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**MONEY MATTERS**

How you can make — and save — more money at your practice. by Robert Elsenpeter

Except for the exceptionally altruistic, no one works for free, and that includes dentists.

Wise money management, not surprisingly, encompasses a wide number of varied facets, both personally and professionally. The practice can make — or lose — money based on the decisions made. Those choices include such things as equipment, capital expenditures and even the relationship with one’s lab.

We talked with dental and healthcare finance leaders for their advice on making wise investments in technology, property and even the dentist.

**Industry concerns**

A national survey from Bankers Healthcare Group, a leading provider of financial solutions for healthcare professionals, revealed that the most widespread concern among dentists is patients being able to pay for procedures and treatment. Of 413 licensed dentists who either own a dental practice or are independent practitioners and were surveyed in 2018 by BHG, 88 percent cited patients’ ability to pay as a top concern. ... See money page 38
Rock Around the Block with Henry Schein...Come Mill Around!

Featuring **Exclusive Offers** on CAD/CAM Blocks for Dentsply Sirona CEREC® and Planmeca PlanMill® at www.henryscheindental.com/rockaroundtheblock

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Henry Schein offers a variety of milling blocks made by leading manufacturers with today’s accurate, high-strength, beautifully esthetic materials.

Enhance the patient experience; deliver predictable, quality dentistry; and improve the efficiency and productivity of your practice with digital technology solutions that work for you.

**Exclusive offers available through March 30, 2019.**
OMNICHROMA
OMNICHROMA is said to be the first universal composite that matches every patient’s tooth shade, from A1 to D4, with a single shade of composite. Its innovative technology utilizes structural color to match every tooth shade. Its 260nm fillers are the precise shape and size necessary to generate red-to-yellow structural color as ambient light passes through the composite. The red-to-yellow color combines with the reflected color of the patient’s surrounding dentition, reportedly resulting in a perfect match with no added dyes or pigments.

How will this material lead to improved patient outcomes?
OMNICHROMA provides one product to match any patient and any shade. Not only will OMNICHROMA simplify inventory management for doctors, but patients will ultimately have better esthetic outcomes as a result. Patients will leave the dentist feeling confident about their smile, knowing that their restoration was completed with a perfect match.

— Masa Ogata, CEO, Tokuyama Dental America
Tokuyama Dental America
877-378-3548
omnichroma.com/us
CIRCLE RS #2

FitStrip™ IPR System Kit
Garrison’s newly devised FitStrip™ Interproximal Finishing and Contouring System has been expanded to include a comprehensive interproximal reduction kit. The new IPR kit is said to provide clinicians with all the diamond abrasive strips and gauges necessary to quickly and accurately prepare teeth and measure interproximal space for advanced aligner treatment. FitStrip™ is reportedly the only strip you can lock straight for contact reduction or into a curve for interproximal contouring—and with a removable handle.

— Sara Zuelke, product manager, Garrison Dental Solutions
Garrison Dental Solutions
888-437-0032
garrisonodontal.com
CIRCLE RS #3

Pro-V® C&B
Pro-V® C&B is a temporary crown and bridge material that’s said to quickly and easily create very durable and natural-looking restorations. Developed using a multifunctional acrylic composite, Pro-V C&B is designed to create a temporary restoration that’s a superb mixture of strength, durability, flexibility and esthetics that emulates a natural tooth. It’s a highly esthetic composite indicated for the fabrication of temporary crowns, partial crowns, bridges, inlays, onlays and veneers, including long-term temporary restorations.

How does this material stand apart from similar products on the market?
Developed using a multifunctional acrylic composite, Pro-V C&B creates a temporary restoration that has the qualities and esthetics that emulates a natural tooth. The material’s qualities that set it apart from the competition include the excellent fit at the margins, fewer voids, faster set time (time savings), hardness, resistance to fracture, ease of trimming, polishability and handling.

— Don Rice, product manager, BISCO
BISCO
800-247-3368
bisco.com
CIRCLE RS #4
MONEY MATTERS

How you can make — and save — more money through wise business decisions.

Learn what our experts had to say about setting up your dental practice for financial success.

PRODUCT WATCH
Product launches and updates from throughout the industry

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As low as $712 per month*

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– Michael Guzman, DDS
The Woodlands, TX

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“Based on suggested mill price of $49,995 at 5.25% interest rate for 84 months through available financing. The glidewell.io In-Office Solution also requires an iTero Element® Intraoral Scanner.
SAVING MONEY ON YOUR LAB BILL AT WHAT COST?

Continued from cover … Lithium disilicate is a material that was initially only manufactured by Ivoclar Vivadent with the brand name IPS e.max. Now, there are several similar types of lithium-containing glass ceramic crowns commercially available. Due to patents from Ivoclar Vivadent, the composition, and therefore the properties, of the newer glass ceramics are noticeably different than IPS e.max. The clinician experienced with the use of IPS e.max shouldn’t assume that similar materials are interchangeable without supporting laboratory and clinical testing.

Unlike lithium disilicate materials, zirconia is manufactured and distributed with so many different brand names that even those of us who evaluate this material only recognize a small percentage of the commercially available materials. The large pucks from which zirconia crowns are milled start as a fine powder that’s pressed into shape. There are several factors that may influence the quality of a zirconia puck, including the purity of the raw powder, the exclusion of pores and the homogeneity of the packing of the powder into the disc. High-quality manufacturers not only control the manufacturing process but also implement quality control to ensure these standards are met. Some of the issues with low-quality materials may be realized immediately such as altered color/translucency and incorrect fit; however, some errors will only be realized with time such as decreased strength or aging resistance.

“A technician will often put the finishing touches on the restoration by hand. In order to receive a high-quality restoration, the design and finishing of a restoration should be performed by a skilled and experienced technician.”

Even though most dental laboratories are digitally designing their crowns through software, the design of a crown isn’t an automatic process. There’s still a designer who digitally adjusts the contours, contacts, margins, emergence profile and occlusion of the crown. Even though the digital designer uses a mouse instead of a waxing instrument, the knowledge of how to design the crown must be possessed by the human being in charge. Additionally, not all contouring of the crown, particularly at the margins, comes out of the mill in its final condition. A technician will often put the finishing touches on the restoration by hand. In order to receive a high-quality restoration, the design and finishing of a restoration should be performed by a skilled and experienced technician.

In summary, the reduction in laboratory costs for ceramic crowns is beneficial for the business end of a dental practice, but the clinician should be cautious of using bargain basement-priced crowns as likely part of the cost savings affected the final quality of the crown.

[ Dr. Nathanial Lawson ]
DPR Editorial Advisory Board member

DPR’s Reader Service Card
As the go-to product resource for the dental industry, the team at Dental Products Report wants to make it as easy as possible for you to get the information you need about new products. In each issue you’ll find the free reader service card with numbers that correspond to advertisements. Throughout the issue, you’ll also find numbers with each of the products that appear as editorial in every issue of DPR.

We want to make it easy for you to get what you’re looking for — on your terms. You can fill out the product card to receive information on specific dental products, and you can also visit dentalproductsreport.com or the manufacturers’ websites for additional information.

[ Our Mission Statement ]
Dental Products Report—known for its trusted new product information—delivers a sharp focus on high-tech innovations and their implementation as well as how cutting-edge technologies are transforming practices. DPR helps dentists future-proof their practices and position themselves to deliver the best dentistry possible to benefit both their patients and their practices. We are committed to delivering unbiased, quality content.
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Clicks & Picks
What dentists were searching and savoring in February @DENTALPRODUCTSREPORT.COM

3 MOST-VIEWED PRODUCTS
01 3M™ Chairside Zirconia
02 Colgate Total® SF
03 ACTIVA™ BioACTIVE-RESTORATIVE™

3 MOST-READ ARTICLES ONLINE
01 The top 16 worst dental patients ever
02 6 common mistakes dentists make on personal finances
03 The best and worst states to work in a dental practice

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3 mistakes you might be making with composites
Avoid these key mistakes to improve patient outcomes. Learn more: http://bit.ly/5CompositeMistakes

4 tips for creating well-fitted dentures
Follow these best practices for creating dentures that are comfortable for patients to wear. Read more: http://bit.ly/DenturesTips

How to schedule patients with non-participating insurance plans
Learn how the front desk team can get 50-70 percent of patients with nonparticipating plans to schedule an appointment anyway. Learn more: http://bit.ly/DentalInsurancePlans
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[ HANDPIECE ]

430SWL® Torque Flex Lubefree Handpiece

Combining the power of the StarDental® 430 Torque with flex coupling, the 430SWL® Torque Flex handpiece is said to provide convenient, powerful performance for your practice. With 31 watts of power, the 430SWL Torque Flex is engineered to have the power clinicians need for all of their high-speed procedures. The small, 11.1-mm diameter head and the fiber optics are reportedly ideal for operative site visibility.

DentalEZ® Integrated Solutions
866-DTE-INFO | dentalez.com
CIRCLE RS #7

[ ENDODONTICS ]

Flexible Steel® Endo Irrigation Needles

The Transcodent Flexible Steel® Endo Irrigation Needles are said to be the best irrigation needles on the market. Using the latest cutting-edge German technology, the needles reportedly significantly increase the chance of a successful root canal procedure. The needles feature double lateral side vents that are designed to provide a unique swirl effect for more gentle but effective irrigation of the root canal.

Transcodent
603-681-2741 | sulzer.com/transcodent
CIRCLE RS #8

[ PHOTOGRAPHY ]

Smile Lite MDP (Mobile Dental Photography)

Smile Lite MDP is designed to take advantage of the amazing cameras on everyone’s smartphones. This is reportedly the first device specially developed for allowing beautiful dental photos with your smartphone. Smile Lite MDP is equipped with three groups of LEDs with four levels of brightness for each one. With the combination of lights and diffusers, clinicians can now reportedly easily take anterior and posterior pictures.

Smile Line USA
877-755-6868 | smilelineusa.com
CIRCLE RS #9

[ ORAL CARE ]

LINHART

LINHART is a line of premium oral care products that are available with a variety of subscription options. Consumers can order the suite of LINHART products for themselves, themselves and a partner, or their entire family. Those who subscribe will get a new batch of products every two months, or at an interval of their choosing. There are currently four products available, including a toothpaste, whitening gel, toothbrush and lip balm.

LINHART
212-972-8668 | linhart.nyc
CIRCLE RS #10
To request your OMNICHROMA sample kit, complete and mail this card, go to OMNICHROMA.com/US, or call +1 (877) 378-3548

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Office Address: ________________________________

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Select one:  □ Syringe sample  or  □ Pre-loaded tip sample

□ Yes, please send me Tokuyama updates & promotions.

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*Limit one sample kit per doctor. While supplies last. Offer valid until 5/31/19. Please allow 2-4 weeks for delivery of complimentary goods. Offer valid in US and Canada only. For evaluation purposes only. Participating doctors or dentists are obligated to properly report and reflect any bonus product, rewards, rebates, discounts or other benefit they receive on their submissions to Medicare, Medicaid, state or federally funded healthcare program and/or private insurance.
[ EYEWEAR ]

**Dynamic Disposables™ Office Packs**
Palmero Healthcare introduces two new additions to its line of Dynamic Disposables™, a lightweight, disposable, cost-effective alternative eye protection that’s designed to reduce eye splash contamination incidents. Dynamic Disposables Office Pack, orange bonding lens reportedly provides protection from harmful blue light rays. Dynamic Disposables Office Pack, grey lens is said to protect against potentially harmful UVA and UVB rays.

**Palmero Healthcare**
800-344-6424 | palmerohealth.com
CIRCLE RS #11

[ CURING LIGHT ]

**TC-3**
The TC-3 with a wide lens is the newest member of THE CURE® curing light family. The TC-3 features a unique flat-back head and a bigger lens measuring 11 mm. The wider lens is designed to easily cover a larger area, such as a 10-mm molar, for a fast cure so that nothing is missed. The low-profile design is said to ensure easy access to all areas of the mouth. The multiwavelength LED has four diodes producing high-intensity light at 440-460 nm.

**Spring Health Products**
610-630-9171 | springhealthproducts.com
CIRCLE RS #12

[ WATER PURIFICATION ]

**SUPER-HERO**
This point-of-use, high-efficiency reverse osmosis system is said to incorporate versatility and cost-effectiveness into a single, compact system while utilizing multiple technologies. It’s designed to reduce sediment, scale, metal ions and bacteria from all potable sources, delivering disinfectant quality water to any dental facilities or equipment. The low-energy electric pump is engineered to ensure clean water production under low water pressure conditions as well as consistent demand.

**O-So Pure**
800-676-7873 | osopuredental.net
CIRCLE RS #13

[ GUM THERAPY ]

**PerioSpot™**
PerioSpot™ is a powerful gum therapy gel designed to target harmful bacteria and inflammation on the spot. Formulated with Truly Natural® ingredients, this concentrated, sticky gel can be placed directly on the affected site to reportedly provide an antimicrobial boost of protection where the gums need it most. Indicated for both in-office treatment and patient home care, PerioSpot is said to be ideal for stubborn inflammation sites or to enhance periodontal care and protection after dental procedures.

**Dental Herb Company**
800-747-4372 | periospotgel.com
CIRCLE RS #14
New products at the 2019 Chicago Midwinter Meeting

[compiled by Kristen Mott]

The Chicago Midwinter Meeting is an event dental professionals look forward to year after year. Hundreds of exhibitors and companies gather in the Windy City to showcase dozens of new products, technologies and innovations. As always, this year’s meeting didn’t disappoint.

From new materials to updated software, the show was brimming with new product launches and announcements.

The following pages are filled with some of the latest products coming out of the 2019 Midwinter Meeting that you don’t want to miss.

3M™ Chairside Zirconia

- 3M™ Chairside Zirconia is a new CAD/CAM zirconia block that’s optimized for the fast-sintering CEREC® SpeedFire Furnace.
- The block is said to offer an optimal blend of high strength and esthetics to go along with a fast sintering time of approximately 20 minutes for a thin-walled crown.
- For easy shade matching, the material is available in eight different shades and two block sizes designed for crowns and three-unit bridges to match the VITA® classical shades.

3M™
800-634-2249 | 3M.com/chairsidezirconia
CIRCLE RS #15

ProVecta 3D Prime

- The ProVecta 3D Prime, a new 3D/2D system from Air Techniques, is designed to generate a unique 130 mm x 85 mm jaw-shaped volume that encompasses all treatment areas without imaging nonrelevant anatomy.
- A high-resolution CsI flat panel sensor is engineered to create brilliant high-quality 3D and 2D images.
- Anatomically adapted jaw-shaped 3D image includes all dentition, including third molars, with lower dose than smaller 80 x 80 mm volumes.

Air Techniques
800-AIR TECH | airtechniques.com
CIRCLE RS #16

Pro-V® C&B

- Pro-V® C&B is a temporary crown and bridge material that’s said to quickly and easily create very durable and natural-looking restorations.
- Developed using a multifunctional acrylic composite, Pro-V C&B is engineered to create a temporary restoration that’s a superb mixture of strength, durability, flexibility and esthetics that emulates a natural tooth.
- It’s a self-curing material available in four essential shades.

BISCO
800-247-3368 | bisco.com
CIRCLE RS #17
**CS 3100**
- Doctors now have a complete HD chairside workflow with the new CS 3100 milling system.
- Dentists can capture digital impressions directly using the CS 3600 intraoral scanner or create conventional impressions and digitize them with a CBCT system.
- Users can proceed with state-of-the-art intuitive restorative design via exocad ChairsideCAD software before sending to the CS 3100 to mill accurate and durable full-contour crowns, full-contour bridges, inlays, onlays and veneers — in as little as one hour.

