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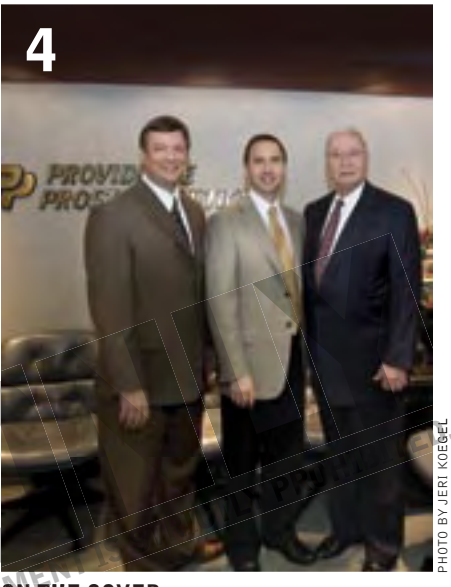
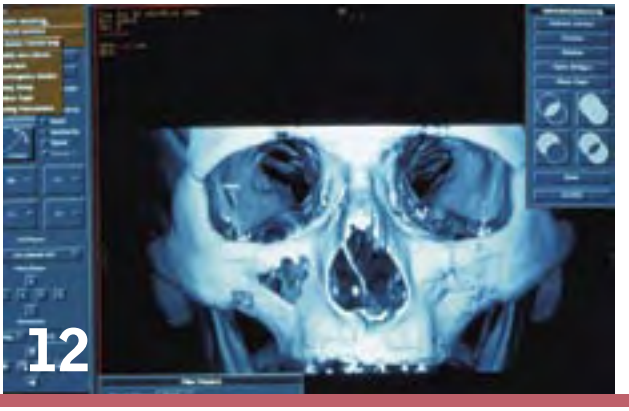


PHOTO BY JERI KOEGEL

ON THE COVER
Providence Prosthodontics



Better Communication to Combat the Downturn

The dramatic decline in local real estate values has impacted dentists because patients are less inclined to take out loans for nonemergency procedures. The price of gas has made everyone rearrange his or her spending priorities. Even top dentists who have been practicing for decades tell me their income has dropped significantly. So, how to offset this?

One area where most dentists need help in their business lives is with clear communication: to patients, staff, colleagues. Some of the best technicians we've profiled have not been the most articulate, which can lead to misunderstandings and less than optimum overall practice success. Or you may have wanted to give lectures to your colleagues, but are nervous about speaking in public (even a toast or a eulogy). If you want to improve your communication skills, I have a book that can help you (and I don't get a royalty on sales, so I'm not exploiting this podium for self-interest).

Adams Media has just published my *The Everything Public Speaking Book*, which is an introduction to the essential ways to improve every aspect of presentation — especially to groups, but the advice can also be applied to one-on-one situations. It tells you how to overcome jitters before taking a podium, provides the keys to organizing a talk that will flow, shows how to make a dull speech sparkle, gives tips on how to be better when you're asked to make impromptu comments and gives ways to beat someone in a debate (which you may need in this political year). Best of all, it's to the point and easy to implement. You can get it on Amazon and BN.com for $14.95.

Another way to improve your communication would be to be profiled in this magazine, if you believe that your practice is superior to the competition. It's a rare opportunity to organize the argument and have it presented by a smart business journalist and top photographer. If you think you have an interesting story, contact us and we'll discuss this with our board of advisors and our referral network for feedback.

The cover story for the November/December issue is **Dr. Kamran Sahabi**, one of five members of the state board who is appointed by the governor, who heads up the multispecialty, 22-dentist, four-office California Dental Group in the San Fernando Valley. The inside profile will be of well-known general dentist **Dr. Michael Fulbright** of Redondo Beach, who has a Patterson Dental showcase office.

Till next issue,

Scott S. Smith
Publisher

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Better Customer Service Offered for Dental Office Design, Construction and Equipment

It was a business marriage made in dental heaven, says Ken Peck, owner of Golden State Construction, Inc. and Dental Equipment Specialists, Inc., who has designed and built numerous medical and dental offices with his partner Robert Berglund.

During Berglund's career in the Navy, he acquired the knowledge of dental equipment repair and continued in that profession working for a major dental industry supplier. When smaller equipment dealerships began to disappear, customer service suffered and larger distributors were not serving dentists well in terms of cost, service, office design and construction. An executive in the industry informed Berglund of the gap to be filled and suggested he work with Peck, who had been designing and building medical offices. As a result, Golden State Construction, Inc. and Dental Equipment Specialists Inc. were born.

"We felt we could do a better job in both areas," says Peck. "When it comes to design and construction, the big companies tend to give the dentist a floorplan that lacks specific detail and then tell them to go out to get bids from architects, office designers and contractors. Instead, we bring everyone in to our design center in Orange at a time convenient for the dentist, usually on the weekend so that our client can concentrate. This also enhances coordination."

Peck says that all too often equipment distributors do not take into account the workflow needs of dentists and dealing with different companies results in poor communication, leading to construction delays when technical specs are not met. "Our equipment lines are chosen on the basis of cost and dependability and our clients trust us to give them objective advice about what they really need," said Peck.

Berglund's workload has increased dramatically, as service options have decreased in recent years. Peck and Berglund make themselves available 24/7 for emergencies and special projects and do their best to respond within 24 hours to everyday calls. They also triage for critical situations that may affect a doctor's productivity.

Golden State Construction, (714) 637-1500; and Dental Equipment Specialists, (714) 637-1010; get rave reviews from dentists they have served. ■

Providence Prosthodontics

Perfecting Dentistry for Patients

By Debbie L. Sklar

A prosthodontic group practice is rare and rarer still is the family of dentists that practices together as harmoniously and for as long as the Providence Prosthodontics Dental Group.

Providence Prosthodontics, located in the Providence Building adjacent to St. Joseph Hospital in Orange, CA, is made up of father and founder of the practice, Niles F. Guichet, D.D.S., and his two sons, David L. Guichet, D.D.S., and Gregory N. Guichet, D.D.S., and it continues to leap new bounds.

For more than 20 years, the mission at Providence Prosthodontics has been to serve its patients by improving the quality of life in a family atmosphere. Its core values and motto are: "Service, Development, Excellence, Integrity." A number of factors have driven its success.

WORLD-CLASS LAB, PERFECT LOCATION

A truly unique feature to Providence Prosthodontics is their own in-house, state-of-the-art 1,000-square-foot laboratory, Precision Prosthodontics, which allows the doctors and skilled dental technicians and ceramists to provide the utmost in precision dentistry and personal aesthetic dental services.

"It is really exciting to come to work every day after more than 20 years and continue to say, 'Wow,'" says Dr. Greg. "Debbie Bierle, CDT, has been with us for 20 years and continues to astound us with her ceramic talents. Ms. Bierle has published articles on porcelain techniques for implant restorations in the laboratory journals. The presence of a laboratory on site drives everyone to a different level of excellence. A crown is no longer 'good enough' if it has to be sent across town for modification when we can do it here. That drives our technicians to get it right if they know it will come back to them. Our lab team of six technicians and staff deliver customized prosthetic solutions that define the cutting edge in technology, aesthetics and functional results."

Another reason for the success of the Guichet practice has been its location in a 4,500-square-foot suite, in a beautiful, high-rise, mirrored building.

"We chose this location as one of the real estate possibilities because at

Associate Dr. Zahra Hashemi works with lab technician Maury.

PHOTO BY JERI KOEGEL

Front office staff

the time, St. Joseph's Hospital in Orange had a new building that was still partially vacant. We all lived nearby and chose to set up in this incredible hub where four freeways meet. This gave us access to patients and a staff from a wide geographic region, while allowing us to live in a desirable county," explained Dr. David, a maxillofacial prosthodontist who serves as the spokesperson of the practice.

And speaking of a desirable area, these days, he explained that the busy practice treats the "aesthetically and functionally demanding patients in Orange County, with an emphasis on comprehensive diagnosis and interdisciplinary care."

In the patient waiting room is a large skylight, well-appointed wall art and a waterfall surrounded by comfortable leather chairs. There's even a bulletin board that thanks patients for referring their friends and family.

THE GUICHET DIFFERENCE

In addition, all of the Guichet dentists are committed to ensuring that their patient base is a group of "educated dental consumers" after the completion of their patient exam.

Dr. Greg said that at many practices, patients are often offered only one treatment option. But at Providence Prosthodontics, the patient's first appointment is an extensive examination, which typically generates many possible decisions.

Life is about choices and the goal for the Guichets is that every patient has a thorough understanding of the various treatment procedures, benefits, costs and timelines that are possible for their care.

"Our goal is to help our patients get where they want to be," Dr. Niles said. "Even more importantly, we make sure they know what can be achieved. The world-class talents of our team of laboratory technicians and auxiliaries ensure that we are able to deliver as beautiful and functional a result as can be attained with man-made materials."

According to Dr. David, by responding to the total oral health care needs of their patients, the practice assures that the organizational systems and structures it uses meet the needs of the patients and referring doctors.

"We welcome the value and opportunity to be of service to our community and profession, and we work with practitioners and institutions to improve the delivery and quality of oral health care services," he said.

They make sure that they foster personal and professional development, free exchange of diverse ideas, innovation and teamwork.

"We work together to be effective and efficient in the use of resources to provide a safe environment for our patients and staff," Dr. David said. At the same time, everyone who works at Providence Prosthodontics knows that a pleasant chairside manner is essential.

They are also dedicated to the discovery and research that creates

Back office staff

PHOTOS BY JERI KOEGEL

PHOTO BY JERI KOEGEL

Providence Prosthodontics has a large in-house lab to allow quicker and more accurate work to be done under the doctors' supervision.

and measures successful patient outcomes. For example, Providence Prosthodontics develops programs to train dentists and their staff in acquiring the skills necessary to make accurate diagnoses and render optimum dental care.

Recognition for Dr. Niles Guichet's Lifetime Achievements and Contributions

At the 2006 annual meeting of the American College of Prosthodontists, Dr. Niles Guichet was presented the prestigious Dan Gordon Award in recognition of lifetime achievements and contributions at the highest level to the advancement of prosthodontics, the American College of Prosthodontists, dentistry, science and the health professions.

Dr. Niles is a Diplomate of the American Board of Prosthodontics and is past president of the American Academy of Esthetic Dentistry and past president of the American Equilibration Society. He is a Fellow of the American College of Prosthodontists, the International College of Prosthodontists, the Academy of Prosthodontics and the American College of Dentists. He is a member of Omicron Kappa Upsilon (Honor Society), the Pacific Coast Society for Prosthodontics, the Pierre Fauchard Academy, the American Dental Association, the California Dental Association and the Orange County Dental Society. He has been a guest lecturer and/or postgraduate instructor at 54 dental schools in the United States and Canada and at many other schools of dentistry overseas. He was awarded a visiting professor status at three dental schools: University of Alabama, University of South Carolina and University of Texas-Houston

"We enhance the utilization of advanced skills for dentists through the development of sophisticated, but easy-to-use systems, instrumentation and support products," Dr. David said.

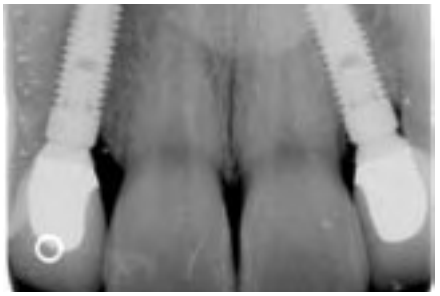
The dental services provided at Providence Prosthodontics encompass everything from the smallest fillings to complete oral reconstruction involving all 28 teeth, including dental implants, occlusal treatment and esthetic dentistry procedures. The Guichets designed their office to be able to treat the extremely complex patients that require a team approach of many specialists to bring their dental goals to fruition. They work with Orange County's top specialists in all the dental disciplines. Many of the referrals visit Providence Prosthodontics for treatment of malocclusion (bite problems), which is the primary cause of head, neck and shoulder pain, as well as sore teeth, muscles and jaw joints, and is related to earache, ear congestion, tinnitus and vertigo and hearing impairment.

