft lips, 83 patients with ear problems and 211 sufferers of polio — in total a staggering 1,134 patients were treated.

Impact India's ultimate aim is to raise awareness in communities of the medical benefits available to them by encouraging them to demand treatment at local and regional health centres. Most poor Indians are illiterate and unaware of their right to treatment.

For instance, in Madhya Pradesh, those below the poverty line are entitled to £300 (U.S. $500) in treatment a year, paid for by the state. While funds are available to treat those below the poverty line, less than 10 percent of the allocated funds reach those in need.

On my final day, I asked Lazarus what her ultimate dream for the Lifeline Express would be. "Neil, I hope that one day the train becomes defunct.

"If we can educate and inform people of their rights, treatment will be fully provided locally and our train will be surplus to requirements."

Here's to hoping! DT

About Lifeline Express

The Lifeline Express is the world's first hospital train. To date more than 500,000 patients living in the remote rural interiors of India, where medical facilities are scarce, have been treated.

Last year Impact India introduced dental services as a trial measure on the Lifeline Express in Mandsaur in Madhya Pradesh. Patients received free treatment for scaling, fillings, extractions and minor surgeries, and biopsies of a few patients were taken for diagnosis.

This trial project demonstrated that there was an urgent need for dental health care.

In order to assist, Dr. Neil Sikka has donated funds to cover the costs of items such as a hydraulic chair, an oil-free compressor, a scaler with handpiece and other essential equipment.

For his next trip, Sikka already has a list of further equipment needed, including syringes and cartridges, sprays for disinfection, tissues and sharps bins.

Many thanks to Claudius Ash for donating 500 much-needed toothbrushes, all gratefully distributed.

For more information on the work of Impact India, visit *www.impactindia.org*.

AD

Australia: vaccine for treating gum disease

By Daniel Zimmermann, DTI Group Editor

Scientists from the University of Melbourne, Australia, have announced they have partnered with CSl Limited and Sanofi Pasteur, the country's largest biopharmaceutical companies, to further develop and commercialize a vaccine for the treatment of gum disease.

The program, which took 10 years in development, involves bacterial peptides and proteins that trigger the immune response to periodontal inflammation. The vaccine is currently being trialed in mouse models and expected to progress to clinical trials soon, the researchers said.

The new vaccine approach is targeting the "ring leader" of a group of pathogenic bacteria called *P. gingivalis* that causes periodontitis. According to a U.S.-based *P. gingivalis* research consortium, elevated levels of the organism were found in the majority of periodontal lesions, as well as low levels in healthy sites.

In addition, the organism also produces a number of enzymes that have been shown to interact with and degrade host proteins.

Although the bacterium can be eliminated through periodontal therapy, it is often found in recurrent infections.

"Periodontitis is a serious disease and dentists face a major challenge in treating it because most people will not know they have the disease until it's too late and the infection has progressed to advanced stages," says Professor Eric Reynolds, CEO of the Cooperative Research Centre for Oral Health Science and the head of The University of Melbourne's Dental School.

"This new approach will provide dentists and patients with a specific treatment."

Traditional periodontal therapy involves manual scaling and cleaning, and even surgery with instruments or dental lasers, in an effort to contain the bacterial infection.

Reynold said the new line of vaccine products will possibly prevent the progression of the disease, rather than managing its symptoms and incurring damaging consequences.

Sanofi Pasteur has an option to an exclusive worldwide license to commercialize the intellectual property associated with these products. DT

Asia: less than average in health care spending

By Daniel Zimmermann, DTI Group Editor

Countries in Asia have been found to spend less of their GDP for health care than most other countries in Europe and the United States.

According to a new health care report by the Organisation for Economic Co-operation and Development (OECD) in Paris, France, only New Zealand provided more money for health care in 2007 than the average of all observed countries. Japan, Korea and Australia, however, spent less than the OECD average of 8.9 percent.

The United States currently spends more on health than any other country — almost two and a half times greater than the OECD average of $2,984 adjusted for purchasing power parity. Luxembourg, France and Switzerland also spend far more than the OECD average.

At the other end of the scale, in Turkey and Mexico, health expenditure was less than one-third the OECD average.

The 2009 edition of the OECD Health at a Glance report also shows that all countries could do better in providing good quality health care. Key indicators presented in the report provided information on health status and the determinants of health, including the growing rates of child and adult obesity, which are likely to drive health spending higher in the coming decades.

The report also had new data on access to care, showing that all OECD countries provide universal or near-universal coverage for a core set of health services, except the United States, Mexico and Turkey. DT

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The practice's 'annual exam'

Are you lulled into believing that you have a very active patient base?

By Sally McKenzie, CMC

I bet you're intimately familiar with those large cabinets you have in your office. You know the ones; they are most likely near the front desk area. They contain page after page of vital information about your dental practice, your procedures and, most importantly, your patients.

They are your patient records and chances are good that they take up a very large space in your practice. Frankly, you could probably do a lot with the area they consume.

However, this is practically sacred ground, and those huge files with all the important records about all those patients who come to see you day after day, well those have become a source of comfort and reassurance.

Look at all of them! You must be the most popular dentist in town! Too bad you could gather up about half of them to use as kindling at the next autumn bonfire.

Of every two patients that walk in the front door, there is a good chance that one of them will quietly slip out the back. It's unlikely you'll notice until there seems to be a few too many holes in the schedule or dollars are getting tight.

Often the patients just fade away. That is, unless you examine not only your patients' dentition but their documentation at least annually. It's called a chart or record audit.