**Carestream Dental**
800-944-6365 | carestreamdental.com
CIRCLE RS #18

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**AbsoLute™ Universal Resin Cement**
- AbsoLute™ Universal Resin Cement is a self-etching, self-adhesive, dual-cure material for all daily cementation needs.
- It’s designed to make final cementation of today’s restorations easier, faster and longer lived, providing superior physical properties while eliminating all the extra steps of traditional luting cements.
- AbsoLute is available in three shades (translucent, opaque and universal) to match your patients’ needs.

**Centrix**
800-235-5862 | centrinx.dental.com
CIRCLE RS #19

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**New Colgate Total® SF**
- New Colgate Total® SF contains a stannous fluoride formula stabilized with zinc phosphate that reportedly fights plaque-causing bacteria on 100 percent of mouth surfaces, including the teeth, tongue, cheeks and gums.
- Colgate Total® SF is said to effectively fight harmful bacteria while protecting against bacterial repopulation, significantly reducing the overall bacterial load while creating a protective barrier that helps to shield against attachment and regrowth.

**Colgate**
800-468-6502 | colgatepalmolive.com
CIRCLE RS #20

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**BioSonic® UC150**
- Equipped with a multilingual, user-friendly touchscreen, the BioSonic® UC150 is a quiet, compact, 1.5-gallon ultrasonic cleaner that can be placed on a countertop or recessed.
- It’s said to offer customizable settings, a degas function, optional heating, quick/easy draining and an exclusive USB interface for easy downloading of cleaning data.

**Coltene**
800-221-3046 | coltene.com
CIRCLE RS #21

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**BRILLIANT Crios**
- BRILLIANT Crios is a reinforced composite bloc for permanent restorations.
- The material reportedly combines all the advantages of an innovative submicron hybrid composite material with those of a CAD/CAM fabrication process for reliable, esthetic and fast restorations without a separate firing process.
- Consistently controlled fabrication with constant thermal curing is said to give the reinforced composite excellent mechanical properties.

**Coltene**
800-221-3046 | coltene.com
CIRCLE RS #22

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**RapidHeat™ Pro11 Sterilizer**
- The RapidHeat™ Pro11 Sterilizer reportedly provides complete (12-log kill) sterilization of instruments in as little as six minutes.
- Since there’s no steam or drying cycle with HVHA sterilization, the potential for instrument pitting and corrosion is said to be eliminated.
- Using four large trays — compared to the maximum of two large trays used by comparable steam units — and with “start-to-finish” 20-minute cycles for wrapped instruments, the Pro11 Sterilizer is designed to have a greater effective capacity.

**CPAC**
800-828-6011 | cpac.com
CIRCLE RS #23
Crest Gum and Sensitivity toothpaste
• Crest Gum and Sensitivity toothpaste is said to provide clinically proven healthier gums and sensitivity relief, allowing you to enjoy the foods and drinks you love.
• It’s formulated with stannous fluoride to start working immediately and to reportedly relieve sensitivity pain within days.
• The toothpaste is designed to occlude exposed tubules to provide relief from sensitivity and create a layer of protection to shield exposed dentin.

Crest
800-492-7378 | crest.com/en-us
CIRCLE RS #24

Shade Wand
• This new and improved shade matching light is a handheld, rechargeable LED light that’s engineered to bring the perfect light to the patient’s mouth.
• The 9-inch Shade Wand uses a 5500 kelvin LED light source that generates the proper amount of light at the patient’s mouth.
• It’s designed to offer three different light settings and is constructed with quality components to ensure a long life.

Dental Creations, Ltd.
254-772-4661 | dentalcreationsltd.com
CIRCLE RS #25

RAMVAC® master water control valve
• The RAMVAC® master water control valve from DentalEZ® Integrated Solutions is designed to filter and control the water supply line into the office, making it easy to shut off the water supply to the suite and safeguard against leaks.
• For use on new or existing installations, with a reduced footprint and easy shut-off valve.
• The valve uses an integrated LED filter timer with reset functionality.

DentalEZ® Integrated Solutions
866-DTE-INFO | dentalez.com
CIRCLE RS #26

DryShield
• DryShield is an all-in-one, fully autoclavable isolation system, designed by a dentist for dentists, to simplify dental procedures while increasing patient comfort and experience.
• DryShield is said to combine the tasks of a high-suction evacuator, saliva ejector, bite block, tongue shield and oral pathway protector — all in one easy-to-use system.
• The DryShield mouthpieces come in five sizes, with interchangeable bite blocks that are designed to enable a perfect fit for mouths of all sizes.

DryShield
888-379-0300 | dryshield.com
CIRCLE RS #27

Perfactory P4K Series
• The Perfectory P4K Series is said to be the only DLP-based 3D printer utilizing a true 4K projector with UV optics tuned to 385 nm wavelength.
• As the next generation of EnvisionTEC’s best-selling flagship Perfectory line, the P4K Series reportedly delivers the highest accuracy coupled with the highest finished product functionality.
• Utilizing artificial intelligence in pixel tuning to deliver extremely high-quality surface finish, the P4K is engineered to deliver next-generation advanced DLP technology in 3D printing the highest accuracy parts.

EnvisionTEC
313-436-4300 | envisiontec.com
CIRCLE RS #28

Envision One cDLM Dental
• The Envision One cDLM Dental is a 3D printing solution designed to take you from beginner to expert in a single machine.
• A build envelope of 180 x 101 x 85 mm is said to provide room for high-volume production at amazing speeds.
• EnvisionTEC’s patented cDLM (Continuous Digital Light Manufacturing) technology eliminates separation forces, reportedly allowing the Envision One to print six average orthodontic full-arch models flat on the build plate, with no supports needed, in just 15 minutes.

EnvisionTEC
313-436-4300 | envisiontec.com
CIRCLE RS #29
**Digital Dentures**
- Tested with dental technicians, Denture Base Resin and Denture Teeth Resin, printed on the Form 2 3D printer, are said to allow dental labs and practices to produce fully 3D printed dentures, providing a more consistent workflow with fewer steps and less variability.
- Material costs are reportedly around $10 per part for a complete denture, compared to $50 using traditional denture cards and acrylic.

formlabs
617-702-8476 | formlabs.com
CIRCLE RS #30

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**G-ænial™ Universal Injectable and G-ænial™ BULK Injectable**
- G-ænial™ Universal Injectable and G-ænial™ BULK Injectable are high-strength, ultra-fine particle composites with ideal viscosity, handling and adaptation characteristics.
- The homogeneously dispersed, ultra-fine particle formulas reportedly provide high flexural strength and wear resistance for durable, long-lasting restorations that retain their gloss for many years after placement.

GC America
800-323-7063 | gcamerica.com
CIRCLE RS #31

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**GC Fuji® Automix LC**
- GC Fuji® Automix LC is a radiopaque resin-reinforced glass ionomer available in automix delivery.
- This delivery system is said to make GC Fuji Automix LC the perfect glass ionomer for dentists who either don’t keep capsule mixers in their office, don’t use glass ionomers because of capsule delivery, or prefer injectable restoratives.
- It’s a bioactive material with high, rechargeable fluoride release.

GC America
800-323-7063 | gcamerica.com
CIRCLE RS #32

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**GC Initial® LiSi Press**
- GC Initial® LiSi Press is reportedly the first lithium disilicate ceramic ingot with High Density Micronization (HDM), a technology unique to GC that’s said to provide exceptional physical properties and very natural, lifelike esthetics.
- The exceptional strength and amazing esthetics make it suitable for ultra-thin veneers as well as single-tooth restorations and small bridges, in both anterior and posterior cases.

GC America
800-323-7063 | gcamerica.com
CIRCLE RS #33

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**fastdesign.io™**
- New technology from Glidewell Dental is said to enhance the way that users of the glidewell.io™ In-Office Solution design and create in-office restorations.
- fastdesign.io™, the system’s proprietary software, reportedly provides practitioners with easy, flexible tools to design and deliver same-visit crowns in the office.
- The latest release of fastdesign.io utilizes cutting-edge machine learning technology, creating proposals from scratch for each case by comparing information from the patient scan against Glidewell’s data repository.

Glidewell Laboratories
800-854-7256 | glidewellental.com
CIRCLE RS #34

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**AirClean™ implant maintenance system**
- The AirClean™ system easily attaches to an existing handpiece line, is controlled by a chairside foot pedal, and is designed to allow the user to deliver 30-micron glycine powder evenly and accurately.
- The glycine formulation is said to be powerful on biofilm yet gentle on all implant surfaces, and it can reportedly be used to treat or prevent peri-implantitis.
- The AirClean tip design reportedly allows users to remove biofilm in sub- and supragingival areas faster.

ids (integrated dental systems)
866-277-5662 | idsimplants.com
CIRCLE RS #35

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OptiBond™ eXTRa Universal system
- With one bottle built to prime and the other focused solely on adhesion, the new OptiBond™ eXTRa Universal system is said to ensure best-in-class strength and universal compatibility.
- Regardless of the cement type, composite, or core build-up material, this two-component, self-etch system is designed to deliver more reliability, less application sensitivity and one simple protocol.

Kulzer
800-431-1785 | kulzerus.com
CIRCLE RS #36

Enamelite
- Enamelite is designed to consistently provide a smooth, translucent glaze for any type of porcelain restoration and finish in a single firing.
- It provides a strong, even finish that reportedly mimics natural tooth surfaces, resists plaque and prevents restoration wear in the future.
- The aerosol application process makes sure the surface is even, with reportedly less pooling and better coverage than traditional glazes.

Keystone Industries
800-333-3131 | dental.keystoneindustries.com
CIRCLE RS #37

Komet and Bien-Air partnership
- Komet USA announces a new partnership with Bien-Air Medical Technologies.
- The new Bien-Air TORNADO X turbine is an air-driven handpiece engineered for reliable performance and precise results.
- Pair it with the Komet Deep Purple™ Diamonds for reportedly effortless and efficient crown preparation.

Komet USA
888-566-3887 | kometusa.com
CIRCLE RS #38

cara Scan 4.0
- cara Scan 4.0 is an easy-to-use, high-performance, dual-axis model and impression scanner that’s designed to fit into every space thanks to its small dimensions and low weight.
- The highly precise tabletop unit is engineered to measure with an accuracy of 15 microns in a fully automatic scanning procedure and offer a range of scanning strategies.

Kulzer
800-431-1785 | kulzerus.com
CIRCLE RS #39

Pala Design Studio
- Pala Design Studio is said to be the first web-based denture design software.
- Developed by the experts at Kulzer and DENTCA, this online service is engineered to allow dental laboratories to design cases for 3D printed or milled formats in a simple and efficient way.
- So efficient, in fact, that you’ll reportedly be able to design a case in 10-20 minutes and have the final STL file rendered in less than an hour.
- With Pala Design Studio, multiple technicians can design cases simultaneously.

Kulzer
800-431-1785 | kulzerus.com
CIRCLE RS #40

Planmeca Creo™ C5
- Planmeca Creo™ C5 is custom engineered for dental professionals and specified for use in high-speed printing of surgical guides and dental models.
- The capabilities of this revolutionary high-speed printer are said to include: a surgical guide or a dental model in less than 15 minutes and printing up to five full-arch dental models in one print.

Planmeca
630-529-2300 | planmeca.com/na
CIRCLE RS #41
Traxodent® hemodent paste and retraction system

- Award-winning Traxodent® is said to be the No. 1 choice among dental professionals because it works fast, helps to capture accurate impressions and rinses away quickly.
- Use it alone, with cord, or a retraction cap for greater gingival deflection.
- Traxodent is designed to not irritate or discolor surrounding tissue.

Premier Dental Products Company
888-773-6872 | premierdentalco.com
CIRCLE RS #42

OMNICHROMA

- OMNICHROMA is said to be the first universal composite that matches every patient’s tooth shade from A1 to D4 with a single shade of composite.
- OMNICHROMA’s innovative technology utilizes structural color to match every tooth shade.
- The material is said to save doctors time and money by removing the need for shade selecting and eliminating the need to keep excess product for incidental shades.

Tokuyama Dental America
877-378-3548 | omnichroma.com/us
CIRCLE RS #46

SIDEKICK Master

- Sidekick Master is a box of implant drivers and a new Universal Torque Wrench said to be compatible with the most popular implant systems on the market.
- A smart clipping mechanism is engineered to allow clinicians to quickly assemble/disassemble the driver’s tip and head.
- The set includes nine different implant models in three different lengths.

Smile Line USA
877-755-6868 | smilelineusa.com
CIRCLE RS #44

STELLAR DC Acrylic

- STELLAR DC Acrylic is a revolutionary, dual-cure PMMA pick-up and conversion resin that’s said to have amazing cure speed and unsurpassed durability over any other pick-up resin used for All-on-X denture pick-ups and conversions. Great for Locator pick-ups, verification jigs and more.
- Failures of other resins can affect profit, patient and doctor confidence, and predictable outcomes, but with STELLAR DC Acrylic, the material won’t fracture throughout the healing phase when used as directed.
- It can reportedly speed up the pick-up and conversion time by more than 30 minutes.

TAUB Products
800-828-2634 | taubdental.com
CIRCLE RS #45

DWSHAPE DWX-42W

- Designed for both dedicated labs and in-clinic labs, the advanced yet easy-to-use DWX-42W incorporates improvements to the original DWSHAPE DWX wet milling platform for reportedly even greater overall performance.
- The “intelligent” DWX-42W is said to boast increased Automatic Tool Changer (ATC) capacity with six stations, ethernet connectivity, new grinding burs, a newly engineered DWSHAPE spindle (patent pending) and more.

Roland DGA
800-542-2307 | rolanddga.com
CIRCLE RS #43

Ultrapro Tx Air Handpiece

- The Ultrapro Tx Air Handpiece’s lightweight, aluminum, ergonomic design, along with its soft-start, vibration-free motor, is said to reduce hand and wrist fatigue and splatter.
- The handpiece is designed to safely perform prophylaxis by reducing friction and heat when polishing, allowing it to clean effectively while protecting the enamel.
- Its universal e-type motor can be used with other attachments and nose cones as well as all disposable prophylaxis angles for convenience.

Ultradent Products
800-552-5512 | ultradent.com
CIRCLE RS #47
**Waterpik® Sonic-Fusion®**
- Waterpik® Sonic-Fusion® is said to be the world’s first and only flossing toothbrush.
- Sonic-Fusion allows patients to brush and floss at the same time, and it’s reportedly clinically proven to be twice as effective as traditional brushing and flossing.
- It’s designed to thoroughly clean the surface of the teeth, while the water flosser in the center of the brush head cleans between teeth and below the gumline where toothbrush bristles can’t reach.

*Waterpik®*  
800-525-2020 | waterpik.com  
CIRCLE RS #48

**XLDent and Mango Voice**
- XL Dent has partnered with Mango Voice to offer the best in time-saving and cost-effective features to make practices run better.
- This solution is designed for practices of any size and is said to help dentists easily manage one location or connect multiple locations seamlessly.
- When paired with XL Dent practice management software, smart caller ID is designed to automatically retrieve patient information, and outgoing calls are easily made with one click.

*XLDent*  
800-328-2925 | xldent.com  
CIRCLE RS #49

**Isolation360™ Power Pack**
- Isolation360™ Power Pack is said to be the ultimate trial kit, with all seven of Zirc’s isolation devices included, giving dental teams a chance to try them all.
- Isolation360 is designed to simplify isolation while helping your team to be efficient.

*Zirc*  
800-328-3899 | zirc.com  
CIRCLE RS #50

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Class II

Class V

Case images courtesy of Dr. James Chae, Diamond Bar, CA

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Call us at +1 (877) 378-3548
Capture, design and collaborate for cost-effective restorations

How the open architecture and open STL files of Planmeca Emerald™ and Planmeca PlanCAD® help more dentists to collaborate for cost-effective restorations. [compiled by Drew Boxler]

Information provided by Planmeca.