HIGH TECH AND ASTRA TECH

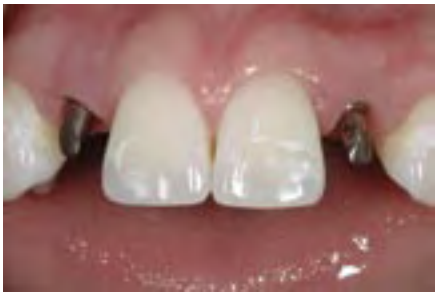
Providence Prosthodontics is almost completely digitized, making it truly a state-of-the-art facility. "I love technology and in my free time, I have been researching the infrastructure and mechanisms for moving to a paperless office," Dr. David shared. "I realized that in order to do this in the dental office, I would first have to transition to the paperless office at my home office. Believe it or not, I found that developing the paperless home office and paying the bills to be a rewarding and relaxing task."

He added that 80% of all dentists today have a computer in their front office where patients sign in, but only 30% have computers in their operatories; 10 years ago it was less than 2%.

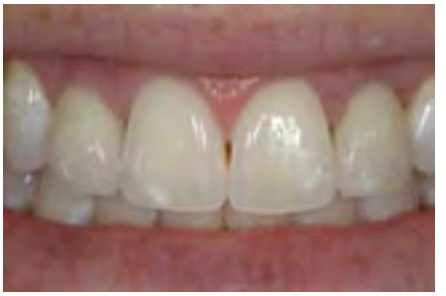
"There has been an increase in the use of computer in the diagnosis of



P.A. radiograph of Astratech Implants replacing congenically missing lateral incisors



Direct solid abutments in place



Definitive restorations restoring aesthetics and function

the patient through digital radiography, digital photography, 3-D cone beam radiography or CAT scanning, so building the infrastructure and bringing the computer system from the front office and linking it to the back office to also diagnose and treat a patient, is something I spearheaded in 1999," he said.

Dr. Niles had asked Dr. David the same year to evaluate a computer software package called Florida Probe, which providers easy-to-use software for managing periodontic probing, coupled with excellent patient education.

"Little did I realize that this would be the beginning of digitalization of the clinical records process for us at Providence Dental Group," Dr. David recalled. "Within one year from that date, we had invested $150,000 in digital radiography with the Gendex System and the photography consulting, scanning charting and patient education software and hardware technology. Our initial infrastructure was quite robust and many of those same processes are still in daily use today. We have made recent investment in Dexis System intraoral sensors for digital radiography and Astra Tech's Facilitate software for cone beam implant scanning, along with Imaging Sciences CMT for TMJ imaging technology. We have adopted a philosophy of utilizing state-of-the-art data collection to facilitate patient and interdisciplinary communication and treatment planning."

During the last five years, Providence Prosthodontics has incorporated computer-guided surgery, combined with immediate-load prefabricated prosthesis and minimally invasive surgery where indicated, to improve the treatment experience for the implant patient. This has resulted in shorter treatment time for many patients with less postoperative pain and discomfort. While always aiming to serve patients with current proven technologies, Dr. David has identified the Astra Tech implant system for use with his patients. According to Dr. David, the Astra Tech system is a prime example of a technology that has addressed safety, testing and performance issues often missing in other implant systems. "It is the most documented system in use today. With this system we have the ability to address the functional as well as the aesthetic needs of patients in a very safe and predictable manner."

DR. NILES' INNOVATIONS

Dr. Niles is a world-renowned innovator and leader in the philosophy and management of occlusal disease and temporomandibular disorders. His practice is unique, being exclusively limited to the diagnosis and treatment of occlusion-related head, neck and shoulder pain, and disorders of the temporomandibular joint. "My father has been instrumental in modifying the thinking of how patients are treated worldwide," said Dr. David.

Dr. Niles designed and developed the Denar Instrument System (Denar is an acronym for Dentistry Applied Research), which includes diagnostic equipment to record the unique jaw movements of a patient and replicate those movements in the dental laboratory in a jaw movement simulator (dental articulator). These advancements provide the means for qualified dental laboratory technicians to more efficiently and effectively produce dental restorations that enhance patient comfort and chewing function.

Dr. Niles obtained 16 patents (including foreign issues) related to his inventions. He developed numerous patient and dentist education aids and developed many practice management concepts related to treatment of the occlusion and temporomandibular joint. He also authored several teaching manuals, numerous articles and personally presented more than 800 postgraduate continuing education courses for clinical practice dentists and dental educators throughout North and South America, Europe, Australia and Asia.

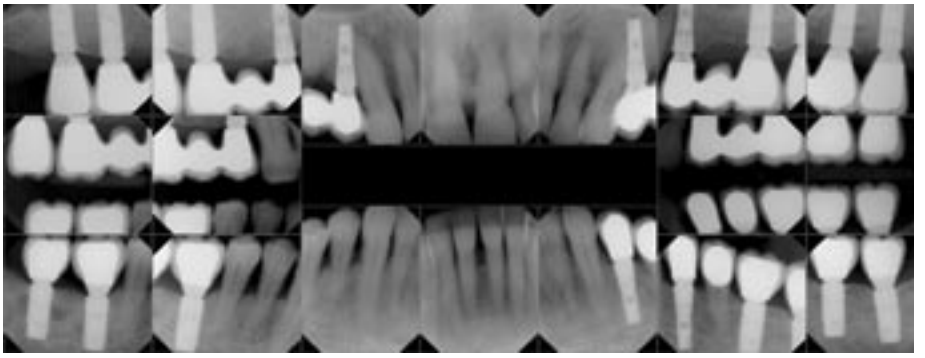
He enjoys working with his two sons, Gregory and David. "We get along really well together. They entered private practice with so much more education than I had when I started and, in addition, I had the opportunity to make significant contributions to accelerate their professional growth. Now, they provide me with a comfortable forum in which to practice because of the tremendous resources they provide. In addition, it is a real joy to witness and take part in the ongoing developments taking place at Providence Prosthodontics through their efforts, especially in the

The Providence Prosthodontics reception area

PHOTO BY JERI KOEGEL

field of computerization and the introduction of new technologies."

Dr. Niles is, indeed, a driving force in his field, according to Dr. Greg. "He graduated from dental school with the highest scholastic average in his class at the age of 22, practiced for 12 years, and then spent the next 16 years running continuing education programs on equipment and procedures that he developed. He truly is a pioneer in his field."



Digital full-mouth radiographs of implant restorations of all posterior quadrants

Some major dental ventures in America had their roots in Dr. Niles' original company. The financial resources of Denar were used to develop Steri-Oss, a dental implant company, and CareCredit, which finances dental services provided to patients by dentists across the nation (Steri-Oss was acquired by Bausch & Lomb and subsequently by NobelPharma, the assets of Denar were acquired by Teledyne/Waterpik and CareCredit was acquired by General Electric).

Dr. Niles essentially founded and developed a mobile dental school for clinical practicing dentists, having organized 35 of the top students of his continuing education programs into a teaching organization (NGA Seminars), which at its zenith presented over 1,000 days of continuing education annually in North and South America and overseas. During this period, Dr. Niles logged over 100,000 air miles annually in activities associated with his educational programs. Graduates of his programs have organized themselves into dental societies in the United States, Canada, United Kingdom, The Netherlands and Australia. He returned to private practice in 1986 when his two sons completed their specialty training in prosthodontics after dental school.

Through active involvement in dental education and publications, Dr. Niles' developments have literally touched the lives and improved the quality of life of tens of thousands of patients and thousands of dentists. The driving force resulting in these developments and advancements in dental science was the motivation to develop systems that allow more dentists the ability to acquire skills to do better and more cost-effective dentistry every day in clinical practice.

DR. GREG'S STORY

Of course, each of the sons also has extensive training and they, too, sit on many boards and belong to various organizations across the board.

Dr. Greg, for example, preferred to work behind the scenes in organized dentistry and previously served on the board of directors of the American College of Prosthodontics and also as president of the California Section of the ACP for three years. He maintains membership in American Mensa, the Pierre Fauchard Academy, the Academy of Osseointegration, the ADA and other professional organizations. He graduated from Georgetown University School of Dentistry and received his specialty training at the University of Southern California where he continued to teach. The topics of Dr. Greg's contributions include classification of prosthodontic patients and the development of the Prosthodontic Diagnostic Index (PDI). He co-authored the Parameters of Care for the specialty of prosthodontics in 2006. He co-founded Providence Prosthodontics in 1986 with Dr. Niles.

"Working together in a family is a lot easier than most might think. Between us, we have a great diversity of talent and everyone brings something different to the table that the others are excited by. I can't imagine doing it all by myself. Everyone treats the other as a business partner, which is what makes it work. No one looses sight of our responsibility to improve the quality of life of those around us.

Dr. Greg entered the specialty of prosthodontics, he said, because he wanted the ability to develop interpersonal relations with his patients over time. "I almost went into oral surgery, but that was the deciding factor. Sometimes, I feel the specialty of prosthodontics was invented for me. It is the best job in the world."

He added that changing lives and exceeding his patients' expectations are incredibly rewarding. But he'd like to see improvements in the dental education system.

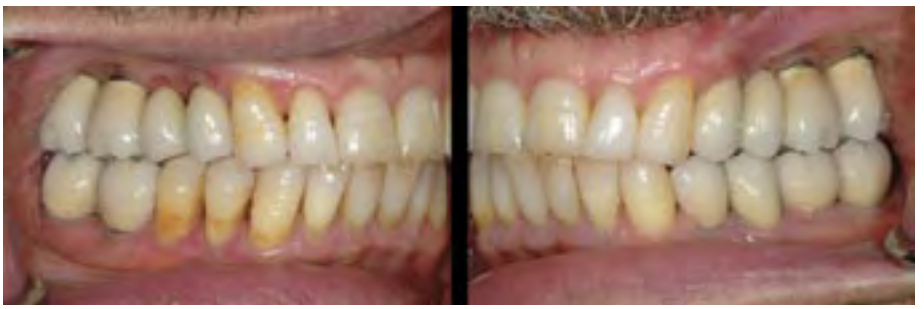
"I'd love to be able to change the training for laboratory technology in the U.S., as well as the relations between specialties," he said. "I think changes need to be addressed in undergrad dental education on how to utilize a specialist and in funding for dental education in the U.S. There also needs to be addressed how patients get financing for dental care that they truly need."

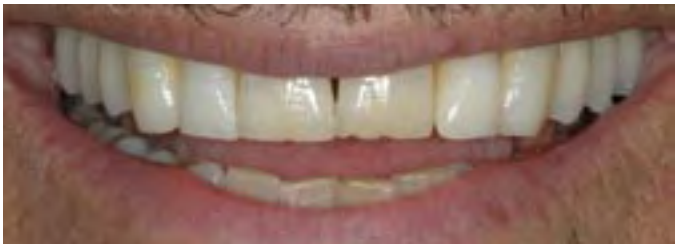
DR. DAVID SPEAKS OUT

Then there's Dr. David, who has his own take on working alongside family. "While I was still in dental school and my father began planning a world-class dental practice facility, I made the decision to join together with him and Greg in what has turned out to be an incredible opportunity."

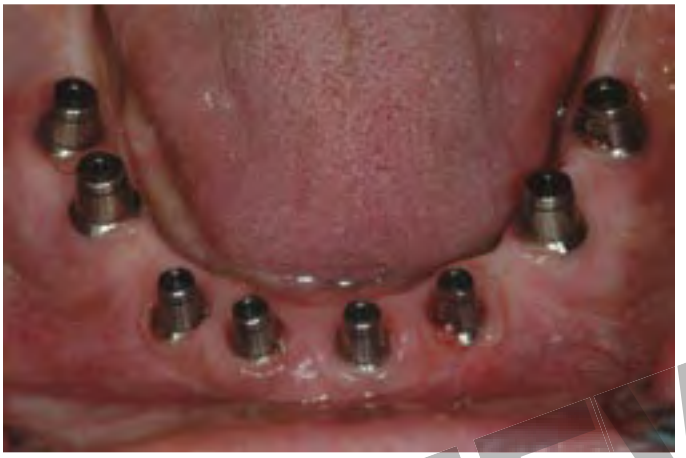
Dr. David has his own list of credentials and accolades. After receiving his D.D.S. degree from the UCLA School of Dentistry, he completed a general practice residency at the Veterans Administration, Long Beach, then a graduate prosthodontics residency at the Veterans Administration in West Los Angeles. He is also a graduate of the maxillofacial prosthetics and implant dentistry residency at UCLA School of Dentistry. He is a Diplomate of the American Board of Prosthodontics, and is a Fellow of the American College of Prosthodontists, a Fellow of the

Right and left buchal views





Completed restorations in place restoring aesthetics and function, blending naturally with the patient's dentition



Previously immediately loaded mandibular arch ready to receive definitive restoration on Astratech Direct Abutments

Academy of Osseointegration and an active member of the Pacific Coast Society for Prosthodontics. Additionally, Dr. David is a Fellow of the Pierre Fauchard Academy and the American College of Dentists. Dr. David is a past president of the Osseointegration Foundation and was the editor of the Academy of Osseointegration newsletter.

