

Success ... Where preparation meets opportunity

The highly efficient practice

2012



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Thank you for choosing to spend your time with us. We know that there are many choices in continuing education and we sincerely want this to be one of the best experiences in dental CE today. Our goal is to help you gain greater understanding, confidence, and skill that will allow you to take your practice to the next level in dentistry.....making your practice more efficient.

Please let us know if there is anything we can do to help you as we take a journey down the road of office efficiency together.

If you don't know where you are going, any road will take you there.

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ef·fi·cien·cy (noun)

1. the state or quality of being efficient; competency in performance.
2. accomplishment of or ability to accomplish a job with a minimum expenditure of time and effort



Efficiency

Efficiency – competency in performance, accomplish a job with minimum expenditure of time and effort. That is the goal of this lecture, to discuss ways to increase office competency and to give excellent care to patients with less time and effort. All of us would like to provide better patient service, increase our enjoyment in the office, and become more profitable. *These desires are the RESULT of increasing office efficiency.*

It would be nice if efficiency was just about hiring another staff member, receiving free supplies, inserting \$49 crowns, or buying the magic piece of equipment or tool. Not so easy. **It's more about developing a vision of what you want your practice to be, having a well-designed office with great equipment, having a terrific support team, and doing profitable procedures as fast and well as possible.** Those will make you a happy practitioner. Those are what we are going to focus on.

Knowing where you want to go

What do you like about your practice? What don't you like? It matters not if I show what the most profitable parts of dentistry are if you hate doing those certain procedures. More money NEVER compensates for misery. So if someone tells you to buy a CEREC to put the fun back into dentistry, don't do it if you hate computers. If you are told endo is the most profitable part of dentistry but you absolutely hate looking for canals, don't spend thousands on a new rotary file system. Know what you like. Know what you need to fix. **Know yourself.**

That said, we can all get better. Our goal today is to talk about ways to provide excellent care in an efficient manor.....**to make you more competent, to accomplish great dentistry with less time and effort..... to make your practice more efficient.**



Success is where preparation meets opportunity.

Practice enjoyment doesn't happen if you aren't efficient. If the office isn't efficient you won't be profitable. You can't be profitable if your restorations constantly need "fixing" or if your office is unorganized.

The best way to flourish in any economy is to offer a wide variety of efficient procedures that patients need and want. The staff must be trained and excited about delivering exceptional care and learn to encourage patients say YES to

recommended treatment. This course takes a thorough look at many aspects of everyday practice to promote profitable busyness. We want patients to say "YES" and want dentistry that we think they need. This course is centered on doing excellent dentistry and offering procedures that are highly profitable.

These are the keys components to dental efficiency:

1. **The office**
2. **The staff**
3. **The schedule**
4. **The skill of the doctor and staff**

1. The office

You cannot be efficient if your office limits you. The space you have, layout of treatment rooms, and how things look affect the patients you attract and the efficiency in which you treat the ones you keep. Its not that everyone needs to build a new building or even do major remodeling of the one you have, but sometimes is just some paint, carpet, and a bit of re-organizing of stuff you already have.

You only get one chance to make a first impression. What do first timers see when they walk into your office? If you still have sculptured green and orange shag carpeting, stuffed fish on the walls, and a frosted glass window for the patient to knock on when they arrive in the waiting room, it may be time to re-do the office. No one is cheaper than me but not keeping your office current will cost you money. If the office doesn't look like you do exceptional work, you won't attract patients willing to pay for excellence. Every department must be neat and organized.....don't allow the office to become haphazard and chaotic. KEEP CONTROLL. We will briefly go over each department of the office before breaking everything down more specific with procedures.



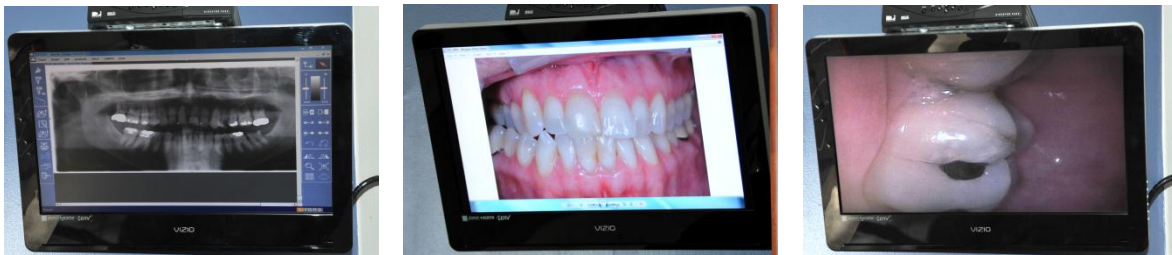
Layout and décor

As you know, I'm cheap. However, having a run-down or out-of-date office décor will cost you referrals and will lower confidence in your recommendations. Not that you need a spa, manicure station, bikini waxing or other SoCal stuff, you just need decorations that are in proportion to the level of quality you provide for patients. Is

your office too small to look un-cluttered? Have you looked at it from a patients view? Sat in the operator or waiting room chairs and looked around?