THE PROBLEM

CAD/CAM systems can be expensive

For the past several years, digital chairside CAD/CAM has been gaining popularity with more dentists. However, purchasing a full system can require a large financial investment that may be impractical for smaller offices or new practices.

THE SOLUTION

Planmeca Emerald™ and PlanCAD® design software

• Planmeca Emerald with Planmeca PlanCAD software is a complete restorative design system built on an open architecture platform.

• Planmeca products’ open architecture allows dentists to collaborate with external partners or integrate technology from other manufacturers.

• Accuracy of the Planmeca Emerald eliminates the need for retakes and provides patients with a pleasant experience when taking impressions.

• The speed of Planmeca Emerald and easy-to-use design software, Planmeca PlanCAD, creates more efficient restorative workflows and more opportunities for increased office productivity.
Grow your practice with online reviews

How Weave is helping dental offices to elevate their online reputation. [compiled by Kristen Mott]

Information provided by Weave.
Optimizing workflow and communication with TeleDent 2.0

How the upgraded version of this platform is making teledentistry more powerful for providers.  [by Allison Halco Dranuski]

TeleDent has made sharing patient data among offices and from remote locations easy since its launch in 2016. The teledentistry platform enables the collection and sharing of patient data and clinical information as well as intraoral images and videos in real-time or via store-and-forward technology.

MouthWatch recently launched an upgraded version of the TeleDent platform, making teledentistry more powerful for providers in private practices, group practices and public health programs alike.

The new, improved TeleDent 2.0 platform is designed to optimize workflow, resulting in more efficient communication. It also enables task delegation and management involved in delivering care as well as a simplified system for appointment scheduling, treatment sequencing, care coordination and provider management.

TeleDent 2.0 requires a MouthWatch intraoral camera for best results and can run on virtually any Windows 10 tablet or laptop for local data collection and image capture.

Dr. Paul Labbe, a dentist based in Laredo, Texas, primarily serves pediatric patients. TeleDent’s intraoral camera integration helps Dr. Labbe and his colleagues show patients what’s happening in their mouths — things they might not be able to otherwise see.

“The parents are always in the exam room with the kids and with our digital X-rays and digital pictures on our tablet, we show the family what’s going on,” Dr. Labbe says. “We even get the kids involved, so they can see for themselves what the effects of a high-sugar diet or poor brushing habits will have on their teeth.”

TeleDent’s updated platform features an enhanced user interface, providing a more intuitive user experience and a decrease in overall training time for users.

TeleDent is fully HIPAA-compliant and is designed to strengthen referrals, screenings, consultations and collaboration between GPs and specialists, group practice locations, and hygienists in public health or private practices.

The upgraded version of TeleDent is designed to optimize workflow to make collaboration and communication more efficient between internal dental teams and external care providers across virtually any public health or private practice application. The latest release is said to include an enhanced user interface, new task assignment capability, optimized synchronization, new audio recording capability and more.

MouthWatch
877-544-4342 | mymouthwatch.com
CIRCLE RS #54

“The parents are always in the exam room with the kids and with our digital X-rays and digital pictures on our tablet, we show the family what’s going on,” Dr. Labbe says. “We even get the kids involved, so they can see for themselves what the effects of a high-sugar diet or poor brushing habits will have on their teeth.”

Additional features also help to build trust and collaboration with dental teams, patients and specialists.

TeleDent also provides a critical communication link for alternative hygiene models and enables collaboration between care providers, ultimately elevating the patient’s standard of care.
Bringing dentists into the future of digital imaging

How the CS 9600 imaging system is designed to meet the needs of every clinician. [by Allison Halco Dranusi]

The CS 9600 imaging system from Carestream Dental offers versatility and innovation in a package that can serve professionals’ current imaging needs and carry them well into the future.

The CS 9600 was designed foremost with its users — oral surgeons and implantologists — in mind, resulting in features that are incredibly intuitive.

“I truly believe you can’t find another unit on the market that will give the staff the ease of use, the clarity of images and the strong customer support to back it up,” says Matthew Nichols, DDS, the first person to own the CS 9600 imaging system in the United States.

The cone beam computed tomography (CBCT) system of the CS 9600 is a highly intelligent piece of technology, offering the capability to deliver exceptional image quality for more precise diagnoses. This advanced system is designed to meet every clinical need, combining 2D panoramic technology, CBCT imaging, 3D model/impression scanning and 3D facial scanning, along with optional cephalometric imaging.

The CS 9600 offers 14 fields of view, ideal for examining the maxillofacial region, TMJ and the sinuses. It also allows users to see everything from a single tooth to the tip of the nose.

Once an image is captured, algorithms exclusive to the CS 9600 enhance the diagnosis. CS MAR* technology reduces the scatter caused by metal artifacts, which can cause misinterpretation, giving doctors the ability to dynamically compare images with or without a filter applied.

“The fact that I can have clear images with no scatter on heavily restored patients is a game changer, especially when planning guided surgeries,” Dr. Nichols says. “I really can’t explain just how impressive the MAR technology is. You just have to see it for yourself and watch the artifact disappear to understand how effective it is. Anyone using their CBCT to plan guided surgery cases can tell you that significant scatter is one of the biggest obstacles when trying to plan a case in the heavily restored patient.”

Patient positioning is easy with the CS 9600. The system’s integrated touchscreen, called the SmartPad, walks users through the entire positioning process and provides pre-set programs.

Further aiding patient positioning, the CS 9600 is well-equipped with SmartAuto technology. SmartAuto Pan* automatically calculates the correct exposure settings based on the patient’s jaw shape and size, and SmartAuto 3D* allows users to precisely define the field of view position on a low-dose scout view.

The SmartAuto system helps users as well; it will detect when the wrong accessory is used for a procedure and will recommend the appropriate replacement.

Patients appreciate the fact that the CS 9600 records the parameters for each examination. This means the system can be primed and ready for each individual patient before he or she even enters the room for a follow-up exam — dramatically reducing wait time for patients.

Patient safety is a priority with the CS 9600. Images are acquired at a lower dose to the patient as compared to standard 90 kV acquisition, thanks to a 120 kV high power generator.

Not only can patients feel safe with the CS 9600, but they can also be sure their experience will be a comfortable one. The CS 9600 includes an integrated retractable seat,* allowing patients to sit with added stability.

The seat can conveniently be rotated out of the way when not in use to accommodate patients in wheelchairs.

“The ease of patient alignment using cameras rather than lasers, the ability to take high- and low-resolution scans at varying sizes, the ability to have a patient standing or sitting, and the clarity of the panoramic radiographs were all very impressive,” Dr. Nichols says. ●

*Available options
Dr. Michael Miyasaki has depended on a variety of Tokuyama Dental America products in his Sacramento-based practice for more than a decade, including the company’s Estelite composites and denture relining material. He’s been happy with the quality products Tokuyama offers and is excited about the recent innovations he’s seeing from the company, including the EsteCem® II dual-cure adhesive resin cement system.

He’s used the radiopaque cement for about six months now, and he says he likes the fact that the material is universal and easy to clean up. It also simplifies the process, saving him time as well as money.

“The simplicity that comes with fewer steps is one of the biggest benefits EsteCem II offers, Dr. Miyasaki says. Systems that require more steps not only add time to the procedure, but also leave more room for error. Patients get tired and there’s a greater chance of contaminating the working area. EsteCem II saves time chairside and helps lead to more predictable outcomes.”

**The benefits for Dr. Miyasaki**

The simplicity that comes with fewer steps is one of the biggest benefits EsteCem II offers, Dr. Miyasaki says. Systems that require more steps not only add time to the procedure, but they also leave more room for error. Patients get tired and there’s a greater chance of contaminating the working area. EsteCem II saves time chairside and helps lead to more predictable outcomes.

**The benefits for his patients**

Because both the procedure and cleanup are faster than with other cements, patients spend less time in the chair, Dr. Miyasaki says. He estimates about a 50 percent time savings.

“When it comes down to the patient experience, it’s just faster, which means less time they have to hold their mouth open and greater comfort,” he says. “And the easy cleanup is also a patient benefit. If you can just floss between the teeth to clean the cement versus picking it out or drilling it out, that changes the perception of the visit for the patient.”

The system also offers a variety of shades, Dr. Miyasaki says, giving him excellent color choices that make his patients happy.

**Why you should try EsteCem II in your practice**

Dr. Miyasaki has trusted Tokuyama for years, and the company’s latest cement offering doesn’t disappoint. When used with Tokuyama Universal Bond, EsteCem II provides a quicker solution that cuts chair time while also reducing inventory and costs.

“There are a lot of systems on the market that require a lot of steps,” Dr. Miyasaki says. “With EsteCem II, it’s just easier and because it’s easier there are fewer mistakes or omissions that can be made. It’s very predictable and very simple. EsteCem II has worked out to be everything we need in an adhesive cement.”

EsteCem® II

EsteCem® II is a hydrophobic dual-cure resin cement suitable for all indirect cases. The kit includes a self-cured universal adhesive, Tokuyama Universal Bond, which is applied to the preparation and restorative to give EsteCem II compatibility with all restorative materials. Used in combination, EsteCem II and Tokuyama Universal Bond don’t require light-curing, etching (optional), or additional primers and activators. EsteCem II is an inventory saver and is able to replace several bonding and luting agents in a clinician’s practice.

Tokuyama Dental America

877-378-3548 | estecemii.com

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Creating durable, esthetic restorations with G-ænial™ Universal Injectable

How this material provides an easy solution for clinicians.

[by Jo Donofrio]

G-ænial™ Universal Injectable is a high-strength, ultra-fine particle composite with ideal viscosity, handling and adaptation characteristics. The homogeneously dispersed ultra-fine particle formula provides high flexural strength and wear resistance for a durable and long-lasting, esthetic restoration that retains its gloss for many years after placement.

Introduced in October 2018 by GC America, G-ænial Universal Injectable features a High-Density Resin (HDR) with a Full-Coverage Silane Coating (FSC) that allows the ultra-fine particles to disperse homogeneously and in higher density within the resin matrix. The result is a product with superb handling that delivers high flexural strength, wear resistance, gloss and color retention. G-ænial Universal Injectable stays where you put it, will not stick to your instrument and provides an easy solution for all Class I-V cavities. It’s also ideal for other applications, including restoration of occlusal surfaces, cusps and marginal ridges.

“G-ænial Universal Injectable provides excellent structural strength and wear resistance,” says Robert P. Korman, DDS, MAGD, who has maintained an esthetically focused restorative practice in Virginia Beach, Virginia, for more than 25 years. “The product’s formulation greatly reduces chipping and fractures and looks great long after the restoration is placed.”

Excellent viscosity

G-ænial Universal Injectable may be delivered directly into the cavity preparation and doesn’t slump. Its unique thixotropic property allows it to provide optimal adaptation to the cavity, building anatomy as it’s injected and reducing the required time for the overall procedure. The new nozzle also features a bendable tip for better access to the posterior distal region.

“When we squeeze out an injectable, some are runny and don’t stay in place,” says Shannon Pace Brinker, CDA, a speaker and published author who works in Dr. Korman’s office. “The G-ænial Universal Injectable composite stays in place, is easy to control and is stackable in increments of up to 2 mm each. G-ænial Universal Injectable can be a complete solution for many posterior restorative cases.”

The injectable composite, which wears like a traditional composite yet handles like a flowable, also provides superb adaptation to the cavity for reduced occurrence of porosities and air bubbles, which can potentially compromise marginal integrity.

“G-ænial Universal Injectable is a heavy-duty composite that handles
like a flowable and can be delivered directly into the prep,” Dr. Korman says. “By having a product that we can inject from the bottom to the base and up to the height of the contour, we eliminate porosity or bubbles and other voids that can allow decay or bacteria to get into the restoration.”

The use of a composite is also kinder to the opposing tooth. Porcelain can cause fractures or wear in the opposing tooth,” Dr. Korman explains. “By using composites as much as possible, we are conserving tooth structure.”

High radiopacity
Featuring a high radiopacity of 252 percent Al (aluminum), G-ænial Universal Injectable makes it easier to differentiate between restorative material and decay. It also improves the detection of secondary caries and can be used for follow-up on restorations.

“With the new G-ænial Universal Injectable composite, we achieve greater radiopacity than with other restorative materials and conventional composite resin,” Dr. Korman says. “This greatly increases our ability to differentiate as much as possible between restorative material and decay.”

Improved color
Available in 16 shades that are true to the VITA guide and three levels of translucency, G-ænial Universal Injectable provides the most optimal esthetic result. Its colors mimic natural tooth structure and the surrounding tissue, providing improved color stability, a key benefit for patients, especially when used on an anterior tooth.

The material also provides a high resistance to discoloration over time. “It lasts longer, reduces the patient’s fear and chair time, is esthetically more pleasing and builds the patient’s confidence with our practice,” Brinker says.

According to the American Dental Association, the current estimated life of a dental restoration is five to seven years.

“With the high physical strength and wear resistance of G-ænial Universal Injectable, we believe we can increase the restoration’s longevity to seven to 10 years,” Brinker says.

“G-ænial Universal Injectable composite stays in place, is easy to control and is stackable in increments of up to 2 mm each. G-ænial Universal Injectable can be a complete solution for many posterior restorative cases.”
An evaluation of Ivory® ReLeaf™ from Kulzer

Contemporary Product Solutions takes a look at this hands-free suction solution. [by Shannon Pace Brinker, CDA]

The Contemporary Product Solutions (CPS) evaluation team, consisting of dentists, assistants and hygienists, conducted this evaluation. CPS solicited the individual perspectives of 30 dental team members after employing the Ivory® ReLeaf™ suction device from Kulzer during multiple dental procedures. In total, about 71 percent of respondents were dental assistants, about 7 percent were dentists, about 12 percent were hygienists, and the rest were managers, assistants, or program directors of dental organizations.

CPS produced the following comments and reviews following its evaluation:

• “Very easy to place and comfortable for the patient.”
• “Allows us to focus on the procedure without distractions of saliva.”
• “As an EFDA, placing composite and working by yourself can be challenging. The ReLeaf takes away the worry of contamination.”

Product comparison
More than 76 percent of those surveyed stated that they use a saliva ejector as the primary suction system or moisture control device in their dental practice, with 40 percent utilizing the Isolite system and 20 percent using Blue Boa®. When asked what they consider the most important qualities of a suction system, the evaluators rated patient comfort, patient experience and overall quality most highly over attributes like price and practitioner experience.

After using Ivory ReLeaf primarily throughout their restorative procedures, sealants, polishing and ultrasonic scaling, 43 percent of evaluators rated Ivory ReLeaf better than their current suction product and 20 percent rated it much better. Taken together, a majority of those surveyed agreed that Ivory ReLeaf was a step up compared to their practice’s current device.

Ease of use
Once they had an opportunity to assess the suction benefits and improved clinical outcomes conferred by Ivory ReLeaf, 66 percent said they appreciated the ease of setup. Additionally, 63 percent enjoyed the hands-free attribute, while 53 percent were impressed by the degree of patient comfort and control.

Of those surveyed, further positive experiences included 46 percent commending both the suction and workflow efficiency Ivory ReLeaf enables. Upon being asked if there was anything they would change, 73 percent of those surveyed said they found nothing to improve upon with Ivory ReLeaf.

Dental team satisfaction
Ivory ReLeaf also provides greater efficiency by freeing up the staff’s capacity to assist with or complete aspects of the procedure. A majority of evaluators reported time savings, with 36 percent observing one- to five-minute improvements and 43 percent seeing a significant six- to 10-minute gain in time. Of those surveyed, further positive experiences included 46 percent commending both the suction and workflow efficiency Ivory ReLeaf enables.
One hygienist commented, “I order ReLeaf because I practice biofilm decontamination with aqueous powder streaming, often known as air polishing. Trying to hold the HVE while visualizing the area I was treating and keeping the patient comfortable is challenging. We know that clinicians need to take steps to protect themselves, patients and the dental environment from airborne contaminants that can lead to disease transmission.”