Today, Dr. David limits his work to prosthodontics, implant dentistry and aesthetic rehabilitative dentistry. He has conducted implant research at and is a visiting faculty member in the department of removable prosthodontics, biomaterials and hospital dentistry at UCLA. Dr. David frequently lectures on the subject of implant dentistry and aesthetic rehabilitative dentistry. He has given over 250 lectures.

"As a youngster, I liked the idea of the autonomy of being my own boss and being in a profession that has a heart and one where you can contribute to the well-being of others," he said. "Dentistry is also an artistic and creative outlet, as well as a technical and humanitarian discipline. But when I was in college, a lot of my friends and others were headed down the medical path and they tried to send me that way, too. We all volunteered at the L.A. County Coroner and in other areas of medical interest."

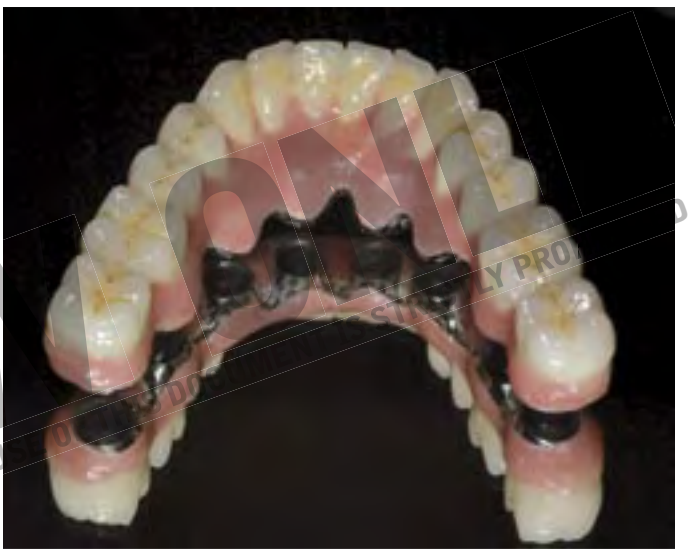
Simultaneously, on his own, Dr. David participated in a voluntary position at the UCLA School of Dentistry lab and took courses on creating better smiles. "I was amazed by how enjoyable it was, so I left my other volunteers and went straight into dentistry." In fact, he skipped a year of college and got into dental school a year early. "I was one of the younger ones in the class, but my early Catholic schooling prepared me very well for dental school. Of course, my dad was an influence in my career path, too, because one day, I heard my mom refer to my dad as a 'scholar and a gentleman.' Obviously, he gained her respect and I thought that was beautiful. He also had the respect of his peers."

Among the highlights of dental school was meeting his wife, Jacinthe Paquette, D.D.S., who has since become an internationally recognized name in dentistry herself, with an active speaking schedule.

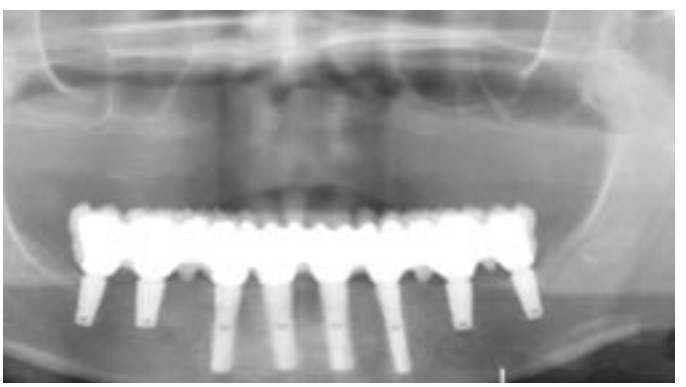
Dr. David said as he went through his dental education, he found that most of the authors that the students were studying were friends of his father.

"The circles my dad kept in organized dentistry were with the deans of dental schools and the authors of chapters of books and inventors of instruments. The testing turned out to be easy for me; I didn't have to memorize the names and the details from scratch, all I had to do was match them to the faces of the people I already knew."

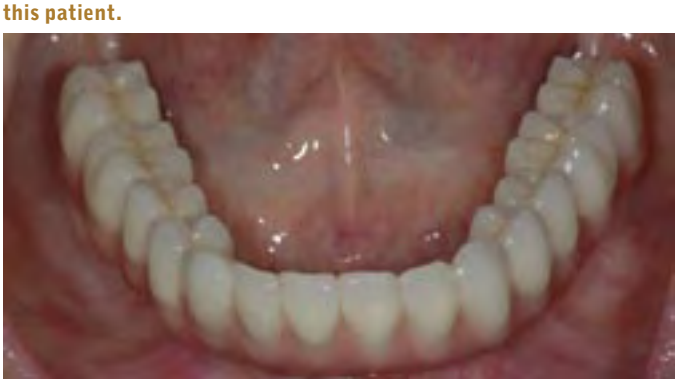
Lingual view of the full-arch metalceramic restoration



Panoramic view of the mandibular reconstruction



The occlusal view illustrates an aesthetic and functional result for this patient.



Associate Zahra K. Hashemi, D.D.S., M.S., fits right in

A year ago, the Guichet practice invited Zahra K. Hashemi, D.D.S., M.S., to join them as an associate.

"I feel like I am a part of the family," she said. "It creates a friendly environment."

Dr. Hashemi said she also likes being a part of the practice because it is unique.

"I believe we are different because we know how to sit down and listen to our patients, taking the time to evaluate their case, answer their questions and address any concerns," she said.

Eventually, Dr. Hashemi said she would like to become more involved in all the different aspects within the practice.

Born and raised in Iran, she earned her D.M.D. from Shiraz University-School of Dentistry, in Shiraz, Iran, in 1990. By 2003, Dr. Hashemi earned her M.S. in prosthodontics, from Indiana University School of Dentistry in Indianapolis, IN.

Among her many academic appointments, Dr. Hashemi has worked in management at the Dental Department of Grash Hospital, Grash, Iran, as well as completed comprehensive patient care in a private practice in Shiraz, Iran. In addition, she served as an instructor from 2001 to 2003 in prosthodontics at Indiana University School of Dentistry.

From 2003 to 2004, she was a part-time faculty member at the University of California-Los Angeles in Los Angeles, and at Loma Linda University, in Loma Linda, CA. From 2004 to 2007, Dr. Hashemi had a private practice in Phoenix before joining Providence Prosthodontics Dental Group in 2007.

Like her counterparts, she, too, enjoys her work immensely.

"There is no single factor more vital in making that all-important good first impression on others than a healthy smile. Whether it's a brighter smile, or straighter teeth, or replacing a tooth or all of the teeth, we can help," she said. "Every day is a new day to create a new smile."

Over the course of her career, Dr. Hashemi said she has been very lucky to work alongside some of the best in the profession.

"I have definitely had the opportunity to work with some of the best in the field, like Dr. Niles Guichet, who is a pioneer in occlusion, and I learned how to manage patients with temporomandibular joint disorder under his direct supervision. I am a Diplomate of American Board of Prosthodontics, and after 17 years of experience in patient care and teaching at dental schools, I have a thorough understanding of every aspect of dentistry," she shared.

Dr. Hashemi has her own set of awards and honors from her nearly two decades of experience including a certificate of excellence and appreciation from the Dean of the Grash Hospital, in Grash, Iran, and the International Student Award, from Indiana University-International Affairs in Indianapolis, IN.

She too, has spoken on various topics, including "Epilepsy — management of epileptic patients in the dental chair" at Shiraz University Medical School, "Diagnosis and treatment of oral pathologic lesion" at Shiraz University Dental School and she conducted a presentation, "An in-vitro characterization of caries affected dentin," at the American Association of Dental Research meeting in San Antonio, TX, and IUSD Research Day in Indianapolis, IN.

She has authored several articles and she is a member of such professional organizations as the American College of Prosthodontics, American Dental Association, California Dental Association, Orange County Dental Society, Orange County Women Dentists, John F. Johnston Society, Indiana University Prosthodontics Alumni, Iranian Dental Association and the Medical Council Organization of Iran.

Her many certifications include California State Dental Board, American Board of Prosthodontics, Arizona State Dental Board, Basic Cardiac Life Support Certification, Nobel Biocare (Branemark) Implant System Surgical and Prosthetic Course, ITI Implant System Surgical and Prosthetic Course, Biohorizon Implant System Course, Steri-os Implant System Course and Center-Pulse Implant System Course.

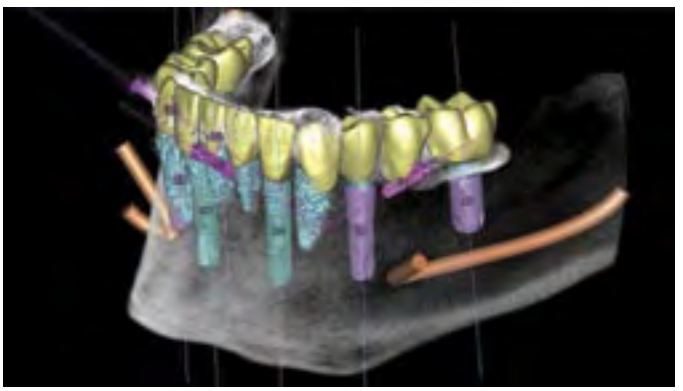
FUTURE OF THE PRACTICE

As for the future of the practice, Dr. Niles is confident that his sons will continue to be successful and that the practice they built together will only continue to grow.

"They are both so talented and they love what they do," he said. "I am so proud of them and so proud of how they have built on what I started. I can only imagine that it will get better and better."

In addition to all of his other duties, Dr. David, who enjoys traveling and running, is serving on the board of the Orange County Dental Society and is completing his year as Vice President. He has served as a delegate to the California Dental Society and has been present at three CDA house of delegates meetings where voting took place from the floor.

The 3-D treatment plan utilizing Facilitate software for an immediately loaded computer-guided surgery and restoration



"Nationally, I am serving as the Scientific Program Chairman for the Academy of Osseointegration. This meeting occurs each year and is dedicated to advancing the science of osseointegration. The organization boasts 5,400 members from just under 70 countries. Together, with my committee, we have worked to assemble leading speakers in the field of implant science from all over the globe," he said.

Like his father, he does a lot of public speaking because he enjoys sharing important dental information and findings. Recently, the National Dental Network, www.nationaldentalnetwork.com, videotaped his lecture "Surgical and Restorative Procedures: Computer-Guided Treatment Planning and the Immediately Loaded Prosthesis" for release in September 2008 (available as streaming video or DVD).