- **Paint** – You can go nuts in the waiting room if you wish, but midtone blues, tans, or grays in the treatment rooms so the photos and shade taking are better.

- ❑ **Windows** – The more, the better. Don't have window coverings that may impart wild colors that may influence shade taking.
- ❑ **Flooring** – Linoleum, tile or something to wipe up squirting blood. Carpet in all other places to absorb sound.
- ❑ **Cleaning** – Obviously, your staff will NEVER be totally happy with the job the cleaning company does. However, most of what looks "dirty" to a patient isn't the poor way the floors are cleaned, but instead the clutter of the office. Things can be clean or even sterile, but if it looks messy it looks nasty to the patient.
- ❑ **Doors** -- Always closed between waiting room and treatment rooms... less noise, less stress for frightened patients.
- ❑ **Consult room** – Small, intimate, away from squirting blood and screaming patients. Emotional decisions are best made here...canned lights on dimmer, large computer monitor, good sound system, PowerPoint shows for things you want to do more of (cosmetics, implants, ortho, etc)
- ❑ **Sterilization room** – Central location, bright and clean, "fast" autoclaves, organized drawers, dirty to clean arrangement.
- ❑ **Location is key** – Like in any other business, our location in our market is key. Don't be afraid to move or change the office dramatically. Don't waller in an office that won't allow you to prosper. Certainly consider re-modeling if needed.,,,,,,new stuff may put new enthusiasm into a stale practice. The doctor, staff, and patients can all prosper with new things.
- ❑ **Operatories** – Critical these days is to communicate with patients electronically. They are comfortable now looking at monitors and flat screen TVs. It's very easy today to have the computer, digital x-rays, intra-oral camera, and memory card from SLR camera hooked up directly to the television. It's a slam dunk these days for patient acceptance of treatment.



Equipment

Don't let Dentistry Today or Dental Economics dupe you into thinking you must buy all of the latest junk to be a quality dentist. They make money from equipment advertisers and you must be above their wooing. As stated above, new things can rejuvenate a stale office, but wasting money for things that will end up in the basement next to the purged files cant be good. If I could make a list of the most profitable and valuable techy things that have worked for us, I would rank them in this order....

1. Digital bitewings/PA's
2. Television monitors that are also x-ray, intraoral camera, and photo monitors
3. 35mm SLR camera
4. Staff radios
5. Diode laser
6. Digital pan/ceph
7. Intraoral cameras
8. Digital impression system/CEREC
9. "Paper-less" office

Office policy

Don't play that game where a staffer tells you that you told them something different before than you are telling them now. Life is too short. It is critical, legally and to mentally to have policy manual listing the policies for the office...sick days, vacation days, dress, expectations, etc. That way, the Alzheimer dentist doesn't have to remember what he told someone. Things to deal with in the policy...

- ❑ Embezzlement...how to prevent it and expectations for cash and other deposits, daily reports to run, monthly reports. How should all transactions be handled
- ❑ Dress, office talk, clocking in and out, etc.
- ❑ Who is in charge of maintenance of equipment, ordering, stocking, etc
- ❑ Collections and how forceful the front office should be, payment plans offered
- ❑ Benefits defined, time of service required to be "vested"

2. The staff

IT'S NOT ABOUT ME! Let's say it again...
IT'S NOT ABOUT ME!

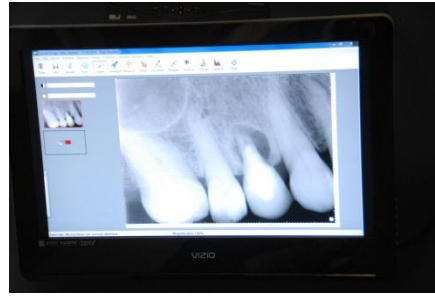
The dental office doesn't have room for a bunch of ME people. We are in this together to provide the best patient care possible as efficiently as possible. Once we develop a great system, we are all replaceable ...even the doctor. The reason to dwell on this for a moment is that if a staff is full of narcissistic people, patient care and efficiency will suffer.