Upon being asked if there was anything they would change, 73 percent of those surveyed said they found nothing to improve upon with Ivory ReLeaf. One evaluator said they would like something to hold the tongue out of the way if possible on the next design, and the "U" design recommendations for cleaning would be great for the packaging to come with a pipe cleaner.

One evaluator noted that the primary factor influencing their decision to keep using Ivory ReLeaf daily was the superior lingual retraction, though others felt the suction strength could be slightly higher.

Instructions for setup
1. Fold the two leaf halves together by sliding the protruding dovetail clip into the opposing groove at the leaf tip. Squeeze the two halves of the leaf together slightly to ensure the middle lock tab is inserted into the hole in the center of the leaf.
2. Attach the leaf to the “U” end of the hose with the lower suction hole facing away from the hose. Ensure the leaf is securely attached.
3. Attach the free end of the quick-disconnect hose to the quick-disconnect adapter of the HVE attachment hose. Insert the coupler at the other end of the HVE attachment securely into an open HVE port. It may be necessary to wet the O-ring inside the unused port for the adapter to slide in easily. It also may be necessary to replace the O-ring if you find the coupler coming loose.
4. Place Ivory ReLeaf into the patient’s oral cavity with the leaf positioned between the teeth and cheek. When transitioning between patients, remove the quick-disconnect hose, wipe down the short eight-inch hose with a disinfectant wipe, reattach the hose to the adapter, and then attach a new leaf.

DR. PHILIP TALLEY AND TEAM

“We fell in love with ReLeaf the first time we used it. Before, we used the saliva ejector that hangs on the patient’s cheek and we were constantly having to adjust it. It saves us so much time, but just the ergonomics of utilizing this product is worth its weight in gold.”

DR. CHRIS LEISZLER AND TEAM

“We have loved using the ReLeaf in our office. Such a big impact for such a simple concept!”

DR. ROSS ENFINGER AND STAFF

“I really enjoy having some lingual retraction! I think the lingual retraction would be the winning factor for me to keep using the Ivory ReLeaf daily.”
One shade fits all

Why OMNICHROMA will be a game changer in the dental industry.

by Dr. John Flucke

I love progress. I mean, I really love progress. There are so many things for us to be grateful for when it comes to the continuing progress we see in dentistry. Every year we’re seeing products that make procedures faster, easier, more predictable and increasing in longevity.

These are probably the most exciting times in our profession, and from what I’m seeing on the immediate horizon, things will continue to improve as more progress is made in a wide variety of dental procedures.

One of these areas that has seen tremendous progress is the field of materials science. Over the last 10 to 15 years, we’ve seen some truly incredible advances come through the pipeline. Let’s consider that for a moment. In the early 2000s we were hoping for a composite that could hold up without excessive wear and that wouldn’t quickly pick up stain. The concept of posterior composites was still “dicey” at best, anterior composites didn’t match that well (although, at least they were tooth colored) and we were using curing lights that required at least one minute of curing exposure per increment.

Polishability? That was something that sometimes worked, but many of the materials were like trying to polish a driveway. Not to mention that the only real composite polishing instruments we had were flexible discs that weren’t always easy to use far into the posterior area. The idea of an amalgam free practice was laughable.

Then the scientists began to make progress. Bond strengths increased. Composites became stronger with incredible polishability. Different fillers allowed the restorations to wear like enamel. LED curing lights were developed with incredible depth of cure.

One of the big advancements I can remember was the creation of composites with a wide range of shades. Suddenly shade matching an anterior case really was possible. Gone was the time of “place and pray” that things looked acceptable. Now there was a composite shade for every tooth in the VITA classical shade guide.

Sales reps were coming into offices with DentaForm teeth in a variety of shades and demonstrating to the doctor that no matter how dark or how light the tooth, they had a shade to match it. It was a brilliant concept, but unfortunately there was a drawback. These materials were only available in a “kit.” If you wanted these materials, you couldn’t pick and choose in an “a la carte” manner. You had to purchase a “suitcase” style kit that contained every shade you could imagine.

Of course, just because a color could be imagined didn’t mean that nature had imagined it. Doctors soon realized that they had paid a significant price for the suitcase but that lots of the shades expired before they were ever used. Instead, there were a handful of shades that were frequently used and refilled while many other shades languished in “inventory purgatory” until being tossed as they expired.

This concept lasted for a few years, but then manufacturers started to see pushback from doctors who didn’t want to pay for materials that would never be used. This started a move toward fewer shades in an office inventory while manufacturers began to work toward more simplified shading systems. Dentin shading composites were introduced that allowed doctors to create a dentin base and then layer enamel shades over it, creating a restorative approach that greatly mimicked natural tooth structure.

However, doctors and patients are always searching for better and more efficient treatment. This led, in 2007, to Tokuyama Dental America’s creation and launch of the composite Estelite Sigma Quick. “Estelite,” as it quickly became known, demonstrated a very well received “chameleon effect” where the composite seemed to pick up the shade of surrounding tooth structure. While not a perfect match in every clinical situation, the material became well known in the industry as an efficient material due to fact that often only a single shade was needed in cases where other materials might require layering.

Let’s fast forward to 2018 and discuss an evolution that may very well create a tectonic shift in restorative dentistry. In October 2018, I was approached by Tokuyama and asked to help with a super-secret project. The company told me it had created a composite that did a remarkable thing – it matched every tooth color in the VITA classical shade guide with a single shade. It’s called OMNICHROMA.
OMNICHROMA is available in Pre-Loaded Tip and Syringe refills.

Honestly, I was skeptical. I feel my responsibility to you, the reader, and those who attend my lectures is to be a skeptic. When I’m approached by a company, I always listen with an open mind, but as former U.S. President Ronald Reagan used to say, “trust but verify.” So I listened, I studied the cases, I reviewed the science, and it all seemed solid.

Then I began placing restorations in my practice on patients that entrust me with their care. The results in my hands were everything they had promised. One shade for every restoration. I was blown away. I get to test a lot of different composite materials every year and, honestly, they’re all pretty nice. Some might polish a bit better than others or perhaps, the handling of one or two are better in my hands than others, but there truly isn’t a bad composite out there. I feel it boils down to personal preference for a lot of cases. But OMNICHROMA stands in a totally different category. It’s truly a game changer.

There are a lot of advantages to only needing one shade, which I’ll get to in a bit. First though, I’d like to give you some science.

The science behind the product
All composites are a mixture of organic resins containing catalysts and glass/ceramic filler particles. The filler particles can be either all the same size or a mixture of different sized particles (hybrid). The basic rule has always been that smaller particles polish better and larger particles provide more flexural strength with less polymerization shrinkage. These particles are normally created by crushing and grinding materials until they roughly reach the size needed. This grinding does introduce some problems for esthetics though. When viewed under an electron microscope, the particles have the appearance of tiny pieces of gravel. Since they’re glass/ceramic, they reflect light, but their non-uniform surface texture means that photons are bounced willy-nilly, which can create problems with the shade and luminescence of the composite.

To neutralize this effect, Tokuyama creates its filler particles in a much different manner. Using what’s known as the SOL-GEL Method, the filler particles are tiny spherical cores placed in organic solvent. This allows the filler to grow gradually from the cores. The result is spherical particles that are 260nm in diameter.

OMNICHROMA’s 260nm fillers are uniform in shape and size, and they can generate the precise red-to-yellow color range of teeth through the use of structural color technology. Structural color occurs when the microscopic structure of a material interacts with light in a way that generates a particular color. With no added dyes or pigments, OMNICHROMA can match the shade of every tooth.

The 260nm spherical particle has some other advantages as well. Tokuyama’s scientists have determined that any particle 500nm or smaller creates a similar high gloss polish. Combine that with the fact that the highest value for surface hardness is for particles between 200-300nm. So by using a 260nm sphere, OMNICHROMA can be polished to a high gloss while also having a high surface hardness. This creates a material that’s not only highly esthetic but strong as well.

The experience
Of course all the science in the world doesn’t matter if the material doesn’t work. I’m here to tell you it works — and it works well. I currently have somewhere around 60 restorations completed using OMNICHROMA and the esthetics are incredible. One thing I’ve learned is that a bevel on the margins really helps the material pick up the shade from the surrounding tooth structure.

I prefer to work with warm composite and I’ve checked with Tokuyama to make sure that OMNI-

CHROMA isn’t affected by warming. The company has assured me that warming causes no adverse effects.

I do most of my dentistry under 5.5x magnification and I’ve been very pleased with the results I’ve seen. OMNICHROMA is easy to place, easy to work with and easy to polish.

Patients have been thrilled with the shade matching, and I’ve used it in a variety of clinical situations, including some very challenging esthetic cases.

The benefits
There are some obvious benefits to OMNICHROMA other than the tremendous esthetics. The greatest is inventory control. I’ll probably always have some shaded material in my office because I’m a heavy Type A “belt and suspenders” type. However, not having to keep track of a large shaded composite inventory is going to be a time saver and a money saver for many practices. We’ve all had those times when you tell the assistant to get a certain shade only to be told “we’re out of that.” Those are never good days, but I can see a lot fewer of them in your future thanks to OMNICHROMA.

Obviously this type of progress makes things better for all of us. Women genetically have better color vision than men, but we all know that one of the most difficult things we do is to match one anterior tooth. Often in those cases I bring in multiple staff to offer their opinions during shade determination, and even then they don’t always agree. Utilizing a “one shade fits all” material is going to take a lot of stress out of difficult shade matches.

Patients never want dentistry to take longer, but as a dentist you want to be as efficient as possible too. The less time we spend in the clinical posture, the better our long-term health will be. Being able to just reach for the same shade time and again will speed up procedures, decrease stress and keep you out of the position we spend way too much time in.

Wrapping up
Every once in a while, a product comes along that fits into my definition of a “maximum disrupter.” These are homerun products that truly shake up the industry and lead us down a path we really hadn’t expected. OMNICHROMA is one of those products.

It has the potential to truly change our practices while providing patients with clinical outcomes they’ll be thrilled with. Assistants will love the ease of inventory and doctors are going to love the efficiency of treatment as well as the cost savings of ordering fewer shades.

OMNICHROMA is available now. Give it a try. I’m confident you’ll be impressed.
PERFORM A VOID-FREE RESTORATION

How one dentist uses Tetric EvoLine bulk fill materials to provide patients with excellent dentistry.

[by Dr. Jason Olitsky]
with this technique as this adhesive is flexible in its dentin moisture tolerance. The VivaPen delivery system is preferred, especially when treating multiple teeth to allow fresh, uninterrupted delivery of adhesive to the teeth. Adhese Universal is less technique sensitive in that it’s indicated for both dry or moist dentin (Fig. 10). Each tooth is then cured for five seconds per surface in turbo mode (Bluephase® Style 20i, Ivoclar Vivadent) (Fig. 11).

This first layer of direct restorative is Tetric EvoFlow Bulk Fill shade IVW (Ivoclar Vivadent). This is used as a dentin replacement layer. The lighter shade is perfect for younger teeth with a brighter final shade. The shade is one of three choices from Ivoclar Vivadent to reduce the amount of shades necessary to keep in stock and reduce time necessary to choose shades for ideal shade matching. The IVW shade matches bleached teeth. The material has a similar opacity as dentin and high radiopacity to be easily distinguishable on radiographs. Utilizing its strength in opacity and ability to place up to four millimeters enables the practitioner to place this material in a way that minimizes treatment time and idealizes esthetics. The material also utilizes Ivocerin technology to realize its four millimeters depth of cure with a dentin-like opacity. The material, when first placed, is highly translucent, and when cured for five seconds with the Bluephase 20i in turbo mode, it gets more opaque (Figs. 12-13). This makes Tetric EvoFlow Bulk Fill an excellent material as a dentin replacement and opaquer of discolored floors of preparations. The opacity prevents the final restorations from looking gray when placed at the correct thickness.

Once the flow layer is placed to idealize depth and opacity, the Tetric EvoCeram Bulk Fill layer shade IVW is placed in one increment, sculpted with OptraSculpt NG (Ivoclar Vivadent) and cured for 10 seconds per surface (Figs. 14-15). The manufacturer recommends five seconds, with the Bluephase 20i in turbo mode, but in the clinical environment it makes sense to increase the cure time depending on access, light proximity and intensity variations. For Class I restorations, the occlusal surface is cured for 10 seconds. Class II restorations are cured for 10 seconds from the occlusal, then the ring and band are removed and the proximal surfaces are cured for an additional 10 seconds. Both the practitioner and the assistant have Bluephase Styles and this speeds up cure times by enabling multiple teeth curing at the same time as well as multiple surfaces.

After occlusion is adjusted and restorations are finished and polished with OptraPol polishing cups and points (Ivoclar Vivadent), final radiographs and photos are taken to demonstrate the radiopacity of the material, the ideal interproximal contours and sealed margins, and its monolithic, void-free qualities (Figs. 16-20).

AT A GLANCE

1-3. Preoperative images showing areas of obvious decay on teeth 14, 18 and 31 and generalized defective enamel.

4-5. Radiographs showing extent of the decay on teeth 14, 18 and 31.

6-7. Caries excavation completed of teeth #31 and #14, respectively, with burs and diamond and dentin homogenized with particle abrasion (PrepStart™ Danville, 40 micron aluminum oxide powder at 42psi).

8-9. Selective etching of enamel on teeth #31 and #14, respectively, only for 15 seconds with Total Etch (Ivoclar Vivadent). Total Etch has proper consistency to stay where placed on the enamel.

10. Adhese® Universal applied with VivaPen® dispenser to dentin and enamel surfaces of tooth #31 for 20 seconds. Fresh adhesive applied consistency with pen delivery method.

11. Bluephase® Style 20i in turbo mode shortens cure times and depth of cure by increased light intensity and functional designed light guide.

12. Injection of Tetric EvoFlow Bulk Fill dispensed a more translucent phase of the resin in tooth #31, allowing for a deeper depth of cure.

13. After curing the flowable resin in a 4-mm increment, the opacity becomes the same as dentin, creating not just the ideal layer for an adaptive interface but also becoming an efficient first esthetic layer.

14-15. Injecting Tetric EvoCeram Bulk Fill into the cavity preparation of tooth #31 with an ideal consistency to fill the cavity preparation (Fig. 14) and to design the primary and secondary anatomy with an Optrasculpt NG instrument (Fig. 15).

16-18. Post-treatment images showing the esthetic results of the direct restorative in all three quadrants treated. Figure 16 shows tooth #14, Figure 17 shows tooth #18 and Figure 18 shows tooth #31.

19-20. Postoperative radiographs of all treated teeth showing sealed, monolithic and void-free results on the radiographs.
COMPLETE A CLASS II RESTORATION WITHOUT ANESTHESIA

How one dentist used the Solea® laser to complete an anesthesia-free composite resin restoration.

[by Dr. Heath Brantley]

Information provided by Convergent Dental.

CASE SUMMARY

A 32 year-old female patient presented to the practice for her routine examination. The radiographs revealed primary lesions located interproximally (Fig. 1a).

The patient was diagnosed with primary caries on tooth #5 DO (Fig. 1b). The clinical objective was to successfully remove caries and restore the tooth while delivering an optimal patient experience.

The clinical challenge for this patient was keeping her calm because she had very minimal dental treatment in the past. The patient was apprehensive and required coaching throughout the procedure. The treatment was completed without anesthesia using Solea® in less than 10 minutes.

STEP 01 A topical anesthetic was placed on the papilla. A fender wedge was placed preoperatively to protect the adjacent tooth (Fig. 2).

STEP 02 The contact was broken bucco-lingually and gingivally with the fender wedge in place (Fig. 3).

STEP 03 The fender wedge was removed in order to evaluate the prep (Fig. 4).