"I typically speak to groups between 10 and 20 times a year. I lecture on the topics about implant dentistry and computers within the dental practice. I try to do as much as I can when I am not in the office and not because I have to, but because I have a passion for this profession, as does the rest of my family." ■

Providence Prosthodontics Dental Group
The Providence Building
1310 W. Stewart Drive, Suite 202
Orange, CA 92668
Phone: (714) 771-7555
Website: www.guichetdental.com
E-mail: dguichet@cox.net

Local Dental Society Calendar

Following are some of the upcoming CE meetings in the Greater Los Angeles area:

Alpha Omega of Greater Los Angeles
www.aoregister.com (310) 837-9734
6:15 p.m. at Sinai Temple, 10400 Wilshire Blvd., West L.A.
Sept. 17 — Orthodontics (Dr. Donald Salem)
Oct. 29 — Aesthetics (Bernie Stoltz and Dr. Bittner)

Iranian American Dental Association
www.irada.org (310) 899-6010
The Olympic Collection, 11301 W. Olympic Blvd., West L.A.
Call for meetings

Indian Dental Association of California
www.ida-ca.org (951) 532-2741
Shehnai Restaurant, 705 E. Birch St., Brea
Oct. 12 — Emergency management

Punjabi Dental Society
www.pdsociety.com 1-866-422-5573
9 a.m.-5 p.m. at Embassy Suites, 900 E. Birch St., Brea
Sept. 28 — Periodontics (lecturer TBD)

Southern California Academy of General Dentistry
(310) 471-4916
Embassy Suites Anaheim South, 11767 Harbor Blvd., Garden Grove
Sept. 21 — Pediatric dentistry (Dr. John Groper)

Harbor Dental Society
(562) 595-6303
1-4:45 p.m. and 7-9 p.m. at The Centre at Sycamore Plaza, Lakewood
Sept. 11 — Gingival aesthetics (Dr. Paulo Camargo)
Oct. 9 — Pediatric dentistry (Dr. Richard Mungo)
Oct. 12 — Implant symposium

Western Los Angeles Dental Society
(310) 349-2199
5:30 p.m. at Four Points by Sheraton, 5990 Green Valley Circle, Culver City
Sept. 23 — call for details
Oct. 24 — half day at Ayers Hotel on "Buying and Selling Dental Practices" (Mercer Transition)

Los Angeles Dental Society
www.ladental.com (213) 380-7669
5:30 p.m. at Maggiano's, The Grove at Fairfax/3rd St., LA
Sept. 9 — Increasing production (Dr. Michael Lichtman)
Oct. 13 — Endodontics (Dr. Ilan Rotstein)

San Fernando Valley Dental Society
www.sfvds.org (818) 884-7395
2-9 p.m. at Sportsmen's Lodge, Ventura Blvd./Coldwater, Studio City
Sept. 24 — Fighting dental disease: drugs, bugs, products (Dr. Peter Jacobsen)
Oct. 22 — Restorative materials (Dr. Charles Wakefield)

San Gabriel Valley Dental Society
www.sgvds.org (626) 285-1174
4:30-8:45 p.m. at Almansor Court, 700 S Almansor St., Alhambra
Sept. 16 — Prosthodontic treatment planning (Dr. Charles Goodacre)
Oct. 21 — Lab systems and materials (Dr. Bob Mongrain)

Orange County Dental Society
www.ocds.org (714) 634-8944
5-9:30 p.m. at Turnip Rose, 300 S. Flower St., Orange
Sept. 3 — Mastering technology to enhance patient care (Dr. David Guichet) ■

The Basics and Complexities of 3-D Imaging

By Liz Meszaros

The field of 3-D digital imaging is an exciting but complex one. At the recent 2008 143rd annual midwinter meeting of the Chicago Dental Society, a roundtable discussion was held to discuss the field of 3-D digital imaging, its effect on dentists and the future paths they predict it to follow. Steven Diogo, Editorial Director of Dentalcompare, moderated the discussion.

Four experts came together and presented their views on the field of 3-D imaging. Their reactions were cautious but optimistic about the promise of 3-D technology.

"I think [3-D imaging] is going to have a profound effect. I think we're in the early stages of adoption right now," said Dr. David Gane, PracticeWorks Inc.'s Vice President of Dental Imaging. "I think the adoption numbers are encouraging that it's a technology, and that it's a technology that's here to stay. But I think in the early stages, the clinical applications are more suited to the specialists, specifically oral surgeons, periodontists and those who are placing implants. That's where I see the biggest impact on practice initially. But I agree that the proliferation of the number of manufacturers and the different types of machines out there, its impact will be more profound in the future."

Claudio Lavato, D.D.S., Clinical Technology Editor of Dentalcompare, noted that the current effects of 3-D imaging are not as extensive now as they may be in the future. "I don't think that technology scanning has had an effect on general dentists at this point. I think they're becoming aware of the technology. I think that it's primarily driven by the implant industry at this point. However, a CAT scan is a diagnostic image that will have an impact on every aspect of dentistry. But as far as general dentists, we've been using digital radiography now for 20 years, and we're at a 30% penetration," he said.

Jeff Rohde, D.D.S., M.S., founder and Clinical Editor of Dentalcompare, said that as a younger dentist who had just recently purchased his practice, he feels that 3-D imaging will have a profound effect, especially on the younger generation of dentists.

"I agree that maybe the specific clinical application is not necessarily there for the general dentist. But I'm feeling more and more that I'm coming from a generation in dentistry that has to know it all. It's not that you're going to do it all, but you have to understand the tools available to you. So, you may not ever place implants, but you certainly will, as a restorative dentist, be treating them. So you need to understand how cone beam CT works — get involved with a surgeon who actually uses it. You can use it for everything from the tx planning to things like stent fabrication to actually getting preop physical models made from the scans," he said.

Dr. Rohde added, "We have a responsibility as practitioners, at any stage of the game, to really get involved in understanding and educating ourselves on the technology because it really is the future. It might be in its infancy stages right now, but five years from now when it's really taken hold, there is just going to be something else. We really need to have an aspect attitude of learning all the time."

The effects of 3-D imaging have not been seen in the field of general dentistry, yet, according to Bradley A. Dykstra, D.D.S., M.B.A., PLC. "We'll take digital radiography, intraoral, even panorex images, which are very simple and give a lot of diagnostic information — that many dentists have not embraced yet. And the standard of care for that is still in some cases being ironed out in the courts, which is ultimately where it comes out," said Dr. Dykstra. "When we get into the specialty areas, with implantology, if you mess up and the biometric scanning is available, you can have serious consequences because you didn't use it, I think that would be a quick road down that way.

"But for most of us in general practices, I don't see that it's going to affect our standard of care unless we're doing a very specialized procedure," said Dr. Dykstra.

The impact of 3-D imaging has been most felt by dental practitioners specializing in implantology, orthodontics and surgery.

WHERE THE IMPACT IS AND WILL BE FELT

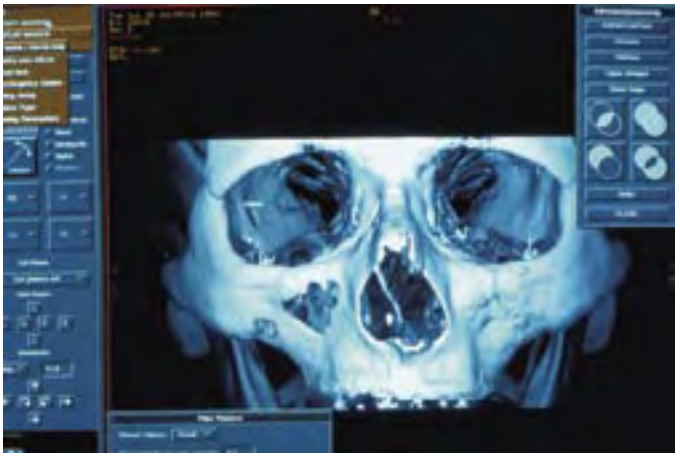
Implantology, orthodontics and surgery are perhaps the areas the impact of 3-D imaging has been most felt.

Said Dr. Gane, "I know I wouldn't have an implant done without 3-D imaging. I think 3-D imaging is already the standard of care, maybe not in the preponderance of the number of people who are using it, but this is one area where I think the general dentist can elevate his game. There's going to be a big growth factor in the general dentist using the technology, but I think it needs to get cheaper and smaller and easier to use. We're seeing, even at this show, that that's already started to happen."

Dr. Lavato added that just because 3-D imaging technologies are available, dentists do not need to go out and immediately purchase such a system. There are other ways to access the technology, he stressed.

"You need to know when it's going to be appropriate. If you are planning on doing implants, you can send someone out for a CT scan," he said.

"Most restorative dentists will say that they want control over the placement of the implant, not just into bone, but as far as the occlusion and proximal contacts and everything else. We still have an obligation to work as partners with the surgeon and to be able to understand the



Manufacturers are now developing and applying dental capabilities and specifics to the medical 3-D imaging systems they have available to better meet the needs of dentistry. In the future, decreased cost, increased resolution, smaller and more-focused fields and simplification of use will make 3-D imaging easier for dentists to use.

technology used. Many times, you can open it up in your own office and visualize it, and be part of things like surgical guide fabrication," said Dr. Rohde.

Dr. Lavato agreed, adding, "If the restorative dentist is going to go ahead and be the captain of his [or her] own ship, it's going to become very important for him [or her] to understand and to read those images."

Various ways to access 3-D imaging technology are available to general dentists, added Dr. Gane. "I would estimate that thousands and thousands of dentists are using CT as part of their planning process diagnostically. Many of those are using medical facilities and spiral CTs. Many more are using an outpatient craniofacial imaging center, and those are popping up all over the country," he said. "The dentist doesn't have to make a huge capital investment to use the technology. It's the patient who ultimately pays, and the patient who ultimately benefits from the technology."

For some, the complexities, size and costs of a 3-D imaging system are daunting, at best. "The first time I saw some of the volumetric scanners, they just looked really complex, reading, learning and understanding the software to do it well. There are enough new things in dentistry to keep up with already. Some of the things I saw yesterday and today are greatly simplifying the process," said Dr. Dykstra.

"For the technology to really affect the general practice, just where they're comfortable, not just knowing that it's out there but really using it and actually being able to direct the implant (where they want that to come out of the bone), they would have to understand it, but it has to get a lot easier to understand than it is right now," Dr. Dykstra added.

Diogo noted that the trend over the past two years has been towards system simplification.

WHAT DOES A DENTIST WANT FROM A 3-D IMAGING SYSTEM?

Three-dimensional imaging systems that are simpler, smaller and less expensive top the dentist's wish list, according to all of the roundtable panelists.

"A lot of these systems have become easier, as far as the learning curve for the dentists and staff. It's easier for your staff to learn it. Most companies offer excellent training. To be controversial, the 30% rate is abysmal. For the lower dose of radiation, the lack of use of chemicals going back into the environment, time savings," said Dr. Rohde. "Every case is different. Every patient is different. In bringing up the standard of care again, if you don't necessarily have a 3-D scanner in your practice, it's really case specific. You have to get out there and get advice on what is best for the patient. There's no excuse that you don't understand cone beam, so you don't refer? That is below the standard of care."

Dr. Gane added, "If I'm the patient, I would like to know what the state-of-the-art technology is for diagnosis and be given the opportunity to pay that. That makes things easier for everybody. The price will be an obstacle for some, but it should still be presented to all."

Dr. Lavato adds, "Patients have the right to make their decisions, but they also have to be warned that there are issues that will be better addressed this way. The final decision is with the patient because they have to pay. But there are risks with those decisions and you've protected yourself."

Dr. Dykstra posited an excellent point about the art of diagnosis. "Diagnosing is a combination between an art and a science. The more tools we have, the stronger the science gets in the equation. But we still cannot use them without thinking," he said.

FUTURE PREDICTIONS AND TRENDS

3-D digital imaging is a complex and exciting field in which new advances are being made constantly. Moderator Diogo asked each panelist what they see coming in the next five years in 3-D imaging.

"In the realm of diagnostic imaging, what I'd like to see on the industry side is better acceptance and utilization at a greater rate. On the equipment side, it would be nice to see something with better resolution and lower radiation. It's where internal digital sensors went, and it will be exciting to see CT technology go that same way," said Dr. Rohde.

Dr. Dykstra was optimistic as well. "I'm very happy with what I saw this year compared with last year. I saw some units that you can start out using as a pan. I saw limited volumetric. The software looks like I can learn it quickly. The prices go down, the size goes down and the complexity goes down. We don't need a big area of volume. We need limited focal areas to zoom in on. In five years, I see this coming," he said.

Dr. Lavato stressed the positive advances he has noticed. "The positive thing I have seen at this show is that there are units being designed to address more of the general dental concerns, rather than simply surgical. That's positive. Some of the decrease in costs, the simplification of the software is also a big issue. Those are very positive things that are happening."

He did, however, note that the dental industry cannot support numerous CBCT machines, and that the playing field will decrease as time passes and technologies are perfected.

"This industry cannot support 20 CBCT machines, so in the way of all business, it'll pare down. It then becomes very important for a dentist who is buying into this technology to take a very strong, hard look at whom they are buying from and whether or not they have staying power. Because I know that we won't have 20 successful CBCT companies. You have to approach this thing carefully. If you spend $100K or $200K on a machine from a company that will not be around — that's a scary thought," said Dr. Lavato.

Dr. Gane added, "We'll see the larger field machines and imaging centers, and we'll see a smaller, more focused field. With a smaller field comes a smaller footprint, lower price and less radiation to the patient. A lot of the barriers will vaporize and we'll see the adoption curve go up."

He predicted, "In five years, there will be a machine that will be under $75K, that will do focused field, pan and depth." ■

Checking the Risks of Lab Outsourcing

What Is the Dentist's Responsibility?

By Saeid Razi, D.D.S.

When a TV station in Ohio reported Feb. 27 that a woman's partial bridge, as well as a dental crown manufactured in China and exported to the U.S., tested positive for lead, the national reaction to dental lab outsourcing was immediate. Financial issues have forced some of the largest domestic dental laboratories to outsource their products to China, Mexico or India. What should dentists know about the possible problems that can arise from this issue?