- **COMMAND** respect, don't **DEMAND** respect. Earn your money and responsibility.
- **Staffing: Bigger is not better.** Don't let some practice management person tell you to hire a certain number of people according to amount produced. How many staff you need depends upon your practice philosophy. For instance, a high end cosmetic practice may need half as many staff as an ortho office producing the same.
 - The sweet spot of staffing for a single doctor – 2 assistants, 2 front office, 2 hygienists. The key is that they all stay busy and understand how to help each other out.
 - **"If Mama Ain't Happy, Ain't Nobody Happy"** - Remember, the more you have, the more you have to make happy.
 - If you never give positive feedback, you don't have the right to correct them.
 - Review them yearly...let them know what they are doing well and what needs attention.
- **Pay peanuts, get monkeys:** Let's just assume that everyone feels underpaid and is the hardest worker in the office. OK. Let's also assume that you always make up for the other employees mistakes. Perfect. Now for reality.....maybe you aren't worth more than you make. Just a thought. I will give some examples just so we have a place to start talking. As you see, paying nothing DOES NOT save money.
- **Meetings:** We have a "normal" staff meeting once a month, 2 hours, local restraint, no pay (their choice). We go over collections, production, new patients, patients lost for last 3 months. Then, we do office junk...what things we can do to be more productive, efficient, etc.
 - Always have a type written agenda for meeting...it keeps you on point
 - Praise them and let them know what they are doing right before doing anything else.
 - Go over numbers for the past month, compare for last 3 months for office trends. We do production, collections, new patients, patients lost, accounts recievable.
 - The staff will take much more ownership in the practice if they know what's going on. It starts with letting them know your practice vision and how it is being met and continues with goals and where you want to see the practice in the future.
- **State of Office Address:** Once a year (February) we go over all numbers for practice for year. Compare major procedures during practice history.... Trends? We always set **REALISTIC** goals for the office i.e. take 400 panorex or do 600 sealants. The goals from the previous year are analyzed and critiqued.
- **Correct in private.** 'nuff said.
- **Get rid of those who hinder...**be nice and set them free.
- **Stealing...** most "stealing" isn't obvious. Much more subtle than ripping off something.
 - Embezzlement...don't make it so easy, encourage honesty
 - Reports showing charges, deposits, adjustments, and balance with cash book. Check at end of EVERY day. Be diligent.
 - Only doctor takes the cash.
 - Deposits mailed or taken to bank, deposit slip mailed back, stapled to copy of reports for that day.
 - Enter deposits for office in Quicken at home (it takes seconds).
 - Monthly collection report run showing cash, check, and charges. It must balance with Quicken numbers.
 - When clocked in, limit personal stuff....if staff can't find something to do, doctor can find something
 - Social media, what is your policy. Is it OK if assistants get up in middle of their procedure to check their Facebook? Why is it OK for front office to "Tweet" or e.mail at work? Have a policy, be consistent.



Hygiene

The hygiene department is often called the **“backbone” of the practice**. If 20% of hygiene visitors have something that needs to be fixed, 2 hygienists will keep most of the doctor’s schedule busy. Therefore, it is prudent to keep the hygienists happy and productive. **There are 3 main goals for hygiene...1. Clean GENTLY but thoroughly 2. Keep the pre-appointment system as full as possible 3. GET ME OUT OF THERE as soon as possible.**



How many do you need? I prefer 2, don’t like 3...I have to get up too much. Always an extra hygiene chair, she can get started on next patient if waiting for doctor.

1. **GENTLE cleanings** will help the appointment book stay full. In our world, its better to leave a little calculus and have the patient come back in t3-6 months than it is to get all the scum off and have them wait another 10 years for a prophy.



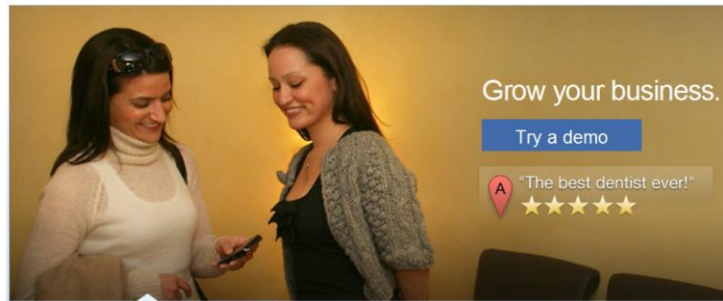
- ✂ Piezo electric scaler—easier on the staff and the patients. We use Pro Select (Zila), have multiple tips for each hygiene room. Much more comfortable than regular ultra-sonic due to path of motion. Has hands free controls with self-contained irrigation system.
- ✂ Irrigation with chlorhexidine, fluoride, warm water
- ✂ Offer nitrous, local, topical, or sedation as need arises. We almost always do prophy at first appointment unless scaling and root planning is needed.

✂ Soft-tissue management normally is 2 one hour appts, 2 quads each appt with local given by doctor.

2. **Encourage pre-appointing.** We are busy and *“would like to offer you a reservation so you can get the time that works best for you”*.