STEP 04 The tooth was prepared with Solea using a 1.25-mm spot size with the cutting speed at 40-50 percent. Solea’s cutting speed is regulated with a variable-speed foot pedal that allows adjustment of energy from 0-100 percent.

STEP 05 The outline of the prep was first traced at 50 percent speed, ensuring very slow hand motion and even ablation of the enamel coronal to the lesion.

STEP 06 After approximately 30 seconds, the speed was reduced to 45 percent to maintain a comfortable cutting speed.

STEP 07 After the dentin was exposed, the speed was further reduced to 35-40 percent.

STEP 08 The preparation was completed within two minutes using only the laser.

STEP 09 The tooth was restored using a sectional matrix system in about six minutes (Fig. 5).

STEP 10 Tooth restored: a paladent ring system was used, and it was bonded with an Adhese® Universal VivaPen® (Ivoclar Vivadent). SDR flow+ (Dentsply Sirona) was used to fill the bottom 1-2 mm of box. TPH Spectra composite (Dentsply Sirona) was used to complete the restoration.

STEP 11 The final result was an esthetically-pleasing restored tooth (Fig. 6-7).

Results

Excluding the shot and the drill from routine procedures changes apprehensive patients’ perspective of dental visits. These patients are often easier to treat when the anxiety levels are reduced. The third criterion that often leads to increased anxiety is a long, drawn-out appointment. When the appointment takes a mere 10 minutes from start to finish, it’s over before the patient is even aware that it has started.
Shorter appointment times also increase my practice productivity by enabling me to see more patients per day and perform more procedures in one visit. I used to hate seeing even a single Class II on the schedule. We would schedule 30 minutes for those to make them profitable; however, depending on when my hygiene checks fell at any given hour, I would start and stop twice during the procedure, and it occasionally took 40-50 minutes to complete. That means the patient occupied the chair three to four times longer than he or she does now. This type of appointment is no longer a burden to see on the schedule.

Because Classes IIs and other types of simple restoratives are so efficient now, they’re the most profitable procedure that I do. I routinely complete $1,000-1,200 worth of fillings out of one chair per hour with Solea.

**Solea advantage**
- No anesthetic was used.
- Reduced procedure time to less than 10 minutes compared to approximately 40 minutes with traditional tools.
- The patient’s occlusion was easily confirmed because the patient wasn’t numb, which potentially avoided a follow-up appointment for a bite adjustment.
- The patient received a much better experience that included not being injected with anesthesia and a shorter appointment time.
MATCH ANY COMPOSITE RESTORATION SHADE

Tokuyama’s OMNICHROMA uses smart chromatic technology to match a wider range of natural teeth colors.

[by Dr. Kevin Brown]

Information provided by Tokuyama Dental America.

DIRECT COMPOSITE restorations are the most common procedure for the majority of general dental practices. Conventional dental composites achieve their color-matching capability by adding dyes or pigments to the mixture to provide a color range within the 16 shades of the VITA shade guide. Even within these 16 shades there are variations of opacity and translucency. When the correct shades are selected, the results can be excellent. However, the shade selection and application of the shades can vary from one dentist to the next. Additionally, the cost of keeping a current inventory for the variety of shades can become expensive and frustrating.

To overcome this issue, Tokuyama Dental America has developed a single shade composite that utilizes “smart chromatic technology” that can match a wide range of natural teeth colors. Whereas traditional composites achieve their color chemically by adding dyes into the mixture, OMNICHROMA achieves its color by using structural color. Structural color is expressed only by the physical properties of light (diffraction, refraction, interference, scattering, etc.) and not by pigments or dyes. This is done by controlling the size and shape of the filler particles so that they reflect color in the red-yellow spectrum. Once it’s cured onto a natural tooth, it will combine with the reflected light of the surrounding tooth structure in an additive color mixing process to achieve perfect color matching.

In the cases of typical small to even large composite restorations on posterior teeth that a general dental practice performs routinely, it would be easy to consider the use of a single-shade composite like OMNICHROMA in such applications because they generally aren’t visible in the smile zone. Using a single-shade composite on an anterior tooth where the patient and his or her family/friends can scrutinize it is much more demanding. Composite restoration in the anterior segment is an art unto itself. There are many hands-on courses dedicated to teaching the art of polychromatic layering of different shades and opacities to perfectly match a fractured front tooth, close diastemas, or to sculpt full composite veneers. Color selection and managing the thickness of these different layers is difficult and can lead to frustrating results if not done properly. On the other hand, if one is doing these types of anterior restorations using a single shade of a traditional composite, the results are most often less than stunning.

So, how does OMNICHROMA compare to traditional composite in the anterior segment? Here are a few examples to illustrate.

The first example shows the replacement of old Class III composites on teeth #6-11 that had discolored over the years while also improving tooth shape on tooth #10 (Figs. 1-3). There was no decay, so it was decided to simply remove the visible portion of the old restorations and then add the new composite over the top of the old composite in an effort to minimize any pulpal trauma from drilling (Fig. 4). No anesthetic was needed for this procedure, which the patient appreciated. After the teeth were prepared, a light air abrasion (Danville) was used prior to the total etch and bond protocol (Figs. 5-6). This patient had some mild white decalcification spots, enough so that it made sense to recreate these within the composite for perfect blending. Beginning with teeth #7-8, an initial layer of OMNICHROMA was placed and cured but not to full contour (Fig. 7). A sable brush was then used to apply a white resin stain (Estelite Color, Tokuyama Dental America) to replicate the mild white effects, and a final thin layer of OMNICHROMA was then sculpted into place and light cured (Figs. 8-9). Teeth #6, 10 and 11 were layered in an effort to minimize any pulpal trauma from drilling (Figs. 10-12). This patient had darker canines (A3.5) and lighter incisors (A2) and it was able to blend perfectly with the different shades.

In this next example, the patient had lots of wear from years of parafunctional habits and abrasion from opposing PFM crowns (Fig. 13). His treatment plan included restoration of full upper arch with...
AT A GLANCE

1. Right lateral view of maxillary anterior segment.
2. Frontal view of maxillary anterior segment.
3. Left lateral view of maxillary anterior segment.
4. Tooth preparations of #6-11.
5. Total-etch technique.
7. Tooth #8 disto-facial filled to just shy of full contour with OMNICHROMA.
8. A sable brush was used to apply white resin stain to replicate internal effects.
9. Teeth #7 and 8 after final layer of OMNICHROMA was cured.
10. Immediate post-op right lateral view.
11. Immediate post-op frontal view.
12. Immediate post-op left lateral view.
13. Pre-op view of lower anterior segment showing incisal wear.
14. Silicone putty index used to establish the lingual shelf with OMNICHROMA BLOCKER.
15. A small IPR diamond disc was used to refine the incisal embrasures.
16. Teeth #25 and 26 built to full contour with a single layer of OMNICHROMA shown here before light cure.
17. Immediate post-op of final restorations.

Indirect restorations to increase the vertical dimension and direct composite veneers on the lower anteriors to cover the exposed dentin and restore form and function. Eventually he’ll do indirect porcelain restorations on the lower anteriors, but to control cost and stage his treatment, direct composite was chosen, which can serve for many years in this case. Teeth #22-27 were prepared using a pumice slurry and prophy cup and light air abrasion (Danville). Tooth shade was determined to be between A3.5/A4.

A silicone putty index was fabricated from a diagnostic wax-up and used to create the lingual shelf of teeth #22-27 using the OMNICROMA BLOCKER (Fig. 14). The purpose of OMNICROMA BLOCKER is to prevent shade-matching interference caused by other parts of the mouth and to mask slight staining. Before completing the facial contour, a thin diamond IPR disc (Axis Dental) was used to separate and maintain incisal embrasures and interproximal contact (Fig. 15). A clear Mylar strip was then placed for separation as needed to complete the facial layers using OMNICROMA one tooth at a time (Fig. 16). Finishing and polishing was completed with a variety of discs (3M ESPE), diamond and carbide burs (Axis) and composite polishers (Kerr) (Fig. 17).

In today’s dental economy, it’s more important than ever to try and control overhead costs wherever you can. Keeping a full and current stock of traditional composites in a variety of shades can be costly and difficult to manage and maintain. As a single-shade universal composite, OMNICROMA allows the dentist to forego the time and stress of shade selection and simplifies life for the assistant with composite ordering and maintenance. All of this also results in time and cost savings.
YOUR DENTAL PRACTICE CAN MAKE OR LOSE MONEY BASED ON ANY NUMBER OF DECISIONS YOU MAKE. WE SPOKE WITH DENTAL AND HEALTHCARE FINANCE EXPERTS FOR INSIGHT ON HOW TO MAKE WISE INVESTMENTS AND SET UP YOUR PRACTICE FOR FINANCIAL SUCCESS.

Continued from cover... When asked to indicate other concerns within their practice, 86 percent of dentists said practice revenue, while 80 percent swept three categories: managing practice finances, patient acquisition and keeping up with technology advancements.

“It’s clear that dentists want to have better control of their finances in all aspects of the business, whether it’s ensuring patients can pay for treatment or having the means to facilitate the growth of their practice and services by attracting new patients and making smart equipment investments,” says Al Crawford, chairman and CEO of BHG.

BHG’s survey also revealed that dentists are actively addressing their concerns or have plans to by the end of 2019.

For example, nearly half (48 percent) already transitioned to electronic medical records; 31 percent are currently expanding their marketing efforts; 30 percent have purchased new equipment; and 29 percent are upgrading office technology.

Within the next year, nearly a quarter (24 percent) of respondents said they plan to upgrade technology and purchase new equipment, while 23 percent plan to invest in marketing. When asked what pieces of equipment they plan to purchase, more than half (52 percent) said X-ray machines, while 30 percent said operatory chairs and 24 percent scanners. It’s interesting to note that general dentists are most likely to be looking to purchase a new X-ray machine, while intent to purchase chairs is more common among specialists like orthodontists, pediatric dentists and oral surgeons.

The data indicated that practice expansion wasn’t an immediate priority for the majority of dentists, but for those who it was, plans include: expand the number of operatories, add new specialties, bring lab work in-house, or expand the number of locations.

BHG’s National Survey of Dentists examines financial concerns, business outlook and social media use across dental specialties in the United States. To learn more about how BHG works with dentists, visit bankershealthcaregroup.com/dentists.

Get in the right frame of mind
While most get into the field of dentistry because they want to help people, dentists are forced to become business people. Too often, however, that side of their profession gets overlooked.

“Dentists just need to be a little bit better educated on the expenses of running a practice, including how...
“Dentists just need to be a little bit better educated on the expenses of running a practice, including how they allocate capital expenditures, the percentage of their production that needs to go toward rent, or the facility expense, or their lab expense.”

That’s probably a hard thing for most dentists to transfer that mindset or change that hat that they would wear,” Dr. Fijal says. “Worst case scenario is that dentists make some decisions and find themselves financially in bad shape. That’s one thing that would, I guess, make them put the hat on of a business person. I think the other is they have to change their own mindset through some relationship with someone, either good or bad, in a financial situation to understand the impact of what good financial planning can do for them.”

Buying versus leasing equipment
A major trend in dentistry has been the prevalence of digital dentistry, including intraoral scanning and chairside milling. While it’s true that those technologies are changing the face of dentistry, it’s also true that they come with hefty price tags. Dentists interested in adopting those technologies have to decide whether to buy or lease that equipment.

“Pros and cons of the equipment are, more or less, going to be dependent on the technical equipment, service provided and the term provided,” says Zach Raus, president of BHG’s lending division. “Overall, what is the acquiring cost to secure that piece of equipment? A couple of things to take into consideration: A smaller business looking at purchasing a relatively lower cost of equipment might consider a lease. When leasing equipment, there are greater tax benefits come year end, meaning a hundred percent of the leasing cost fees associated are tax-deductible, so there’s a substantial benefit on the tax side. Along with obviously lesser upfront costs, you don’t have to worry about the maintenance side of it. Most manufacturing companies or leasing equipment companies do have servicers in the surrounding area that can come out to help maintain that piece of equipment. There’s less of a responsibility at the practice to maintain the equipment and more time spent in other areas, like servicing patients.”

For those considering buying equipment, there are specific considerations to keep in mind.

“Buying the asset, it’s an asset — increasing your net worth to the practice. That’s a huge, huge value add,” Raus says. “There’s also the freedom and flexibility to make particular updates to the machinery with no limitations. If I’m renting a property, I can’t go in and just update the appliances or change the flooring without first consenting from my landlord. And ironically enough, in my experience and conversations, there are a lot of healthcare practitioners that enjoy having the freedom and flexibility to make updates to the pieces of equipment that, maybe, allow them to run the equipment more efficiently. Maybe it makes them more self-sufficient, or maybe it will allow them to service patients in different areas that they couldn’t before.”

they allocate capital expenditures, the percentage of their production that needs to go toward rent, or the facility expense, or their lab expense,” says Dr. Phillip J. Fijal, DDS, FAGD, FICD. “They just need to be a little bit better educated, instead of just relying on their accountant’s profit and loss statement, which is really just a tax document to tell us how much we have to pay in taxes.

“The education piece is probably the most important for all of us,” he continues. “A very wise man told me one time that ‘The numbers will set you free.’ If you know the numbers of your practice, you will be more confident in running it. As a past president of the Chicago Dental Society, one of the greatest educational opportunities is what they provide through their Midwinter Meeting. It’s open to all numbers of dentistry. Members of CDS get in the Midwinter Meeting for free. There’s a variety of courses that are available for people to learn these things — learn their numbers, learn what their staff costs should be, learn some leadership skills, learn how to present better dentistry — all that comes from the education side of it.”

Donning their business hat can be a challenge for some.
Making that decision requires thoughtful consideration, but the decision is based largely on how much money the practice has at its disposal.

“What it boils down to is: What is the cost of the piece of equipment and how much liquidity do I have at my disposal to buy the piece of equipment?” Raus says. “I’m buying a piece of equipment that’s anywhere between $50,000 and $100,000. That’s a big chunk of change and I am depleting my cash flow. So, can I afford it? And does it make sense to afford it?

“On the leasing side, if I’m looking to acquire a piece of equipment and I see that updates are being made out there, over a three- to six-year period, that allows the piece of equipment to run more efficiently and I don’t have to service it as much,” he continues. “But, again, can it increase my revenue? Is it more efficient? Then, heck yeah, I want to turn it in.”

When to buy new technology?

When the doctor decides to invest in new technology depends largely on what he or she wants to offer.

“What I love about the dental industry is that, at the end of the day, the work really comes down to the hands and the mind of the doctor,” says Gavin Shea, senior vice president, national director, healthcare for Wells Fargo Practice Finance. “Their clinical skills are really the most important driver about adoption. If they’re not comfortable with the technology from the skillset standpoint, then they’re not going to have the best patient experience just because they adopt the technology. I think it’s really, first and foremost, to improve the clinical skills that are required. The case presentation skills for the procedures that you’re already comfortable with, and then do a self-assessment before taking that leap.

“The second is to try and identify what you hope that technology will do for you,” Shea continues. “In the case of CEREC, for example, it has the ability to improve revenue and also bring some of that lab work in-house. It’s almost like in-sourcing — it’s an in-sourcing decision — and when you in-source certain technology, it’s because you have the right amount of patient demand to support the cost-benefit analysis. In that case, you kind of have to pencil it out and work with your financial adviser, your accountant, who can model that technology for you and show you what effect it would have on your financial statement by bringing it in-house and help you do a return on investment analysis.”

Lab expenses

The business relationship with the laboratory is a key consideration in the practice’s financial success.

“Dental laboratory expenses are one of the biggest expenses that the dental practice has,” says Dr. Neil Park, DMD, director of clinical affairs at Gildewell Laboratories. “It’s incumbent upon the dentist to manage those expenses wisely. It’s an expense that’s variable, based on your production. The more restorative cases you do, the more complex cases you do, the bigger your bill is. But that’s why it’s important to control it.”