ADA policy states: The dentist carries the ultimate responsibility for all aspects of the patient's dental care, including prosthetic treatment. In a free market society, dentists select dental laboratories that provide the best quality services and prostheses. There's nothing preventing a dentist from asking their contracted dental laboratory to certify where the prostheses are being made.

The ADA House of Delegates in Resolution 83H-2005 called for the association to urge the U.S. Food and Drug Administration to require that a subcontracting dental laboratory notify the dentist

Financial issues have forced some of the largest domestic dental laboratories to outsource their products to China, Mexico or India. What should dentists know about the possible problems that can arise from this issue?

in advance when prostheses, components or materials indicated in the dentist's prescription are to be manufactured or provided either partially or entirely by a foreign dental laboratory or any domestic ancillary dental laboratory.

ADA TIP SHEET FOR DENTISTS

ADA has developed a tip sheet and has urged its dentist to call the dental laboratory that they use in their practice and ask the following questions:

- Do you outsource any part of my work to other labs?
- If yes, specifically what work of mine is outsourced?
- Do you outsource any part of my work to a foreign lab?
- If yes, will you provide me with the FDA registration number of foreign lab doing my work?
- Will you also provide me with your registration number with the FDA as an "initial importer," "repackager" or "relabeler?"
- Have you actually visited the foreign lab to which you are outsourcing my work?
- Will you provide me with documentation that the materials used in the work you outsource are FDA approved and compliant with all ANSI and ISO standards?
- Will you fill my detailed lab prescription as written, regardless of where my work is fabricated?
- Will you provide me with a document detailing the materials used in my work?
- Will you provide me with a written indemnification and assume all liability arising from claims for injuries allegedly caused by dental restorations coming from your lab that may contain adulterated or toxic materials?

Your dental laboratory should be able to answer each of these questions to your complete satisfaction.

Dr. Saeid Razi is the President of Ardent Dental Laboratory. Visit www.ardentlab.com, call (661) 775-8952 or e-mail srazi@ucla.edu for more information. ■

Steep Discounts Off Top Hotels and Resorts

The top luxury hotels and the best resorts are always too expensive. Special online deals never seem to apply to where you'd really like to stay when you can take a vacation. Timeshares don't live up to their promises: too many blackout dates, too many members competing for the choice places, too many hidden fees and restrictions and you can only use the available rooms for a few weeks a year.

Global Resorts Network (GRN) says it wants to change all that and has signed up 7,000 of the best hotels and resorts in 60 countries — that are actually available when you want them. Members typically get about a 50% discount — but there are offers of "hot weeks" when a suite for friends and family for a week will only cost $298 (that's $43 a day) for platinum members. For example, a well-known destination in Mexico recently offered rooms at that price, which normally go for $4,300 a week. How can they afford to do this? The loss-leader pricing is better than having empty rooms, and by filling them easily through a membership alert, the resorts figure they'll make up the difference in sales of drinks, food, merchandise, guided tours, sports tickets, special events, etc.

Remarkably enough for a 22-year-old network marketing company, there is virtually no negative feedback online (or complaints logged with the Better Business Bureau) and members seem very pleased with the choices (GRN provides 24/7 customer service and a travel agency for other needs). Platinum membership is $2,995 for 100 years and is fully transferable and willable, providing unlimited travel weeks and unlimited gift certificates for friends and family. And unlike timeshare, there are no monthly fees or annual dues. Less expensive, more limited memberships are available, as well as business opportunities for those who want to pay for their membership by enrolling others.

For more information, visit www.globalresortsnetwork.com/sandrawells or call (310) 659-3567. ■

Dentistry and Cosmetic Procedures

By Liz Meszaros

Professionals in the field of cosmetic dentistry work daily to understand and execute the art and science of enhancing smiles, improving oral health and improving overall appearance and self-esteem in the patients they see.

The field of cosmetic dentistry is one of the fastest growing areas in dentistry. In proportion to the ever-increasing public demand for cosmetic procedures are the growing numbers of ever-improving technical materials and diagnostic tools, which enable dentists and cosmetic dentists to continually perfect and improve their craft.

The quality of the materials used in cosmetic dentistry, such as porcelains and composite resins, has improved greatly in the past decade. The aesthetics and results dentists can achieve with these materials have vastly improved as well. Most recently, the use of lasers for gum tissue surgery and contouring, previously performed with surgical scalpels and traditional surgery, has enhanced not only the aesthetic results, but also improved patient comfort during procedures as well.

According to figures from the American Academy of Cosmetic Dentistry (AACD), 84% of dentists currently offer cosmetic procedures as part of their practices. Approximately 50% of these dentists also report a steady increase in the amount of cosmetic procedures they have performed over the past three years.

According to figures from the 2007 AACD's State of Cosmetic Dentistry survey, revenue from cosmetic procedures climbed to an average of $495,000 per practice. This projects to $2.75 billion across the 5,500 practices represented in the survey sample, which is a 15% increase over revenues in 2005.

On average, these representative practices have 485 patients, which combine to a total of 2.69 million cosmetic dental patients in the United States. This total is 12.8% higher than those of 2005. Each practice reported an average of $1.04 million in total dental revenue, which is projected to be $5.76 billion for all 5,500 practices represented in the survey.

Each practice generated an average of $495,000 in specific cosmetic dentistry related revenue, which projects to $2.75 billion. The average dentistry related revenue has increased by 15% from 2005. Respondents predicted an additional increase in this revenue of 11% for 2007.

WHY A GOOD SMILE IS IMPORTANT

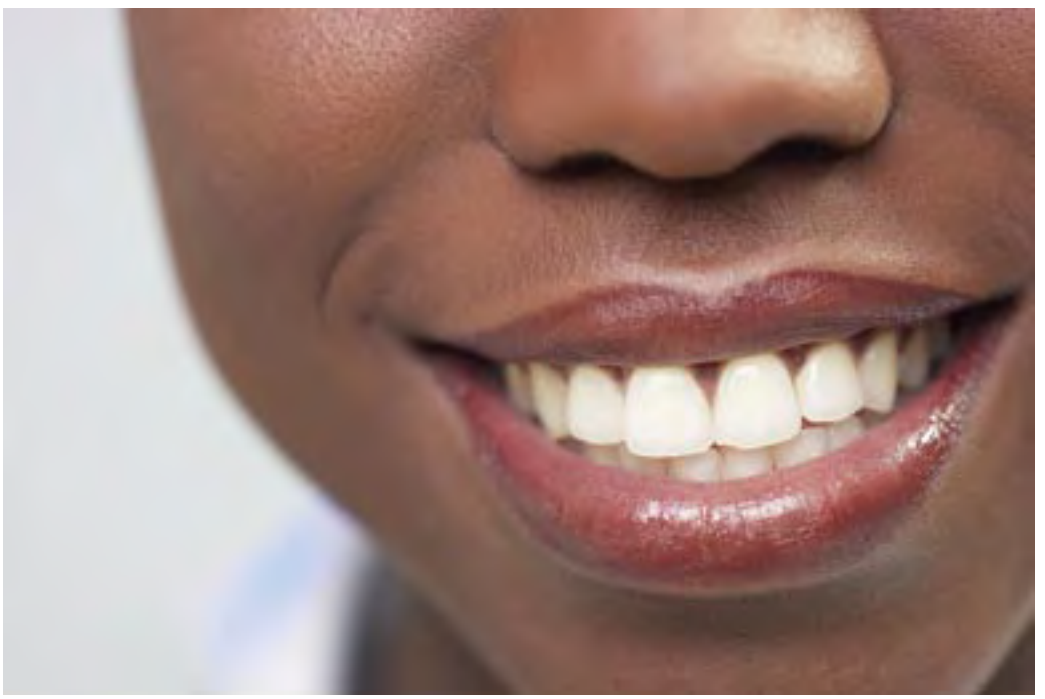
It is no surprise that most consumer studies have shown that a beautiful smile makes people more attractive. But, did you know that a new smile can make individuals seem more intelligent, interesting, successful and wealthy? This is true, according to a recent study conducted by Beall Research & Training of Chicago for the AACD.

Dr. Anne Beall carried out this study, showing 528 people pictures of four individuals. One-half of the respondents saw pictures of one group of four individuals before cosmetic dentistry treatment, and then pictures of these same four individuals after cosmetic dentistry. The second half of the people surveyed saw before and after photos of another group of four people. They were then asked to rate the following points:

- Attractiveness
- Intelligence
- Happiness
- Success in their career
- Friendliness
- How interesting the person is
- Kindness
- Wealthiness
- Popularity with the opposite sex
- Sensitivity to others

After viewing the before and after pictures, the change from the before to the after picture had the greatest effects on attractiveness (1.3 point increase from "before"

The field of cosmetic dentistry is one of the fastest growing in dentistry today. An increased demand for cosmetic procedures, coupled with improved technologies and materials have combined to make cosmetic dentistry more effective and lucrative than ever before.



2007 AACD Survey Results: Breaking it Down by Procedure

The rise in the number of cosmetic dental procedures in 2007 has risen exponentially, as have the revenues they generate. According to the 2007 American Academy of Cosmetic Dentistry's State of Cosmetic Dentistry survey (conducted and summarized for them by Readex Research), the mean amount spent by the average patients in 2006 on cosmetic dentistry was $5,640, with a median of $3,860. The following is a breakdown of the various dental procedures, and includes average practice reports as well as total market estimates for 2006:

- **Bleaching/whitening:** 70 on average; 389,000 total. 2006 revenues: $25,000 average; $138.8 million total
- **Crown and bridge work:** 333 on average; 1.85 million total. 2006 revenues: $194,000 on average; $1.08 billion total
- **Direct bonding (posterior):** 474 on average; 2.63 million total. 2006 revenues: $69,000 on average; $383.0 million total
- **Direct bonding (anterior):** 234 on average; 1.30 million total. 2006 revenues: $43,000 on average; $238.7 million total
- **Implants:** 27 on average; 149,900 total. 2006 revenues: $26,000 on average; $144.3 million total
- **Inlays/onlays:** 84 on average; 466,200 total. 2006 revenues: $33,000 on average; $183.2 million total
- **Orthodontics:** 17 on average; 94,400 total. 2006 revenues: $11,000 on average; $61.1 million total
- **Removable prosthetics:** 27 on average; 149,900 total. 2006 revenues: $20,000 on average; $111.0 million total
- **Veneers:** 108 on average; 599,400 total. 2006 revenues: $67,000 on average; $371.9 million total
- **Other procedures:** 21 on average; 116,600 total. 2006 revenues: $20,000 on average; $111.0 million total

to "after"), popularity with the opposite sex (1.2 point increase), wealthiness (1.0 point increase) and success in their career (0.9 point increase).

These respondents were also surveyed on the importance of a good smile, and the following results were seen:

- A full 99.7% of respondents believed that a smile is an important social asset.
- A full 96% of respondents believe an attractive smile makes a person more appealing to members of the opposite sex.
- 74% feel that an unattractive smile can hurt the chances for career success.

Respondents also noted that the following characteristics were what they noticed first in another person's smile:

- Straightness
- Whiteness
- Cleanliness
- Sincerity
- Missing teeth
- Sparkle

The things they rated as most likely to make someone's smile unattractive included:

- Discolored or stained teeth
- Missing teeth
- Crooked teeth
- Decaying teeth and cavities
- Gaps and spaces
- Dirty teeth

Did you know that a new smile can make individuals seem more intelligent, interesting, successful and wealthy? This is true, according to a recent study conducted by Beall Research & Training of Chicago for the American Academy of Cosmetic Dentistry (AACD).

PATIENTS' SMILE RATINGS

In a recent study, published in the *Journal of the American Dental Association,* researchers in Norway found that people rated teeth and eyes as the most important features of an attractive face.[1] In addition, these researchers concluded that individuals younger than 50 years old were the most satisfied with their smiles. Finally, they concluded that the individuals rated their smiles higher than the dentists did.

Researchers from Norway included 78 patients in their survey, and asked them to rate their own smiles on a 100-point satisfaction scale. Then, the patient's regular dentists and an independent periodontist were asked to rate the patients' smiles from photographs, using the same scale. Patients rated their smiles from memory; the dentists rated them from photographs.

On average, patients rated their own smiles with an average 59.1 on the 100-point scale. Dentists' ratings of the patients' smiles were lower, with an average 38.6 on the 100-point scale from the periodontist and an average 40.7 from their own dentist.