How to use the 'yearly sticker'

Here's what we see happening in dental practices all over the country. I know that you are certain yours is different, and I wish it were, but nine times out of 10 you're in the same boat with the rest of your dental colleagues, and most of you are paddling up the same creek.

Dentists are often lulled into believing that they have a very active patient base. After all, there are oodles and gobs of charts. One look at the yearly sticker tells you at a glance how many of those patients are active.

Unfortunately, often the yearly stickers are showing you only what you want to see and not the reality.

During our onsite practice consultations, we ask dental teams when they place the yearly sticker on the chart. The typical response is: "Well, of course the sticker would be placed on the chart the first time the patient comes in for any type of care that year." Bzzz! Sorry, that would be an incorrect answer. Here's why.

There are any number of patients who are coming in only when it hurts, but they haven't had an appointment with the oral hygienist since Barack Obama was a small-time legislator in the Illinois General Assembly. Place yearly stickers on the record when the patient comes in for his/her recall appointment.

If the yearly stickers are placed correctly on records, charts can be pulled for inactivity based on the sticker. Most practices will keep a patient's record in the file for up to two years; beyond that they should be pulled.

In addition, if you are assigning patient records to emergency patients, stop that habit immediately. Emergency patients who have never been to the office for treatment should not be given a patient record because this adds to the illusion of a substantial and loyal patient base.

An annual record audit

The only real means of assessing true patient loyalty is to conduct an annual record audit to ascertain exactly how many patients continue to choose you as their dentist. What? Is that a protest I hear?

"But we don't have time to do chart audits. Our patient retention must be fine because we are so busy we are only allowed to schedule vacations during years in which a solar eclipse can be seen in North America."

Busy is often an illusion. It's

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commonly the clever disguise of a dwindling patient base, and it will fool nearly every practitioner from here to the sun.

'Busy' is often an illusion. The only way to assess true patient loyalty is to conduct an annual record audit.

Audit the charts and review the key computer reports, including the past-due recall report, the missed appointments report and the unscheduled treatment report.

This puts you in the position of being proactive rather than reactive to the ebb and flow of your patient base. Start by making the most of the information that is right at your fingertips. Here's how.

• Generate a report of patients due for recall from today's date to one year from today. Indicate that you are seeking to identify all patients with and without appointments on the report.

• Count the number of charts in the file and divide that by the number of patients on the recall system. For example, if there are 4,759 patient records on file and 1,737 patients in the recall system, patient retention would be at 36%.

• Now subtract the number of active patients from the number of total patient records in the files. Using the example above that number would be 3,022.

• Divide that number by the number of months the charts represent. For example, if you believe that active charts represent the period from 5/2005 through 9/2008 that would be 39 months. In this scenario, the practice is losing 78 patients per month. (And if that doesn't send ice water through your veins, nothing will.)

You can also look specifically at recall over the last year. For example, if this was 10/09, generate a report of patients due for recall with and without appointments from 1/09 through 9/30/09 and divide by nine months.

If the total number of patients on the report is 850, divide that by nine. This would indicate a patient loss of 94 patients per month. Obviously the patient base is shrinking.

Now what? Well don't just sit there. Take action, and do it today.

Reconnect with inactive patients

In order to reconnect with inactive patients, assign a patient coordinator the following tasks.

• Make a certain number of calls to viable past-due patients each day. For example, your goal may be to connect with 10 patients each day. When I say viable, I'm not talking about trying to recapture the habitual no-show patients or those who don't pay their bills. You don't want those patients back in your practice anyway. You're targeting the patients who, for any number of reasons, have temporarily drifted away.

• Schedule a specific number of appointments. It's not just the phone calls that matter; actually booking patients for an appointment is key to the success of this effort.

• Track patient treatment to ensure that those patients you connect with not only schedule but also complete treatment.

• Schedule the hygienist to achieve a daily or monthly financial goal. Then keep the schedule full to ensure the hygienist can achieve that goal. The scheduling coordinator and the hygienist must work together to achieve this.

• Manage the unscheduled time units in the hygiene schedule. If there is an opening, the scheduling coordinator needs to be dialing for dollars and fill it. Open appointments equals money lost.

• Monitor and report on recall monthly during the staff meetings. This is a good opportunity to assess the system, evaluate what is working and what isn't and seek input from others.

• Tweak your telephone scripts to ensure that you know exactly what to say and how to say it in those phone calls to patients.

Reacquaint patients with you and your practice

Send a direct mail letter to every adult in your active and inactive files who is or was a patient in good standing. Be sure to include something about the importance of ongoing professional dental care and giving patients beautiful smiles.

Explain that you value them as patients and are concerned about their oral health as well as their overall health and well being. Mention new services offered, continuing education accomplishments of the dentist and/or staff, other improvements that have been made in the practice, etc.

The bottom line is that you want patients to feel that they are valued and appreciated by you and your team.

Finally, encourage them to call your office and schedule an appointment today. Assure them that your business team will make every effort to secure a convenient appointment time for them — then make sure that is the case.

Consider setting aside popular appointment times specifically for patients that are responding to the mailing.

If someone calls in response to the mailing and the business team says there isn't an opening for four weeks (or eight weeks or six months), you've just wasted your time and your money and convinced those long-lost patients that your practice really is not interested in providing care for them.

While a variety of practice systems likely need to be examined to determine exactly what is causing patients to seek care elsewhere, you can take at least a few immediate steps to slow, if not stop, the exodus. 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.the dentistsnetwork.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.*

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