Labs that keep up with technology and trends can deliver quality restorations.

“There are a lot of new materials and new technologies and new processes,” Dr. Park says. “For example, 20 years ago, if you wanted to create a really beautiful crown that was strong and would hold up, it was a porcelain-to-metal crown. Well, metal is inherently not esthetic, and when you put porcelain on it, it gets a whole lot better, but it still doesn’t capture the true lifelike qualities that an all-ceramic crown would have. And now we have the ability to make strong, all-ceramic crowns.”

And it’s not that the practice is spending a lot of money for that quality. Because of various technologies’ maturation, prices are more palatable.

“Concomitant with that are lower prices,” Dr. Park says. “Twenty years ago, if you wanted to do a really nice, esthetic crown, you would probably pay around $2.50 for a nice layered porcelain-to-metal crown. Now you can get a beautiful BruxZir® esthetic crown — it’s a monolithic crown, it’s zirconia, it’s much, much stronger. We’ve gotten to the point where you have beautiful, lifelike esthetics in an all-ceramic crown that’s like that original PFM was and far less expensive.”

Commercial real estate

Should the practice rent or own its own property? Shea observes that there’s not one blanket statement to cover that consideration. Rather, it really depends on the practice.

“On the commercial real estate property side, there’s never a way in which to make a generalized statement,” Shea says. “The first step that I would have any doctor take, as a current business owner, is really take an examination of the prior year and assess where their practice, in terms of overall expenses and management, was and compare that against information that they may get out of some peer network. There’s a lot of great resources that are available for a doctor, a business owner, to compare their various expenses in certain categories to the general population and see where they may be sitting, over versus under.”

He does observe a trend in which practices are giving up their leased spaces in favor of their own properties.

“We’re seeing more and more of what’s called a ‘rent replacement,’” Shea says. “What it’s defined to mean is if somebody that’s operating a practice today has built up a pretty good business and is paying a certain amount of rent and has an opportunity to acquire real estate and develop a mortgage payment that’s less than the rent that they were paying, that is a great way to improve cash flow.

“A second way is to stabilize cash flow,” Shea continues. “Because, depending on the term and the structure that we provide with your real estate loan, you can walk yourself into a fixed payment for the duration of that loan as opposed to having a lease renewal process that may subject you to increased cost and rent and market demand.”

But before the practice closes its current doors in favor of a different location, Shea advises doctors to make sure they know whether the new location can be successful.

“The one thing that I would make sure that any doctor knows with that type of scenario is really get an understanding of the demographics within that market, particularly if they’re moving,” he says. “You want to make sure that you don’t put yourself in a position where you might have found a great deal on a property to relocate your practice, but you’ve introduced some geographic or psychological obstacles that prevent some of your existing patients from getting to your new practice. Or, perhaps, if you’re hoping to attract new patients, maybe the community there is already well-served and that growth doesn’t really show up. It’s really important to make sure that you have a good study of the area to do that, but that rent replacement is certainly one trend that we’re seeing that doctors can take a look at.”
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Patient financing

Dentistry isn’t free, and there’s only so much that insurance will cover. As such, patients may have to pay sizable bills.

“You have no revenue if you can’t service patients,” Raus observes. “We did a recent study where we surveyed and found that almost 30 percent of patients would be motivated to change providers if the provider offered a very affordable, alternative financing option at their practice.”

Depending on the dentist’s level of initiative and entrepreneurial spirit, he or she may elect to do patient financing himself or herself or outsource to a service that can handle the details on his or her behalf.

“The entrepreneurial spirit of mine tells me 1,000 percent create your own platform at your practice and account for the potential loss,” Raus says. “Say, it could be anywhere between 20 to 30 percent, get 100 percent of your costs upfront and set aside 35 to 40 percent of that cost to account for any potential defaults.

“But the fact of the matter is, and I don’t want this to be construed in a bad way, dentists are very good at being dentists, and some are not as skilled at being business owners, or financial savvy,” he continues. “It’s to the point where they could sit down and take a strategic approach where they are evaluating the mechanics of their program, what the default percentages are, all the different statistics, to determine how profitable they’re becoming with this.”

Making money is, of course, important, but so is maintaining relationships with your patients.

“If you offer your own financing option at your practice, you want to make sure that you can still take care of the patients and are servicing patients while making sure that you have a very strong finger on the pulse of the mechanics of your program,” Raus says. “It can be more profitable, but it can be more time-consuming. And that’s where I would, personally, probably look to an outside service and contract with them and offer their financial program at my practice. It’s less time spent. It reduces my risk as a practice owner, and I get at least a very high percentage of my income upfront, guaranteed.”

Manage costs

Dr. Park advises considering the lab’s business practices when choosing a partner. Since it’s such a large portion of the practice’s expenses, a variable that goes into this decision-making process has to be customer service.

“It’s important that they manage that laboratory cost because it’s variable, and as your practice grows, it’ll take a bigger and bigger portion of your revenue,” Dr. Park observes. “What you want to do is understand what your costs are before you begin any case, especially in the world of dental implants. We’ve seen people who quote a patient a certain price for a restoration, and then by the time they get finished working with a laboratory, they didn’t make very much profit because the laboratory cost was higher than they had anticipated. So, you want to work with the laboratory that gives you a case price that, even if you need two set-ups, or something needs to be redone, or if a shade needs to be changed, or something doesn’t fit, that you’re not going to be charged all over again. That this laboratory isn’t going to nickel-and-dime you and charge you a fortune for parts and all these other costs. You want to have a case price upfront.

“A good laboratory, like GlideWell, doesn’t charge for remakes because the remakes are typically not something that the doctor can control, and if he got charged for a remake, it would take away a significant part of the profit of the case,” he adds. “We don’t charge for remakes. We don’t get into that whole battle.”

Continuing education

Education may not, at first blush, sound like a way to make money. However, when one considers the new opportunities it creates, the benefits become obvious.

“Even though we were all well-trained in school, there are always new things coming out,” Dr. Park says. “There’s always people that have best practices they can share with you, and to really go out, take the best continuing education you can and continue to upgrade your skills all the time. I’ve been a dentist for almost 40 years now, and I learn stuff every single day.

There are benefits to learning both new skills and brushing up on existing ones.

“You want to take things that will push your envelope a little bit, push you to the reaches of your skills, enable you to adopt new technology to put into your practice,” Dr. Park says. “And the other part is, it’s always time to look at the basics. For example, something as basic as taking a vertical and a bite for a full denture, if it’s been a few years, take a take a refresher course on that because we all develop our ways in practice and there’s always ways to improve that.”

Learning new technologies keeps the practice current with modern dentistry. And, as a result, it can be more attractive to patients, which can equate to more production.

“The adoption of new technology is really important,” Dr. Park says. “For example, it looks like less than 20 percent of dentists in current practice are using intraoral scanners, and it’s a tremendous benefit. Most doctors who use them can’t imagine how they would get along without them, but it’s a big expense. It’s a disruption to your practice day. So, it’s an investment of time and money, but it’s where the future is, and your costs will go down after the initial buy-in period. Your costs will go down by using this new technology.

“Within the new technology, I would talk about newer materials,” he adds. “Something like PFM — and it’s a better service for your patient. Once you make that change, you’ll never go back.”

Business education

In addition to their clinical skills, Dr. Fijal encourages doctors to brush up on their business education.

“Doctors, because of their nature, are very interested in learning about clinical skills,” Dr. Fijal says. “We love to see the preparation of the teeth before and after, but I think what they really need to focus on equally is the business side of it. They need to understand when an employee comes to them and says, ‘I want a raise,’ how do you know you can afford to give them a raise? We’ve never been taught the business side of it. Just because of our analytical nature, we love to learn about the analytical stuff; that’s where we’re comfortable. But the business side of it, the leadership side, we’re not comfortable with because it’s harder for us. It’s not really in our genetic makeup.”

A good source for those skills is from other more experienced doctors.

“There are mentor programs, even within our own organization,” Dr. Fijal says. “We have a mentorship program where older dentists meet with younger dentists and kind of get paired up.

“A young associate working for an older doctor is also a great resource, if the older doctor has been educated himself,” he continues. “Any doctor will get into a situation where they might buy a piece of equipment and not know whether they’re going to get the return on investment for that piece of equipment. We can get sold it by the vendors and manufacturers, but we’re not really sure if it’s going to produce for us what we need to produce, based on the cost of buying the equipment versus what it can do for us and selling dentistry or helping us to do better dentistry.”

Debt consolidation

Dentistry is like any other business, and debt must be managed. Over time, dentists may find themselves with a number of individual financial liabilities. That burden can be some-
“Don’t cut corners in your work… In dentistry, every step in a prosthetic process is built upon the previous steps, and if there’s an error in those previous steps, that error is compounded going through.”

One of the places where off-shoring saves money, materials, can result in poor quality restorations. “For example, take zirconia,” Dr. Park says. “There are a lot of companies that make really high-quality zirconia. They use powder from Tosoh, which is a Japanese company, that very carefully monitors the quality of their zirconia powder. And then there’s many, many other suppliers who don’t use a high-quality powder, and then you don’t know what kind of impurities are in there. There’s all kinds of things that have been detected in these other brands of zirconia, so you just don’t know, when you off-shore it, what’s in a generic brand of zirconia. You’re really talking about a false economy because to save $20 on a crown that’s got a fee of more than $1,000 is kind of a false economy.”

Practices don’t need to chase a cheap crown just to save a few dollars. Current trends in technology and materials can give high-quality restorations at affordable prices. “We have the opportunity, with the newer materials and the trend toward automation, where things don’t have to be off-shored to be done at a reasonable price. That’s a big benefit. Because of these two trends, there’s really less pressure to go off-shore in order to lower the price.”

Another source of false economies is trying to take shortcuts. Skipping a step or two can result in a badly produced restoration. “Don’t cut corners in your work,” Dr. Park advises. “For example, doctors will often take a triple tray impression, and they’ll do that for something like a four-unit bridge. That type of impression is okay for single crowns, where there’s a more posterior tooth, but it really will result in more remakes if you do it on a short-span bridge, or again, a four-unit, three-unit bridge. You see doctors sometimes on a big implant case and they’ll skip the verification of the master model because sometimes it’s an extra appointment and they don’t want to put the patient through that or take that much chair time. But in dentistry, every step in a prosthetic process is built upon the previous steps, and if there’s an error in those previous steps, that error is compounded going through. Skipping steps is a false economy, and it’s a good way to get in trouble.”

False economies

The idea of a false economy is one where you seem to save money in one area, but it winds up costing more money in the long run. The proverb “You get what you pay for” certainly applies to dental labs, and when choosing a partner, beware of a company that seems to offer too good of a deal.

“There’s a chance for false economies,” Dr. Park says. “You’re a dentist in your office and you get a mailer for a $39 or $49 crown. Well, chances are it’s off-shored. So, if it’s made in the Philippines or it was made in China, it could be fine, but you’re obviously going to have less control because it’s going to take longer, it’s going to leave the country, it’s going to go into a container, and it’s going to be shipped via whatever transport method. And then there is no true control over the quality of material when it’s off-shored.”

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Incremental improvements

Practice improvements don’t have to be huge endeavors. Several small improvements — made over time — can be more palatable and produce positive results.

“One of the things that I saw in the early part of my career was that business lending used to be done one time, upfront and for all time,” Shea says. “The doctor would generally equip the practice, adopt new technology and services and the conveniences associated with that equipment and the technology that’s brought.”

Plan for retirement ASAP

While doctors strive to make the practice successful, in the here and now, they mustn’t forget to look ahead to their own future.

“Younger dentists need to start looking at their own retirement,” Dr. Fijal says. “They can’t rely on just the sale of their practice to support their retirement. My father was a dentist and he told me, right from the get-go, to start putting money away for my kids’ education and my retirement. It can be a little bit early on, but doing it on a regular basis, from the minute you get out into practice, is the only way we can retire with comfort, somewhere near what we’re making in income when we are in practice. My father didn’t do that, and he gave me the advice from someone who hadn’t done it, knowing that it was more difficult for him in retirement.”

Dentists have enough to worry about just keeping up with the actual demands of dentistry. The added responsibility of being a businessperson is a whole separate challenge. But by being cognizant of financial trends and their own money matters, doctors can help their practices to thrive and put themselves in a position for a comfortable retirement.
How to save money by preventing sensitivity

Redoing procedures increases your overhead and eats away at your gross operating revenue. Here’s how you can complete the perfect procedure the first time around.

For those of you over the age of 45, you may remember a character from “Saturday Night Live.” His name was Father Guido Sarducci and was played by comedian Don Novello. In the guise of a Catholic priest, he would offer life lessons as part of Weekend Update.

One of his best bits was The Five Minute University, where he teaches “everything you’ll remember from college classes five years after you’re out of school.” For economics, he says, “supply and demand.” For business, “Buy something at one price and sell it for more.” It’s a great bit that you can view at will on YouTube. Every time I watch it, I laugh.

If you want to run a successful business, you have to have more money coming in the door than is leaving.

One of the things that happens in dentistry that can severely affect things is remakes/redos. My grandpa Flucke used to tell me, “Son, there’s never time to do it right, but there’s always time to do it over.” That little phrase has stuck with me for my entire life, and it certainly holds true for the practice of dentistry.

Having to do something over can have a tremendous impact on your practice. Financially, your overhead continues and the cost of the procedure is being fed by the gross operating revenue of the office. It also affects your scheduling. You’re eliminating time in your schedule that should be devoted to profits, and this compounds to affect your ability to see a patient who would love to be seen for a revenue-generating procedure. Finally, it affects
AlCl₃ absorbs crevicular fluid and with staining. I also use ViscoStat but since it’s clear, there’s no concern which is 25 percent aluminum chloride. There are a few brands on the market that now have a built-in flexible plastic frame, that are an all-in-one piece, pre-assembled and ready to go when you open the box. I truly don’t think it’s the dam we hate dealing with — it’s the dam frame (pun intended). These all-in-one systems allow the assistant to place the clamp and then simply snap the assembled dam over it. The process is simple and can be accomplished in just a few seconds. My current favorite is the Insti-Dam and the Relaxed-Fit Insti-Dam from Zirc. Both are latex-free and very durable. You can find others from Aseptico and Hygienic as well.

**Hemostasis and fluid control**

When it comes to adhesive dentistry, one of the biggest negative factors we have in bonding is contamination. Whether it’s blood, saliva, or crevicular fluid, any type of biological contamination can directly affect bond strengths. This can lead to sensitivity, marginal leakage/breakdown and shorter lifespan of the restoration. When sensitivity is the issue, we’re often faced with replacing the restoration.

In order to prevent contamination with blood, there are a couple of handy chemistries available that I use routinely. One is ViscoStat®, which is a 20 percent ferric sulfate solution. It does a great job of quickly controlling bleeding. The only drawback is that, due to the iron content, it stains the tissue and has the possibility of making the margin of the restoration appear dark. In the esthetic zone, my agent of choice is ViscoStat® Clear, which is 25 percent aluminum chloride. It isn’t as strong as ViscoStat, but since it’s clear, there’s no concern with staining. I also use ViscoStat Clear on Class V restorations, as the AlCl₃ absorbs crevicular fluid and prevents contamination at the gingival margin.

Fluid control can also be prevented through proper use of the rubber dam. I know a lot of you just rolled your eyes at that last sentence, but hear me out. I don’t really think the rubber dam is that difficult to use if you use the right one. There are a few brands on the market that now have a built-in flexible plastic frame, that are an all-in-one piece, pre-assembled and ready to go when you open the box. I truly don’t think it’s the dam we hate dealing with — it’s the dam frame (pun intended). These all-in-one systems allow the assistant to place the clamp and then simply snap the assembled dam over it. The process is simple and can be accomplished in just a few seconds.