Other results included the following:

- Patients were most satisfied with the gingiva when smiling, and least satisfied with tooth shade.
- Those patients who were younger than 50 years old were most satisfied with their smiles.
- Women rated teeth and hair significantly higher than did men.

The fact that patients liked and approved of their smiles more than the dentists did was interesting, according to the authors. They explained that perhaps if patients had used the approach that the dentists did for rating their smiles, using lip lines, tooth shade, tooth spacing or crowding, their opinions may have been different.

"We know very little about how the 'regular' dental patients feel about their own smiles and how it compares with the dentists' opinions," said co-author Øystein Fardal, B.D.S., M.D.S., Ph.D. "Dentists should be aware that patients who seek aesthetic services may have different perceptions of their smiles than patients who do not express such desires. Patients had much higher opinions of their smiles than dentists assessing their smiles," said Dr. Fardal, who is a dentist and periodontist in private practice in Norway. ■

PHOTO BY JERI KOEGEL

Dr. Rodney Ida

The Endodontic Detective

By Travis Anderson

An Orange County native, endodontist Rodney Ida, D.D.S., M.S., makes the most of his local roots in an effort to connect with his patients.

Dr. Ida grew up in the city of Orange, about 3 miles from his dental practice in Santa Ana, CA. "As a young boy, I remember riding my bike through the endless rows of orange trees with my friends. Having lived through the great changes in the Orange County landscape helps me relate to my patients. I am part of the fabric of this community. My connection with the area makes it easier for many people to talk openly with me about their situation."

As an endodontist, Dr. Ida cares for people who need root canal therapy or who are suffering from oral pain, infection or disease.

When meeting a patient for the first time, the 47-year-old specialist goes on a fact-finding mission by listening to their complaints and asking questions. "One of the challenges of root canal therapy is that there's no smoking gun," he says. "I ask each patient for a medical history, gauge their pain, perform tests and try to determine what happened to the tooth. When someone says they are having pain in a lower molar area, for example, I ask, 'When did you last have dental treatment done on that tooth?' 'Can you tell me how your symptoms started and how they persist?' 'Has there ever been trauma to the area?' These are important questions."

People often require the assistance of an endodontist when the pulp — cells and tissue located inside the tooth — becomes infected or inflamed. This occurs as a result of decay, infection or trauma invading the pulp. By asking a series of questions, Dr. Ida is able to gain valuable information that helps in the diagnosis. One new patient said she had experienced pain in one half of her face for some time. Through his questioning and probing of her medical history, Dr. Ida discovered that the woman might be suffering from sinus problems. "I can read CT scans, so she is going to come in next week with a set of scans she had taken during an evaluation of her sinuses," he says. "I'm sure I'll have more questions for her as we work toward a diagnosis. I really see myself as a detective. An endodontist has to ask the right questions to gain relevant information."

Staff (left to right): Sandy, Dr. Ida, Joyce, Lucy

PHOTO BY JERI KOEGEL

Education programs help patients to understand the treatment plan.

GETTING TO THE ROOT OF THE PROBLEM

About half of patients with a root canal problem experience pain prior to root canal treatment. When patients are suffering from pain or infection, Dr. Ida goes out of his way to see those patients on the same day they are referred.

Offering such quick service provides challenges in terms of getting to know the patient, but it's a part of the job that Dr. Ida enjoys. "Each of my staff members have at least 20 years of experience in the field, and we work together to gain the patient's trust in a short amount of time. The patient's biggest concern is that they will experience pain during treatment. It's not easy to reassure a patient who has never had a root canal — or one who has heard only bad things about a root canal — that we can help them and do it in a painless fashion. We can get patients profoundly more numb today than in years past. My job is to convince them of this and ultimately deliver on my promises."

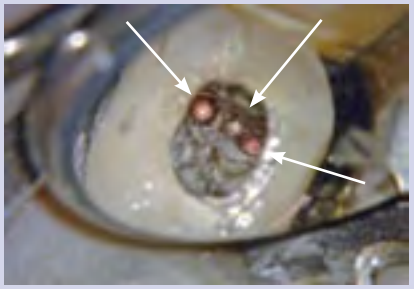
Dr. Ida is specially trained to deliver deeper and more profound

Dr. Ida uses his Zeiss microscope to diagnose and treat root canal problems.

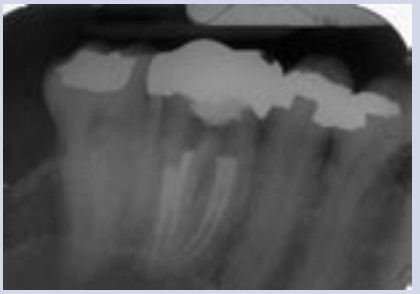
PHOTOS BY JERI KOEGEL

Focus on Microscopes

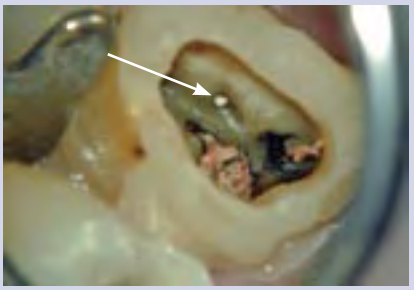
When Rodney Ida, D.D.S., M.S., returned to his home state of California in 1995, few endodontists were using microscopes in their practice. That all changed thanks to the contributions of fellow Californian Gary Carr, D.D.S. "Microscopic endodontic treatment was born in the Sorrento Valley, CA, just north of La Jolla," Dr. Ida says. "Dr. Gary Carr revolutionized the field in the early 1990s. He developed the instrumentation and techniques, which changed the entire process of root canal treatment. His use of the microscope changed the standard of care for endodontic treatment. It's as great a change as we've seen in the history of endodontics." Dr. Ida was introduced formally to their usefulness while working in Woodland Hills, CA, with James Beller, D.D.S., who encouraged him to examine each patient with a microscope. Today, Dr. Ida is proficient at using this kind of equipment and refers to himself as "a full-fledged microscopic endodontist." Dr. Ida owns microscopes made by Global Surgical and Zeiss, and he favors them for different reasons. "I love the Global microscope because it is versatile and their products are innovative," he says. "They have multiple attachments for cameras and video cameras and a lot of specialized equipment for endodontists. The Zeiss optics are beautiful; they are unbelievable. The lighting and the technical aspects are terrific. I use them both all the time."



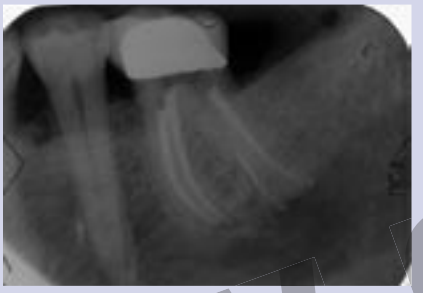
Three canals treated in the M root of a lower molar



Four canals found in tooth No. 3



Untreated fourth canal seen upon access for treatment



Four canals and a third root found in tooth No. 30

Microscopic treatment allows for visualization and cleaning of canals that are smaller than the human eye can see. Fourth canal systems are usually the norm and not the exception. Their job is to remove all of the debris that they can see at high magnification.

anesthesia to teeth. "I provide a variety of intraosseous anesthesia techniques, such as the Stabident system, X-Tip and the Wand, which is a computer-controlled anesthesia delivery device," says Dr. Ida, a member of the American Association of Endodontists. "I use these techniques here in the office, and they are very effective because they allow anesthesia to be delivered directly to the tooth that is being treated. Knowing multiple intraosseous anesthesia techniques allows me to numb patients with almost any condition or anatomy. Last week, I saw a patient who had never been numb during any dental treatment in his life. I used a complex set of anesthesia techniques for this patient. He was absolutely numb and felt nothing. Afterward, he thanked me profusely that he was able to get through the treatment without any pain."

For Dr. Ida, the most challenging aspect of root canal therapy is dealing with the many types of patient anatomies and conditions he sees on a daily basis. A common misconception about dentistry is that each patient has the same nerve anatomy, but that's not the case. "When I was a dental student at UCLA in the 1980s, we were taught the traditional nerve anatomy to the individual teeth. Studies done when I was a graduate student at Baylor College of Dentistry in the 1990s showed that many of these classic nerve pathways to teeth were much more variable than researchers had originally thought," Dr. Ida says.

Dr. Ida has become so proficient at administering anesthesia that local dentists are known to ask him to anesthetize their patients who have difficulty being anesthetized for various anatomic or physiological reasons. "Perhaps there's an extra nerve, or the anatomy of the nerve is such that it doesn't allow for the penetration of anesthesia to the tooth," Dr. Ida says. "There's a wide variation of patients in terms of the anatomy of the individual nerves. Many times, in lower molars, there might be a dozen nerves going to one molar when people used to think there might be one or two."

There's another wildcard when it comes to the anatomy of teeth. Dentists have known for more than a century that root canal systems can harbor hidden canals, but those canals are identified and treated in less than 10% of cases. If the hidden canal isn't discovered, the success rate for root canal therapy plummets from more than 90% to about 50%. But Dr. Ida has a valuable tool in his treatment arsenal. "Using a microscope, I am able to find a fourth canal system almost every time it exists." Dr. Ida notes that it often takes as long to clean and treat the hidden root canal as it takes to care for the others combined. "Cleaning the canal system means we remove the debris, infection or pulp tissue out of the space. Without a microscope, it is hard to find, and even more difficult to clean and manipulate the canal."

During root canal treatment, Dr. Ida removes the affected pulp and proceeds to clean and shape the inside of the canal. Afterward, he fills and seals the space to prevent further infection from developing. Once this phase of treatment is complete, a patient can return to his or her general or restorative dentist for the placement of a crown to protect the tooth.

Dr. Ida uses a self-created philosophy he calls CEYS (pronounced "keys"), an acronym for *Clean Everything You See.* "People like to think of a root canal as a round cylindrical hole that we're working in, but very few are like that," he says. "Some are oblong or oval or have fins or webs or three-dimensional cross-sections that aren't close to being round. If the clinician only uses the microscope to find canals in a tooth, one really misses the point of the CEYS philosophy. The power of the microscope is that it allows me to see into the substructure on the root canal system where nooks and crannies can harbor infection. Cleaning these substructures with a variety of clinical armamentarium, like ultrasonic, is really the state of the art for microscopic endodontic treatment, and the basis for taking the CEYS approach. This increases our success rate and there's no question it offers a greater benefit to the patient."

NEW TECHNOLOGY OFFERING BETTER RESULTS

A primary challenge for endodontists is that bacteria becomes trapped within the root canal system. Dr. Ida's patients benefit from the fact that he is one of the few endodontists using the EndoVac system, which has been on the market since 2007.

Invented by John Schoeffel, D.D.S., Ph.D., EndoVac is a negative-pressure irrigation system used to clean and sterilize the root canal system. "The standard method for more than 100 years is to use a needle attached to a syringe containing sterilization agents, and to push the syringe plunger to deliver the agents into the tooth," Dr. Ida says. "That technique works well, but it doesn't work well enough at the root tip

of the tooth. Many times, it doesn't deliver the sterilization agent to the intended destination, allowing debris to be left behind. With the EndoVac system, I use a small, needle-like device called a microcannula and place it at the root tip of the tooth. This allows irrigation and sterilization agents to be drawn through the tooth and to clean more effectively. It's so much more effective."

Over the last seven months, Dr. Ida has used the new technology on approximately 500 patients seen in his office. He has been pleased with the results and notes a significant change for patients in terms of their postoperative sensitivity. "That lack of sensitivity indicates that the debris and infection that is causing inflammation has been eradicated," he says.

Always eager to try new approaches, Dr. Ida credits such open-mindedness to his training at Baylor College of Dentistry in Dallas, where he served as chief resident of the graduate endodontics program. James Gutmann, D.D.S., Ph.D., a world-renowned endodontic lecturer and former president of the American Association of Endodontics, oversaw the program. "I studied under his tutelage for my residency," Dr. Ida says. "The philosophy of our program was very liberal. It was a great learning environment because we were encouraged to use any established technique to treat patients as long as our outcomes were good."

UNIQUE BACKGROUND OFFERS NEW PERSPECTIVE

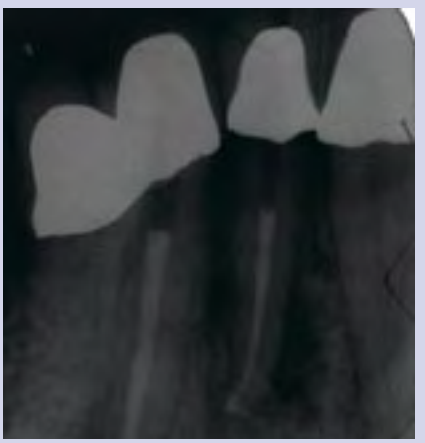
Before pursuing a career as an endodontist, Dr. Ida served as a chief resident and hospital dentist at West Los Angeles VA Medical Center, the largest medical center of its kind west of the Mississippi.

There, he gained valuable experience in providing dental care for the ill and injured. "I worked with the most medically compromised patients, many of whom had cardiovascular problems or other major medical issues. It was exciting because we were doing more invasive

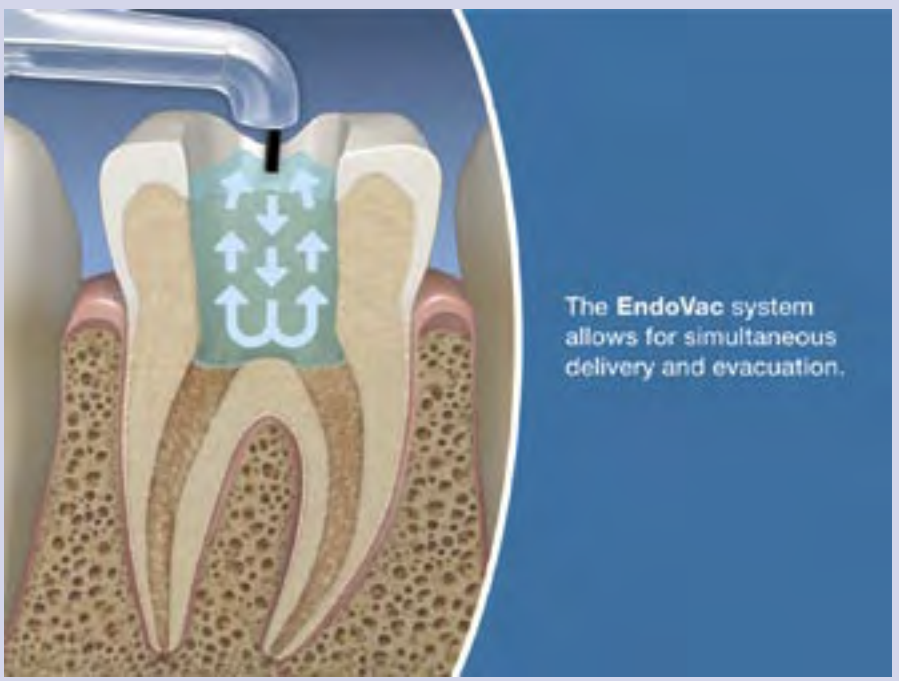
EndoVac tip design has 12 nonblocking ports and a 0.32mm diameter.

EndoVac is on the cutting edge of endodontic technology. It allows for copious and complete irrigation of the root canal system and is safer than the standard positive pressure irrigation methods.

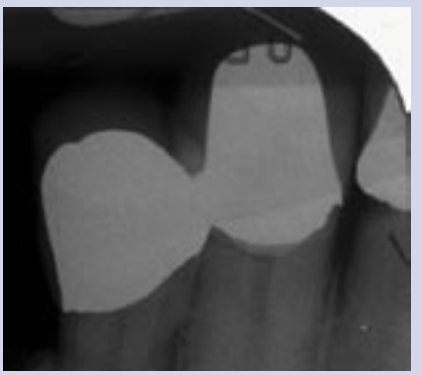
Post-op radiograph of the EndoVac-treated tooth

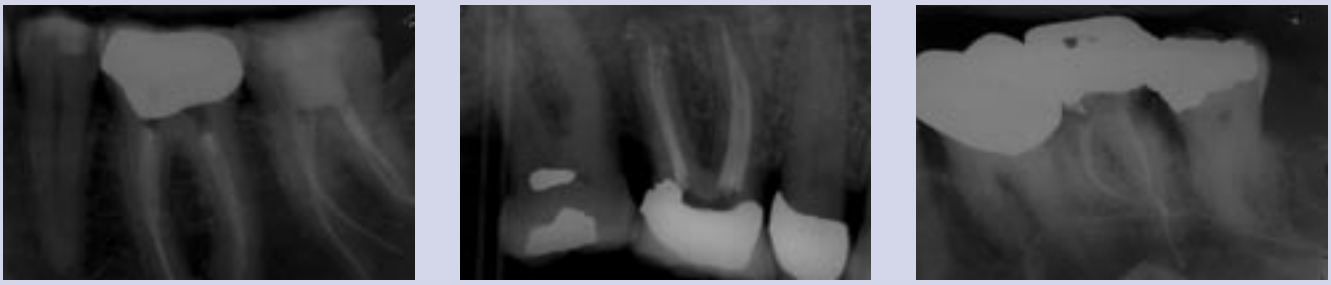


EndoVac allows for delivery of irrigants to the terminus of the root.



Pre-op radiograph of a profoundly long 35mm canine





Nickel titanium rotary instrumentation allows Dr. Ida to negotiate curves and to create flowing shapes without over-instrumentation.

treatments than we often do in general practice. We gave patients general anesthesia and we did extensive surgeries. That experience is so valuable to me today because it allows me to understand the patient's entire medical condition, and not solely the condition of the mouth."

As part of his practice, Dr. Ida also cares for many patients who have oral cancer. He works closely with Nelson Lowe, D.D.S., a maxillofacial prosthodontist in Orange County specializing in oral cancer treatment. Because of his training, Dr. Ida feels he is better able to diagnose and treat all patients who come to see him in his private practice. "As a hospital dentist, I cared for hundreds of patients who had oral cancer," he says. "Their treatment is so much more involved than it is with a healthy patient who simply has a root canal problem. Patients who have oral cancer may have a diminished capacity to heal and sometimes are less able to tolerate dental treatment. I am trained to be able to diagnose and treat these patients."

Dr. Ida also brings to his work an impressive research background. He studied basic science research as a college student at USC and UCSD — his passion was cellular physiology — and later received a master's degree in oral biology at Baylor. He has written and published many articles during his research experiences. "I've found that my background in research allows me to read journals and studies with a more critical eye," says Dr. Ida, a member of the International Association of Dental Research. Dr. Ida explains, "There are many places during the research process where mistakes can be made and where results can be misinterpreted. I am able to ask, 'Does that make sense?' 'Is what the authors are saying based on a reasonable assumption?'"

Not content to simply read the research, Dr. Ida participates in it. He is one of the first dentists in the nation involved in a clinical study of pulpal revascularization overseen by the American Association of Endodontists. He is helping to lead an effort to regrow the nerve space of children who have damaged the nerve of a tooth and stand a good chance of losing it without intervention.

Dr. Ida recently treated an 8-year-old boy who slipped on wet pavement while jumping on a pogo stick and ended up damaging two incisors; one was avulsed, the other luxated. "The nerves in both of the teeth died," Dr. Ida says. "The teeth were immature and weak, so he would most likely lose the teeth in his teenage or early adult years. I entered the tooth, sterilized the tooth with the EndoVac and placed certain antibiotics inside the tooth that allow for the growth of new, sterile tissue. My hope is that this treatment will create [a] new tooth structure that will complete the maturation of the damaged teeth. Revascularization treatment could reverse the injury to the teeth as if the accident never occurred. This is completely revolutionary."

BRIGHT FUTURE FOR ENDODONTICS

Dr. Ida is encouraged by the new research findings presented at the 2008 American Association of Endodontists meeting in Vancouver, British Columbia, that suggest an exciting future for the specialty field.

During the conference, Shimon Friedman, D.M.D., Director of the University of Toronto Department of Endodontics, shared results of a study comparing endodontics success rates to dental implants. "This has been a hugely controversial area because dental implants have come to the forefront and become a potential replacement treatment for endodontics," Dr. Ida says. "We had been using endodontics data from the 1970s and 1980s, and we were comparing them to results from modern implants. This study found that endodontics procedures clearly rival implant treatment in terms of the success rate and posttreatment complications.

"With root canal therapy today, we have such a better ability to diagnose and treat, and to find variables that may have caused root canals to fail. The study validated that what we're doing as endodontists is worthwhile and that our work shouldn't be discounted."

The practice of Rodney D. Ida, D.D.S., M.S., is located at 2040 North Tustin Ave., Suite A, Santa Ana, CA 92705. To consult on a case or make a referral, or to learn more about the specialty field of endodontics, please call him at (714) 547-8494. Dentists may also consult with him via e-mail at dr.ida@cox.net.

Travis Anderson, a regular contributor to Doctor of Dentistry *magazine, can be reached by e-mailing traviswanderson@yahoo.com.* ■

The Need for Speed

When he's not caring for his patients, Rodney Ida, D.D.S., M.S., enjoys spending time with his wife and two sons, ages 8 and 10. He can be found coaching his children's baseball and basketball teams, playing tennis and golf or fishing. He also gets a thrill from auto racing, which he says is exhilarating. "Earlier this year, I went to the Willow Springs Racetrack, which is located just north of Los Angeles. It was the only time I've ever been to a racetrack when it was raining. We were driving on a racetrack at close to 100 miles per hour, and any movement or braking issue could plow your car into the embankment. Driving in the rain at that speed was an amazing experience."

Understanding Industry Changes in the Merchant Services World

By Matthew O'Shea, Vice President, Western Division Sales, First Data

The transaction processing landscape is constantly changing — be abreast of how some of these changes may affect your practice.

Everyone understands business-to-consumer transactions. They are the simple exchanges that take place between retailers and buyers virtually every minute, every day.

Today, more and more consumers are paying for goods and services with credit and debit cards, which translate into huge opportunities for your practice if you accept and support electronic payments. Navigating accepting such payments can be cumbersome. Below are a few questions that can help you determine if you are getting the best rates and service from your current provider.

- Do you know how much you are paying for your credit card processing services?
- Has the amount of your typical sale per transaction changed since you first set up your account?
- Did you know that all of your settled transactions are processed at one of more than 400 different MasterCard and Visa plans?
- Do you read your monthly statements carefully and fully understand what they contain?

The merchant service industry landscape is continually evolving, from changes to Visa and MasterCard rules and fees to regulations that could all directly affect your business. It is important to understand these changes and their impact on your business.

For example, a merchant's statement has become very difficult to analyze and understand over the years. Many pricing changes have occurred in the past couple of years, which has certainly affected a merchant's bottom line. In fact, since April 7, 2006, if your business is classified as "tax exempt," there is a strong possibility a Visa tax-exempt transaction would not clear at the most favorable rate.

In addition, all the different card types such as rewards, world, corporate and business — to name a few issued by the banks — have changed the market. Most of the time, when accepting these card types, they will not clear at the most favorable rate. Remember, not all merchant service providers charge the same fees, and they all have the ability to charge by card type (reward, world, business, corporate, etc.).

It is important for you to read your statements carefully to see where transactions may be downgrading, and work closely with your transaction processor to ensure they are educating you on why you are paying what you are for credit card processing.

For any questions related to this article and for a free statement analysis, please contact Kim Gallagher, First Data Independent Sales, at kim.gallagher@firstdata.com or (760) 552-7603. ■

Dental Care for Shut-Ins Is Rewarding

The Los Angeles Times on June 19 ran a story about Dr. Cal Kurtzman, a 74-year-old dentist who retired from his Santa Monica practice and then, three years ago, founded Comprehensive Mobile Dental Care. His Nissan Pathfinder is outfitted with everything he needs to serve the dental needs of patients who can't come into an office. A recent survey of Los Angeles County residents showed that nearly a third had not had a dental exam in three years, primarily because of cost and lack of transportation. Dr. Kurtzman now spends three days a week going to nursing homes that otherwise receive no or minimal service from dentists. Dr. Kurtzman says he wants other dentists to know that the work "is rewarding both mentally and financially and they can help bring dental care to the entire untreated population … I'm happy to get up in the morning."

To learn more, contact Dr. Kurtzman at (310) 458-1068. ■

Orienteering: A Mental and Physical Challenge

Brush Up on Your Map-Reading Skills and Get Racing

By George I. Meszaros

If you enjoy running and are proud of having a well-honed sense of direction, the sport of orienteering may be something you could excel at. Orienteering is part cross-country run, part navigational puzzle, and it demands that participants synthesize physical fitness with mental acumen. For young and old, beginner and expert alike, orienteering provides the chance to learn new things, develop new skills and have a blast doing it.