**The bonding process**

One of the other big keys to success and, thus, eliminating redo is the science behind the bonding process. A big part of any general dental practice is simple operative. Because of that, it behooves us to be really proficient at the science and art of the discipline. You can’t cheat physics and chemistry.

There are a lot of restorative solutions and systems on the market; however, for the best bond strengths and long-term viability of the restoration, it’s best to use a fourth- or fifth-generation technique. Fourth-generation is total-etch with the use of a separate dentin primer and a separate adhesive. Fifth-generation is total-etch with the use of a single agent that’s dentin primer and adhesive in one agent. Since the bond strengths of the two techniques are pretty close, I choose fifth-generation due to the efficiency of saving a step.

My technique is the following:

1. Dry preparation.
2. Apply etch and leave in place 15 seconds.
3. Rinse and remove all etch.
4. Lightly apply air to remove excess moisture; do NOT overdry.
5. Visually check prep. If any areas appear dry, reapply water and dry less vigorously.
6. Apply bonding agent. Currently, my preferred agent is Peak®.
7. Lightly apply air to remove excess moisture; do NOT overdry.
8. Apply a light steam of air from about 10 mm away for 10 seconds. This will thin the bonding agent and evaporate the solvent.
9. Cure for 10 seconds.
10. Place composite in 2-3 mm increments unless it’s bulk fill.
11. Cure for multiple cycles at multiple angles.

**Providing the cure**

The other piece of the sensitivity puzzle that requires solving is the process and the mechanics of the curing light. Curing light wavelength and intensity are critical to the success of the restoration. Buying a curing light over the internet for $100 isn’t much of a savings if you have no idea what wavelength of blue it generates. It doesn’t take many failed restorations to destroy the savings or your reputation.

The curing light is an intrinsic part of the process and one that can’t be discounted in any way, shape, or form. Almost every composite uses the photoinitiator camphorquinone. It requires a light that has output in the 465 nm range. (Any decent light available from a name brand manufacturer will have this.) I would especially advise a light with a minimum output of 1000 mw/cm². Check the specs before you purchase. My favorite current favorite light is the Ultradent VALO® Grand.

The actual process of curing is also critically important. The best light in the world will not make up for poor technique. First of all, barrier protect the device. This keeps resin from sticking to the light, which can build up over time and cut the light’s output. Also, make sure to get as close to the composite as possible — the further from the target the light is, the less curing power you have. Insufficient distance creates a composite that’s cured on the surface, but not properly cured at the pulpal floor, leading to sensitivity, which causes failure.

**Wrapping up**

Sometimes even the best situations don’t end up as planned. That guy Murphy can sneak into any moment in dentistry. Perfection is unattainable, but with good effort and attention to detail, we can all make our lives and those of our patients, a little bit better. ●

**ABOUT THE AUTHOR**

John Flucke, DDS, is technology editor for Dental Products Report and dentistry’s “Technology Evangelist.” He practices in Lee’s Summit, Missouri, and has followed his passions for both dentistry and technology to become a respected speaker and clinical tester of the latest in dental technology, with a focus on things that provide better care and better experiences for patients. He blogs about technology and life at blog.denticle.com.
Is cone beam technology worth the cost?

Learn how a CBCT system could have a positive impact on your ROI and practice scope.

[ by Lauren Burns Krzyzostaniak ]

According to the FDA, cone beam CT systems have important roles in many dental subfields, including implants, endo, ortho and sleep breathing disorders. But is the major cost of a CBCT system (usually valued between $80,000 and $120,000) worth it?

John Flucke, DDS, says yes. “Cone beam makes things more efficient, so you can treatment plan better,” says Dr. Flucke, chief dental editor and technology editor for Dental Products Report. “Things are easier with fewer unexpected outcomes. It also keeps you out of legal trouble because there are cases in which someone has been sued for an implant gone awry. A good attorney will want to see a cone beam scan right away.”

It’s not all about fear, though. He predicts that the combination of a cone beam scan and bitewing images will become the norm within 10 years as a consequence of the information cone beam scans provide.

For those dentists who want to get ahead of the curve, the cost is often the first hurdle. That said, it can be managed.

Managing the cost
A CBCT scanner is just about the most expensive piece of equipment a dental practice could purchase, aside from an in-office milling system. Dr. Flucke won’t argue that the ROI is going to be substantial or immediate, but it will be there.

He speculates that it takes about three years for dentists to recoup their investment on a CBCT scanner, but for those who aren’t ready for the financial commitment, sending patients to get a scan at another practice is also an option. In fact, that’s what Dr. Flucke’s practice does for many external patients. “The patients walk in, fill out their health history, get a scan, write a check and leave, and we send the CD of the scan to their dentists,” he says.

“A lot of people will say that putting a cone beam in your practice will make you a lot of money. I don’t know if I necessarily agree with that, and I’m not really about doing something just to make more money, but I do love efficiency. If you could do something in 30 minutes instead of an hour, why wouldn’t you? It decreases stress on everybody.”

Broadening the scope of practice
Dr. Flucke doesn’t stand behind doing something just for the money, but he can get behind broadening one’s scope of practice. He credits a CBCT scanner as the reason his practice is able to place implants and treat patients with sleep-disordered breathing.

“It’s also great for orthodontics, endodontics and pathologies in general,” Dr. Flucke says. “If someone comes in with something strange on an X-ray or they have a strange complaint in general, you can take
"A lot of people will say that putting a cone beam in your practice will make you a lot of money. I don’t know if I necessarily agree with that … but I do love efficiency. If you could do something in 30 minutes instead of an hour, why wouldn’t you?"

Dr. Flucke uses Anatomage software on his CBCT to analyze patients’ airways for constrictions and other issues, and then utilizes tools from SleepArchITx to help treat those patients.

“When you do a sleep study, SleepArchITx provides the hardware that the patient wears at home, then they analyze the study and the cone beam that you send them,” Dr. Flucke explains. “The doctor that does the analysis then makes recommendations on the best treatment appliances for that particular patient’s clinical situation. They really do a lot of work in the background. You take the impressions, you have the device fabricated and fitted, and that’s kind of it.”

Dr. Flucke adds that the follow-up the patients receive is a huge benefit.

“When people go to the doctor and get a CPAP, that’s the end of it,” he says. “Nobody follows up and sees that it’s working. And SleepArchITx makes sure it’s working.”

Dr. Flucke does multiple sleep studies with his patients: one at the beginning of treatment, one in the middle and one at the end to make sure that the appliance prescribed is actually helping the patient.

“Sixty percent of the people who are given a CPAP mask aren’t wearing it a year later. What is the point of treating a disease process if nobody knows if the patients get better?”

Increasing reimbursements
Because SleepArchITx treats sleep-disordered breathing like the medical disease it is, they can bring in the medical insurance with it.

“It’s important for dentists to be aware that reimbursements are higher if you bring in the medical side, and that’s one of the things that SleepArchITx brings to the table,” Dr. Flucke says. “Dentists don’t want or need to go out and reinvent the wheel to figure out how to code it and all of that.

“It’s a turnkey system,” he continues. “The dentist does their part in dentistry, then they turn it over to them so that they can get the diagnosis, have the sleep studies read by a sleep physician, submit to medical insurance and everything else. When all of the billing is taken care of, the reimbursement comes back to the dental practice. Because SleepArchITx helps get medical insurance to pay for it, the dental patient’s out-of-pocket remains pretty low. You can get into multiple thousands of dollars being reimbursed. They do all of the behind-the-scenes stuff that we dentists can’t and won’t do anyway.”

Analyzing and utilizing data
Many dentists think having more data means putting themselves at risk.

“A lot of people aren’t trained to read the scans,” Dr. Flucke says. “Some people are afraid that if they have all this information and they don’t know how to read it, there will be some pathology on the scan that they don’t notice. Something could happen down the line and an attorney can come back and say that it’s been there the whole time and the dentist didn’t do anything about it.”

The longer your patients stay in your practice and the more data you have on them, the better you’ll be at predicting what’s going to happen to their teeth in the future. ... You’ll know which ones need intervention and which ones don’t.”

Dr. Flucke calls a “get-out-of-jail-free card”; radiologists who can read them for you, at around $50 to $70 per scan.

“If you go to a hospital and an ER doctor orders a CAT scan, they aren’t the one who’s going to spend an hour going over it,” he says. “It’s going to be a radiologist that looks at it in real time. That’s their job. Dentists get hung up on being the doctor who has to do it all, but it’s not your responsibility.”

We know that having cone beam CT scans opens up a world of possibilities now, but who knows what the data will be able to offer in the future. At the very least, it could provide a baseline for your patients to help you make predictive judgments.

“The longer your patients stay in your practice and the more data you have on them, the better you’ll be at predicting what’s going to happen to their teeth in the future,” Dr. Flucke says. “If you have a baseline of your patients, you’ll know which ones need intervention and which ones don’t.”

The benefits are there for everyone, no matter what level of commitment or involvement you want to take. You can send patients to another practice to get the scans and then send those scans to a radiologist for interpretation, or you could purchase the equipment yourself and learn how to read the scans. Either way, the data is available for any dentist to begin to widen their scope of practice. If you do decide to bite the bullet, Dr. Flucke advises choosing a system with the best image quality and ease of use of software at your price point.

ABOUT THE AUTHOR
Lauren Burns Krzyzostaniak is an executive consultant at Cellerant Consulting Group, dentistry’s leading corporate incubator and accelerator. She is a regular contributing writer for Dental Products Report.
Key elements missing from group software

Technology continues to improve, but vendors are still lacking these three critical opportunities.

[ by Mike Uretz ]

Recently, I’ve been helping a larger specialty group research and evaluate various DSO and dental group software vendors. We’ve been looking for new practice management and clinical software that can support multi-location growth, help to streamline administrative operations, provide better cash flow, improve clinic operations and patient care, incorporate a multifaceted electronic referral system and offer robust analytics. We also wanted all of this built on a next-generation technology platform that will support our needs for years to come.

As we conducted in-depth vendor demos, I found that I was impressed by some features and functionality, but I came to the conclusion that other important functionality was sorely lacking.

From a billing and insurance standpoint, the vendors varied in terms of electronic claims and reimbursement; however, most of the vendors can handle multi-location insurance and billing fairly well.

Where DSO and group software solutions fell short for the most part was in the clinical areas — especially when it came to EHR functionality. I kind of expected this would be the case, as I’ve been trying to get software vendors to recognize the importance of upgrading their clinical and EHR systems for the past few years. The fact that we still don’t have what I consider to be “next-generation” clinical and EHR functionality in most DSO and group software follows what I experienced in the medical software industry more than a decade ago — the vendors were long on practice management functionality but short on clinical and EHR functionality.

As medical evolved and grew, so did software vendor EHR and clinical functionality.

Having evaluated a number of DSO and group software vendors, there were three main areas I’d like to focus on that had shortfalls. Note that there are numerous other EHR and clinical features not necessarily mentioned here that need to evolve as well. But, for the purposes of this article, we’ll focus on electronic prescribing, structured data and associated clinical notes and documentation, and electronic referral management.

Electronic prescribing

All of the vendors that we looked at for a group did have the ability to send an electronic prescription to the pharmacy, but that’s where the electronic prescription functionality ended. Having worked with numerous electronic prescribing systems and vendors over the years, I’m aware that electronic prescribing can be a two-way street. In other words, there’s an ability for the software to also retrieve a patient’s medication information and history from the national clearinghouse system and incorporate those medications in the consolidated medication list. Also, this ability to include all medications the patient has, regardless of where they obtained it, makes for more accurate drug interaction checks.

Clinical notes and documentation

The ability to easily structure and retrieve clinical notes and associated documentation is key to a powerful EHR and clinical documentation system. Unfortunately, most of the EHR and clinical systems aren’t designed or structured to allow input of data and information in a discrete form. Notes are entered and saved more like a blob of text instead of separate data elements that are critical to reporting, analytics and changing insurance reimbursement models. Most medical EHRs allow...
What’s lacking in terms of functionality for DSO and group software is the clinical and EHR functionality that I would expect — that’s coming but not fast enough.”

Electronic referral management

One of the most critical needs for my client and specialty groups is the tracking and analyzing of referrals. Traditionally, this is all done on paper and via phone calls, so there’s really no way to easily track if and when the patient sees the consulting provider nor the outcomes of the referral visit. Phone calls and faxes are the standard communication between the consulting and referring offices, but in many cases this communication is poor, not timely and could be missing information.

With electronic referrals, the referring dentist could electronically send the referral along with the pertinent patient information, including images for that referral. In turn, the specialist could electronically send a referral letter back to the referring provider after completing his or her treatment, thereby closing the loop on the referral and simultaneously ensuring all treatments are documented.

Just as important as the referral tracking system is the ability for my specialists to use analytics in order to see where best referrals are coming from as well as the revenue history of various referral sources.

Bottom line

For the most part, the administrative, operations and billing functionality in DSO and group software is pretty good. Of course, these features have been around for years. There will always be room for improvement and new features will continue to evolve. What’s lacking in terms of functionality for DSO and group software is the clinical and EHR functionality that I would expect — that’s coming but not fast enough.

ABOUT THE AUTHOR

Mike Uretz is a nationally recognized dental software, IT and Electronic Health Records (EHR) expert. He is the founder of DentalSoftwareCompare.com. As a leading industry consultant and educator, Uretz has helped DSOs and dental groups evaluate and select software vendors and solutions, structure and negotiate vendor contracts, and provide vendor management. He also has assisted dental clients with obtaining millions in technology subsidy payments through the EHR Incentive Program. Mike can be reached at mikeu@dentalgrouppartners.com or 425-434-7102.
How to ensure front desk marketing finesse

Why coordinating your best front office team with the right tools will help your bottom line.

[ by Naomi Cooper, president, Minoa Marketing and CEO, Doctor Distillery ]

Who here likes to waste money? I’m guessing no one would answer “yes,” but if you’re spending money to market your dental practice without having the right internal processes in place, then you could be kissing those hard-earned dollars goodbye.

You can spend all the money in the world promoting your practice and investing in new technology, but if a patient has trouble making an appointment or leaves the practice feeling unsatisfied, then it’s hard to say that money was well spent. One area that can play a crucial role in maximizing every patient’s experience is your front desk.

Your front office team often provides the first and last impressions patients receive from your practice, so its communication skills and marketing savvy must be on point. The importance of having the right people at the front desk, and equipping them with the right tools and skills, can make all the difference to a dentist’s marketing success and bottom line. Here’s why.

Winning that first impression
New patients are extremely vulnerable. They have no loyalty to any one doctor or practice, and if they don’t get a great first impression, they’ll simply move on to the next dentist on their list. That’s precisely why it’s critical for the front desk team to schedule them with priority.

Traditionally, the front desk team has primarily communicated with new patients over the telephone. Today, with real-time text messaging capabilities and website chat features, it’s equally as important that the team have the skills at the ready to communicate effectively regardless of the medium.

Of course, your staff needs to know the right answers to questions about fees and insurance, but team members should also have training on the verbal skills needed to redirect that all-important first conversation. Shifting the patient’s attention toward topics such as the exemplary care the dentist provides or the unique focus of the practice gives prospective patients the impression that the level of care they’ll receive at your practice is far above and beyond what they would encounter anywhere else. This sets the tone for the patient’s positive in-office experience.

Tracking campaign results
The front office team can be helpful in tracking valuable information related to sourcing new patients from various external marketing efforts. Everyone responsible for answering the phones or checking email should be in the habit of asking each prospective new patient how he or she heard about the practice — and recording this information in a tracking spreadsheet. This helps the office team better understand which external efforts are resulting in new patient opportunities, leading to better informed marketing decisions in the future.

A welcoming environment
If the front desk is too overwhelmed with answering the phones, or is too buried in paperwork to properly greet each patient upon arrival, what signal does that send to the new patient who’s likely already anxious about the appointment? Help the front desk staff shine so that it can warmly welcome each and every patient into the practice.

One way to do this is to consider automating daily tasks. Implementing email or text messaging features
for appointment confirmations/reminders can potentially save the front desk countless hours of calling patients (and undoubtedly leaving voicemails that likely won’t be heard).

Enabling patients to update their own contact information and health histories via tablet devices allows this data to be uploaded directly to your practice management software — without requiring extra effort from your staff. Offering a self-service online patient portal through your website is yet another way to empower patients. Whether patients are filling out online forms or scheduling their own appointments online, these features free up your front desk team’s time so that it can focus on other important tasks like building relationships with patients.

**Leaving a lasting impression**

Following a patient’s time in your chair, the front desk has one final opportunity to win him or her over in person. Scheduling the next recall appointment before the patient leaves builds value for the clinical team’s time, capitalizes on the momentum created over the course of the appointment, and can even help to reduce no-shows and cancellations.

The post-appointment survey — sent automatically through the practice management software or another patient communication system — can be a rich source of insight into your patients’ overall experiences. It also demonstrates to patients that you’re invested in their experience. It’s always rewarding to hear positive comments when things go well, but perhaps less-than-perfect feedback can be even more valuable. As Bill Gates so succinctly said, “Your most unhappy customers are your greatest source of learning.”

A final note: While the front desk staff plays a critical role in patient satisfaction, it’s the responsibility of the entire dental team to employ top-notch customer service every step of the way. If you spend money on external marketing but the patient doesn’t choose to return after the first visit, all the time, money and effort spent on acquiring that patient was for nothing. Earn the biggest return on your marketing investment — and ensure the highest levels of patient satisfaction and loyalty — by making sure you have an all-star team at your front desk and beyond.

**ABOUT THE AUTHOR**

Naomi Cooper is CEO and co-founder of Doctor Distillery. With nearly 20 years in the dental industry, Naomi is a respected dental marketing executive, consultant, author, speaker and industry opinion leader. A former VP of marketing for 1-800-DENTIST and chief marketing consultant for Pride Institute, she currently serves as a strategic branding and lead generation adviser to some of the most successful companies in the dental industry. Naomi blogs regularly about dental marketing at www.miniamarketing.com. For more information about Doctor Distillery’s services to the dental industry, visit www.doctordistillery.com or send an email to naomi@doctordistillery.com.

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3 do’s and don’ts of instrument processing

Being mindful of what you should — and shouldn’t — do is important to ensure a safe office environment.

[ by Robert Elsenpeter ]

There’s a lot that goes into the dental practice’s infection prevention efforts. There are, of course, processes and procedures that should seem fairly straightforward, like practicing good hand hygiene and using personal protective equipment. However, other things require a bit more knowledge and initiative on the practice’s part.

That’s especially true when it comes to instrument processing.

The following are three important do’s and don’ts of effective instrument processing.

**DO: Provide training**

It all starts by ensuring that staff know how to properly process instruments.

“For personnel who are actually doing the processing, they must have appropriate and adequate training,” says Kathy Eklund, RDH MHP, director of occupational health and safety at The Forsyth Institute. “Education and training is a key element of a sterility assurance program.”

“That’s so important because, otherwise, they will do things they’ve done for a long time and there can be errors,” adds Jackie Dorst, RDH, BS, an infection prevention consultant and speaker. “It’s not always a matter of just doing what you’ve always been doing. The practice should have a point person who is responsible to make sure everyone knows what they’re doing.”

Spearheading those education efforts should be a point person responsible for keeping up on education, standards and recommendations.

“It needs to be someone who is constantly updating their own information and is staying current with the state dental board regulations and CDC’s guidelines,” Dorst says. “And often, if it’s someone who hasn’t been through a current training course in the last 20 years, they may be using older information that is no longer accurate. I see that often. There’s a lack of training. Very often, the sterilization tech, as it is referred to, is an entry-level position in the dental office.”

Sterilization isn’t something that should be learned as fast as possible. Rather, it involves plenty of education and know-how.

“Often, they’ll come into the office and they’ll observe for a day, and then they start doing it,” Dorst notes. “And they don’t get thorough training that provides them with knowledge and information to make knowledgeable decisions about each step of the sterilization process.

The CDC specifically says that sterilization is a complex process requiring specialized equipment, adequate space, qualified healthcare providers — who are provided with ongoing training — and regular monitoring for quality assurance. That’s the cornerstone of instrument sterilization.”

Training isn’t hard to come by, and for those who want more in-depth education, resources are readily available.

“There are a variety of continuing education courses out there, but there are certification courses as well,” Eklund says. “For instance, most hospitals, large healthcare...
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settings — including many dental schools — employ certified sterile processing technicians for processing medical instruments and devices. And that certification training requires both didactic coursework and a number of hours of hands-on observation and experience. Many dental offices do not have certified sterile processing technicians.”

Dorst says that the optimal educational opportunity is as close as your computer via the Organization for Safety, Asepsis and Prevention (OSAP).

“OSAP provides, as part of their membership, their ‘Infection Control in Practice,’ which is a bi-monthly update on training issues, and it has continuing education associated with it,” Dorst says. “It actually provides a training module that the infection prevention leader, or coordinator, in the office could use in updated training throughout the year with the team.”

**DO: Conduct validation**

Going through all the steps to ensure instruments are properly processed is, of course, a necessary step. But once those instruments have been processed, how do you know that they’re sterile?

“Have an appropriate sterility assurance program, which involves appropriate monitoring, minimal weekly biological monitoring, or more often,” Eklund says. “In addition to, minimally, weekly biologic monitoring, the CDC recommends that each package of instruments contain an internal chemical indicator. Other examples of monitoring include function tests for the equipment that you’re using in the processing area: sterilizer, instrument washer, ultrasonic unit. The manufacturer of the specific equipment should provide the appropriate function test, and frequency of testing, for their equipment.”

“They must validate each step of the instrument reprocessing, and that means validate cleaning, validate packaging, validate sterilization,” Dorst adds. “The current general recommendation, nationwide, is to do a spore test once a week, and that provides validation that the sterilizer is working.”

Validating cleaning seems harder to track. Just because a machine is making noise doesn’t mean that it’s working.

“There is a gap in knowledge out there about how an ultrasonic cleans instruments — which is by cavitation — and how you test for that is by doing a simple aluminum foil test,” Dorst explains. “They can take a piece of regular weight aluminum foil and they hold it in the ultrasonic for 20 to 30 seconds, depending on the instructions from their equipment manufacturers. And when that aluminum foil is removed from the ultrasonic cleaning solution and visually examined, it should have uniform dimpling, little pits, maybe even holes in there, if the ultrasonic is cavitating, if it is creating the bubbles that implode that pulls the debris off of the instruments. If the aluminum foil comes out shiny, then their ultrasonic is making noise, but it’s not cleaning; it’s just soaking the instruments in a cleaning solution, but it’s not clean.”

A less common, but very effective, way to monitor the sterilization process is through use of a Process Challenge Device (PCD).

A PCD usually consists of a Type 5 chemical integrator indicator in a pre-assembled challenge test pack. The PCD is placed in each sterilization load where the biologic monitor is placed.

“A PCD with a Type 5 Chemical Integrator does not replace weekly biological monitoring,” Eklund says. “The chemical integrator indicator in the PCD should be checked before the actual load of instruments is released for use. The use of a PCD is a value-added quality assurance tool.”

**DO: Keep good records**

Good recordkeeping can help to ensure all the necessary steps have been taken and, if there’s a problem, can help track down affected instruments.

“That means keeping records on the cleaning process, on the sterilization process, and being able to provide those records, should they have an inspection, or a failure, a breach,” Dorst says. “It needs to be specific information. With the ultrasonic, I would write on there that I filled it each day and then emptied it each day, or more frequently, as needed. And then I would recommend testing with the aluminum foil, and for organization, I recommend testing once a week. I recommend that they have their ultrasonic cleaning equipment tested on the same day that they do their spore test on their sterilizer. That would be their validation day.”

**The CDC specifies that sterilization is a complex process requiring specialized equipment, adequate space, qualified healthcare providers ... and regular monitoring for quality assurance.**

Some equipment automatically maintains records. But in some cases, good old pen and paper might just be the best tools.

“The CDC, with their ‘2016 Summary of Infection Prevention Practices in Dental Settings’ publication, raises the validation standards and said that records should be kept on each sterilization cycle — a record of when the cycle was started, what time the cycle ended, did the cycle complete, and did the indicators on these packages change color? That should be signed off on. They can either keep those on a digital log that’s provided with some of the sterilization equipment. It’s automatically recorded, digitally, onto a USB drive that can be downloaded to the central server, and they could have a sterilization file folder in there. Or it could be a handwritten log that they keep and each person signs off on in the sterilization room. Keeping a handwritten document can be the easiest for them to manage because they don’t always have a computer monitor right there in the sterilization room.”

**DON’T: Improperly package instruments**

There are specific ways in which instruments should be packaged. Failure to do so invites contamination.

“The breach that I see often is that they’ll fold the top of the pouch over more than they should,” Dorst says. “It must be folded on the perforated line. If they try to make that package smaller, because they’ve got a small instrument, then that invalidates sterilization because it leaves a gap in the seal. And even with cassettes, the cassettes have to be properly sealed. And they have an internal indicator inside either the pouch or the cassette.”

Most instruments need to be packaged, but only certain types of instruments aren’t.

“Don’t sterilize instruments or handpieces unwrapped or unpackaged,” Eklund says. “Items that are sterilized unpackaged are called immediate use sterilization, and it’s only intended for items that cannot be packaged and must be transported to the treatment field in a sterile manner and used immediately. This is very difficult to accomplish in a dental setting. Most dental instrument and handpiece manufacturer’s instructions/direc-
Items to be sterilized should be packaged prior to sterilization and remain in the package to the point of use. In other words, open the package of instruments in front of the patient.”

**DON’T:** Overload the sterilizer

Like an elevator that can only hold 10 people, sterilizers can only hold so much. Overloading the sterilizer can lead to inadequately processed equipment, including improperly dried sterile packages.

“Sterile packages should not be wet upon removal from the sterilizer,” Eklund says. “Sometimes that has to do with inappropriate loading. Your packages, whether they’re wrapped cassettes or plastic/paper pouches, should have space between each package so that there is appropriate circulation of the steam heat that penetrates the packaging material to reach all surfaces of the items to be sterilized. But if you layer packages — actually lay them on top of each other — the packaging material may not dry properly. Consult the manufacturer’s directions for your sterilizer for instructions on proper loading.”

Wet packets damage the integrity of the packaging materials and invite contamination.

“You don’t want to remove wet packaging because the paper that is used to either wrap cassettes or the paper that is used to construct the pouches is a special type of paper that — when it’s exposed to steam — the fibers of the paper expand and allow the steam to penetrate in and touch the instruments,” Dorst says. “At the end of the cycle, when the drying process goes on, those fibers contract and therefore seal out the pores where the microorganisms could enter and recontaminate instruments. So, it’s important to let the instruments dry inside the sterilizer before removing them, otherwise those pores are still open, the fibers are still separated. When the pouches are wet, they’re very fragile and instruments will poke through them.”

**DON’T:** Disinfect semi-critical items

Always ensure that items are disinfected according to the manufacturer’s instructions. For instance, chemical disinfectants aren’t a shortcut.

“Don’t use a surface disinfectant on wiping down, maybe, cheek retractors or on other items,” Dorst says. “They think, ‘Oh, well, that doesn’t need to go through sterilization. I’ll just wipe it with a disinfectant.’ Disinfectants are regulated by the Environmental Protection Agency (EPA) as pesticides. So, in essence, they’re wiping down a semi-critical item that’s going to go into the patient’s mouth with a pesticide and leaving potentially residual chemicals in there that could either be toxic to the patient or cause an allergic reaction. I see that so frequently in offices. Those surface disinfectants are only for touch and splash surfaces that are either environmental or non-critical items, meaning those items that do not go with the patient’s mouth.”

Instrument processing involves very exacting details. And being mindful of what you should — and shouldn’t — do is important to ensure a safe environment.

**RESOURCES**

For more information about infection control best practices, visit CDC’s Infection Prevention and Control in Dental Settings website: www.cdc.gov/oralhealth/infectioncontrol/index.html.

The CDC also offers a free mobile app for tablets and smartphones called DentalCheck. It provides a helpful checklist that dental professionals can use to ensure that they’re covering all their bases. The app can be found at: www.cdc.gov/oralhealth/infectioncontrol/dentalcheck.html.

Information on the Certified Registered Central Service Technician (CRCST) Certification can be found at the IAHCSMM website: www.iahcsmm.org/certification-menu/crcst-certification.html.
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TOP 10 BEHAVIORS THAT NEED TO CHANGE IN YOUR DENTAL OFFICE

[by Lisa Newburger, LISW-S]

Waking up and being excited to go to work every day is the goal, but for some people, this isn’t always the reality. There seems to be an increase in challenges in the workplace. We hear about workplace violence and how quickly things can escalate. Fortunately, there are things that can be done to make your practice a friendlier workplace, but it means taking an honest look at what’s going on already. Some of you may be surprised as to how well your practice is operating, while others may be shocked to learn how intense the drama is at work.

What kinds of behaviors can improve the well-being of your staff?

1. **Eliminate smartphone use.** Some of us are addicted to our phones. It’s a real problem in the workplace for both staff and the patients. No one in the waiting room wants to hear a personal phone conversation. But it goes beyond that too. Staff members who are on their phones aren’t getting work done. (And don’t people realize that when they post on Facebook there’s a time stamp?)

2. **Banish tardiness.** Patients being tardy drives me nuts. It makes everyone late and is just obnoxious. Why should one person use PTO to get to the dentist and then sit there in the waiting room because the patient before him or her was delayed? What about co-workers being late to work or getting back late from lunch? That’s a big problem in some practices. How do you handle that?

3. **Stop the rudeness.** Why do colleagues have to be so rude to each other? It isn’t professional. You don’t have to like me, but we’re a team. That’s my motto. Being professional doesn’t include being rude.

4. **End the gossip.** The dysfunction in a practice can usually be tied to the amount of gossip. I know that gossiping is human nature, but it isn’t how healthy workplaces function. Being respectful of people’s privacy counts not just for HIPAA but for colleagues as well.

5. **Eliminate the self-absorption.** There’s no place for me, me or me in a dental practice. Instead, it’s about we and us. When you listen to someone go on and on about such nonsense, it’s annoying and a waste of time. Being in healthcare means caring about the patients and not so much about yourself.

6. **Change the negative attitude.** Change your attitude. Be positive. If you roll into work in a negative mood, get over it. No one really cares. They don’t want you to bring your negative energy into the office. They may listen just to hear good, juicy gossip, but how many of your colleagues really care?

7. **Speak up and volunteer.** Take advantage of getting further education. Get trained on new tasks. Being knowledgeable will benefit patients as well as yourself.

8. **Master teamwork.** You need to view the practice as a team. The people who are most successful work as a team. After all, doesn’t everyone have a stake in how successful the practice is? Your sales department includes everyone.

9. **Find a work/life balance.** There MUST be a balance. No one said it’s easy, but it’s critical to preventing burnout. The problem is when your personal business bleeds into your work life. I had a colleague who walked around the office on her phone dealing with every crazy situation you could imagine for her children, her spouse, her mother, her friends, etc. I’m not quite sure how she remained working there, as she spent more time on the phone than doing her actual job.

10. **Identify good news and broadcast it.** It’s so important to celebrate the good things that happen each day. Feeling good about your achievements is important to enjoying your job. However, it takes work to make sure that successes are shared. This is one way to develop a close-knit team.
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