So what is this sport called orienteering? Orienteering is a race against time and your fellow competitors through a forested or otherwise natural area. Using your map-reading skills, you find specific sites, called "controls," throughout the course. Once you've found all of the controls, get to the finish line, where your time will be recorded and ranked with the other competitors in your group.

The orienteering story begins in Sweden in the late 1800s. Developed in the military as an exercise to sharpen map-reading skills, orienteering was popularized by a man named Ernst Killander who brought it to the schools as a way to increase interest in track and field, where it finally became a compulsory subject. Orienteering made its way to America in 1941, and today, there are orienteering clubs in almost every state, and regular meets are held to attract local and international competitors.

So let's consider one of these meets. First of all, who can participate? The answer is anyone. At any given meet, there are several courses set up, each of which is geared toward a different level of skill. For children, there is what is called a "string" course. As its name implies, a string is run along a course through the woods, and children, accompanied by an adult, can get their first taste of this fun sport.

The list of things you need to bring is short and consists primarily of old and comfortable clothes. Most clubs offer compass rentals, so you don't even need to buy one if you don't want to. In short, this is anything but an equipment-heavy sport.

Race coordinators will put you into the proper category once you've registered. For first timers, there is a comprehensive course on the ins and outs of orienteering. From there, you are ready to begin. What you should now have in your hand is a map, a compass and a race card. As you will learn in the mini-camp, your map is a special orienteering map, which is topographical, meaning that all the features of the land over which the course is run are depicted in detail.

On this map, the start is marked as a triangle, the finish is a double circle and the controls are circles numbered in the order that they should be visited in. So the first thing to do at the start line is find that triangle. The next step is to orient your map.

Hold your map in front of you with the compass on top of it and then slowly turn it until your compass needle, which always points north, is aligned with the top of your map. Now that your map is oriented, look for the first control marked on the map. Now you know what general direction to head and by reading the map, you should be able to find your way without incident.

If this sounds a little daunting, don't worry. The white beginner's course is specially designed so that a minimum of map-reading skills are required. On these courses, the controls are found next to very obvious features such as trails, lakes or rivers.

Along with your map and compass, you will also be given a race card. On this card, along with a brief description of the area around each control point, are boxes numbered to correspond to each different point. When you arrive at your control point, you will find a special punch to punch out the box belonging to that control. Each punch is unique to its specific control point; it is very important to punch out the right box.

Once you've gotten to all the control points and finished the race, you can turn in your card. Course officials will rank you in your appropriate course and age group. Even if you don't finish it is important to turn in your card so that the officials aren't left trying to find a missing competitor.

That is as much as there is to negotiating the course. There are, however, a couple of quick points on race etiquette. The starting time for each individual is staggered, so that everyone has a chance to make his or her own way to the control points. As such, shadowing another racer is frowned upon. Another important point is not to linger at any of the control points because your presence might give away its location to another competitor. Remember, the course itself is not marked; competitors must make their own path to each control point.

As you become better at orienteering, you will move up to more difficult courses where the controls are not in such obvious places. By then, your map-reading skills will be at the point where you will be able to chart the most expedient course from one control to the next. Remember, even if you're not the fleetest of foot, in orienteering, using your brains and map-reading skills can easily put you ahead of a speedster who is running about willy-nilly or has chosen a more difficult route.

So, if you are a runner who is looking for a new challenge or an outdoorsman looking to put your knowledge of field and stream to the test, consider orienteering. It is a fun and inexpensive way to enjoy and compete in the great outdoors.

For more information, visit these websites:

- *United States Orienteering Federation: www.us.orienteering.org*
- *International Orienteering Federation: www.orienteering.org*

Why a Dental Practice's Most Valuable Asset Should Not Be Owned by the Practice

By David B. Mandell, J.D., M.B.A., and Jason O'Dell

The goal of this article is to show you how to avoid one of the most common asset protection mistakes so you don't have to learn this valuable lesson the same way many before you did.

We have been writing asset protection books for doctors since 1996. Only 25,000 doctors have actually purchased one of these books. This means that most doctors are not taking asset protection very seriously. In those cases when doctors are making asset protection a priority, most are focusing on personal assets. Though personal asset protection is of the utmost importance for dentists, your goal should not be simply to protect your personal wealth from the practice's creditors.

As the owner of a dental practice that may own real estate, equipment and significant accounts receivables (AR), you have an equally important goal to make your practice invulnerable to creditor attacks as well. This makes sense, as you have probably invested countless hours and much of your personal wealth into your practice. Why would you then want to protect only your personal assets while leaving your practice completely vulnerable? You wouldn't — yet, this is what most dentists do.

Think of an incomplete asset protection plan as a medieval city that only has a wall halfway around it. It is basically useless. Just as a raiding group of marauders could walk around to the unwalled side of the city, creditors can go after the unprotected assets. By having any unprotected assets, you certainly are not discouraging anyone from suing you.

While advanced protection might include tools like nonqualified plans and captive insurance companies (beyond the scope of this short article), the first step in transforming your practice into a financial fortress is to remove the practice's most valuable asset from the practice's operating legal entity.

Why don't you want your practice entity owning its most valuable asset? Because if the operating entity owns the asset, the creditors of the practice can claim it. Your strategy makes your operating practice entity as poor as possible. Then, lawsuit plaintiffs have little to gain by attacking the practice beyond insurance coverage. Establish other legal entities to own valuable assets, and then lease or license these assets to the operating business entity. The following tactics illustrate this strategy.

A. ACCOUNTS RECEIVABLE SEGREGATION

In this technique, a practice can effectively shield what is most often the most valuable entity for a dental practice — its AR. While thousands of practices attempt to shield their AR through the AR financing technique noted below, despite all of its inherent tax pitfalls and interest rate and investment risk, relatively few have implemented this tactic here — which has no tax benefit or financial risks whatsoever. It simply involves a "leaseback" type tactic with the AR between a limited liability company (LLC) for each dentist and the dental practice, using a collection agreement and often, a simple, nonsubstantive modification of a dentist's employment agreement.

Using this technique, if the practice is ever hit with a multimillion judgment beyond coverage limits, the collection agreement can be terminated, thereby shielding the AR completely. Rather than losing millions in AR to a plaintiff (which would occur if they were owned by the practice), the dentist owners could ultimately settle the claim for pennies, or walk away completely, with the AR collected by a new operating entity in a matter of weeks.

B. REAL ESTATE OF EQUIPMENT LEASEBACK

In some dental practices, real estate or equipment may be as significant an asset as the AR, if not more. If so, you must make certain that you create a separate entity to own the real estate/equipment and lease it back to the operating practice entity. Typically, this entity will be a limited liability company. Done correctly, this leaseback technique can also create income tax savings as well. This is achieved by gifting passive LLC interests to children who are in lower income tax brackets (but over the age of 18). In so doing, you can enjoy beneficial tax treatment for some of the rent paid by the practice to the LLC. We have seen this create tax savings above $10,000 annually for some clients — achieved while protecting the real estate/equipment from lawsuits against the practice as well.

CONCLUSION

Many dentists concerned about asset protection fail to adequately shield their practice assets. By only protecting personal assets, they are basically nullifying the benefits of any personal asset protection planning. The first step to take to protect the practice is to remove its most valuable assets from the practice itself. With the proper legal structure, this can be achieved with minimal headaches, and often with subsequent tax benefits.

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Phone Skills Can Make or Break Your Practice

By Stewart Gandolf and Lonnie Hirsch

"If you can get our phones to ring more often, we'll be happy campers!" It would be very hard to estimate how many times we've heard that request in our combined 30 years of health care marketing experience. Hundreds of times would be a conservative guess.

But getting the phones to ring is only half the battle. If your staff isn't really skilled and well trained in phone communication, you're in for a world of hurt when you calculate the actual return on investment (ROI) from your marketing efforts.

And here comes the really important statistic. (Are you sitting down?)

Ninety percent of health care practices fail at this critical business function!

That's right. If you judge success or failure by the ability of your staff to make callers feel comfortable, welcome and cared about, then 90% failure may be a conservative estimate. And if you include sales skills and the ability to inspire and motivate prospective new patient to make and keep initial appointments, then we can probably increase the failure projection to 95%!

Here's another alarming fact. Poor phone skills result in annual lost revenues per practice ranging from the tens of thousands to hundreds of thousands of dollars annually!

If you have a growing pain in the pit of your stomach as you read this, you're not alone. In fact, if you are like many practice owners and managers, you may already know that you have a weakness and vulnerability in this vital area. The real issue is what to do about it.

HOW TO SUCCEED ON THE PHONE

1. The right person in the right job. In many health care practices, the front office staff with primary phone responsibilities are the lowest-paid, least tenured and often least experienced employees of the practice. In other practices, the phones are answered by staff who have been with the practice for a long time — often long enough to develop and ingrain bad phone habits.

A critical point: The folks who answer the phones in your practice are your front-line public relations representatives — and the position should be staffed with this understanding firmly in mind. We're all familiar with the saying, "You never get a second chance to make a first impression." Well, the people who answer your phones are making that vital first impression with your patients. If you are not sure of the impression that your practice gives to callers, consider having a few friends "mystery shop" your phone staff. It's probably not a good idea for you to try

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mystery shopping your own staff. They will (or should) recognize your voice.

Bottom line: Staff this position based on verbal skills, listening skills and sales skills. Oh, and friendliness might be a good character trait to look for, as well. If you have to make a choice, sales experience and a friendly voice trump years of experience working in your profession.

2. Evaluate compensation and incentives. For those of you who feel like you just "can't find good people" to hire, you might ask yourself why the most successful practices seem to manage to attract those "un-findable" people to work for them. You may not always get what you pay for, but you definitely don't get what you don't pay for. The most successful practice owners and managers refuse to compromise in their constant quest for top talent — and when they find the right person, they pay them what that level of talent demands.

Many practices will combine base salary for front office staff with an incentive bonus based on some type of win-win formula. For example, a talented front office employee may have a bonus opportunity tied to increased new patient volume (above a baseline number), matched against patient satisfaction survey scores.

3. Don't short-staff (and overwhelm) your front office. You may think you are being cost-conscious and increasing profits by requiring massive multi-tasking from your front office staff. In fact, you are probably costing yourself many more thousands of dollars annually in lost business due to sub-par phone communications from over-tasked and overwhelmed employees.

If your front office staff burns out from exhaustion and/or frustration because they feel set up to fail with too many unrealistic competing priorities, you lose in many ways. You lose through poor phone communications, people left on hold for too long, abrupt, rushed conversations and lost business from prospective new patients who are turned off by what they experience when they call your office. You also lose potentially good, long-term employees who wise up sooner or later and figure out that there must be a better, less stressful job out there somewhere.

4. Script, train and retrain. Many busy practices these days invest in message-on-hold programs in an effort to control the messages and perceptions of their customers. Yet many of these same practices don't provide any "message control" guidelines for their phone staff to use in their many live conversations with customers each day.

A phone script does not have to be a restrictive device to be resisted by staff that doesn't feel comfortable with someone else's words being put into their mouths. An effective script is more often a series of agreed-upon guidelines and "best answers" to frequently asked questions that can be anticipated by your practice. In fact, your front office staff should participate in the scripting process (along with key management) so that you get their best thinking and knowledge (after all, they are the ones on the front lines each day) and so that they buy into the value of using the script that they helped create.

Training staff on good scripting guidelines and protocols may also be required. Sometimes this training can be handled in-house, but it may be wise to consider a professional trainer for this important assignment.

Regardless of how you conduct your initial training, you should assume that periodic retraining would be essential, whether as a refresher for experienced staff or initial training for new hires — sometimes both. At a minimum, your scripting protocols and guidelines should be refreshed, updated and retrained at least twice a year.

Stewart Gandolf, M.B.A., and Lonnie Hirsch are two of America's most renowned dental marketing experts. They have worked with dentists for a combined 30 years, have written numerous articles, and have consulted with more than 3,000 private health-care practices. Additionally, they have spoken at hundreds of venues across North America to tens of thousands of doctors and dentists. Prior to founding Health Care Success Strategies, Lonnie and Stewart were president and vice president, respectively, of the nation's largest practice marketing firm. You may reach them by calling (888) 679-0050, through their website at www.dental.healthcaresuccess.com, or via e-mail at info@healthcaresuccess.com. ■

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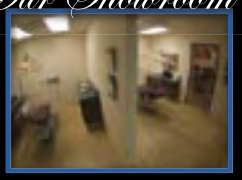

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