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- Let doctor know you are ready for exam BEFORE making appointments.
- Appt time according to what the hygienist thinks they will need. Our average is 40 minutes per adult and 30 minutes per child. More for difficult patients, less if few teeth or multiple family members being seen at one visit.
- Pre-appointment should be made on 90% of patients. Others go into computer for card and electronic reminder of being due for their cleaning and exam.
- Allow them time to put it in their i-Phone or Blackberry.
- Let them know we will contact them with electronic media (text or e-mail) the week before and the day before their appointment.
- **Demandforce:** Electronic confirmation of appointments and practice surveys (\$199/month). Sesame is very similar. 3 text messages to confirm (1 week, 3 days, 1 day), 2 e-mails. Always ask patients for updates on e-mail and cell phone numbers so the system stays current. (1.800.246.9853)

3. **Make it fast for the doctor.** The staff must always be thinking on ways to get me out of a room as soon as possible (nothing personal). Hygiene is key to staying on schedule for the entire office. If the doctor gets “stuck” on a long exam, everyone runs behind.

- ☺ On the tray cover of anything needing attention at the exam...assume that we dentists are blind and mentally consumed by the other patient we are working on.
- ☺ Images taken on intraoral camera of needed treatment BEFORE I walk in.
- ☺ Radio for me BEFORE you start to polish.

- ☺ For scaling and root planning, have all anesthetics ready, probe and chart while waiting for anesthesia to set in.
- ☺ If you wait more than 5 minutes, apologize to patient then come hunt doctor down.
- ☺ Expect me to do the second hygiene exam, no matter how far along the 2nd cleaning is, so that I have to get up less often.
- ☺ Make re-care appt while waiting for me. Hygienist determines treatment time according to perceived need. Standard in our office is 40 minutes for adult, 30 for child. Families with multiple children “stacked” in both columns.
- ☺ Hygiene rooms equipped to do fast procedures like replace sealant, simple composite repair, polish porcelain, impression for retainer or bruxism splint...handpiece, curing light, Sof-Lex disks, burs, Tooth Slooth...
- ☺ Show patient on TV monitor: tooth scuzz, broken teeth, fracture fillings, x-rays of decay, Oprah.



- ☺ AFTER I shake hands and leave, go over treatment plan and explain treatment.
- ☺ Have front office go over treatment plan if running more than 10 minutes behind.
- ☺ WALK patient to front desk...introduce front office person who is helping them next.
- ☺ Sterilize hygiene and assistant instruments as needed.

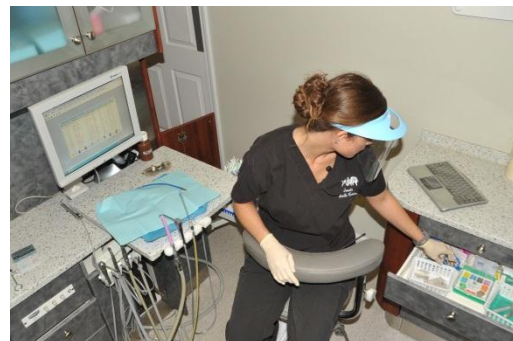


- ☺ Printed materials to hand out – Invisalign, Nitrous, All-on-4, Ortho, Implants – to help educate patients. Refer to web site for re-enforcement.
- ☺ HELP ASSISTANTS—seat patients, take alginates for retainers, appliances, bruxism splints, bleaching trays...x-rays of emergencies.
- ☺ Disclosing solution – 2-Tone, dramatic colors, new plaque is red old is blue, brushes off easy
- ☺ Topical anesthetics – Profound is 10% lidocaine, 10% prilocaine, 4% tetracaine...originally made for laser treatments (Stevens Pharmacy, www.stevensrx.com)

Assistants

Obviously, the doctor assistant relationship is critical to office efficiency. Perhaps no other part of the office gets the abuse and praise than the assistants get. It's a tough world. How many do you need? This is totally subjective and depends greatly on office treatment philosophy. I like 2...just enough to get lots of stuff done but seldom is one of them not busy. I think the key for assistants is to stimulate them to do more for you...there's more to life than cleaning instruments and sucking spit. Involve them in treatment. **There are 3 main goals for assistants...always have everything the doctor needs ready, be an extension of the doctor in words and care, and GET ME OUT OF THERE as soon as possible.**

1. **BE READY** – don't leave when doc walks in...all stuff normally used for everything scheduled for that appt including x-rays and updated history
2. **BE SMART** – KNOW what's happening before doc walks in, prepare the patient by going over treatment and what is to be expected
3. **BE INFORMED** - report to doc before he/she walks into the room, communicate pt apprehensions or changes in the plan
4. As much stuff set up in advance as possible...anesthetic syringes, topical, instruments, handpieces, burs on blocks
5. Organized the drawers so that all operative rooms are IDENTICAL! Most stuff needs to be in reach without getting out of the chair
6. Fast sterilizers and a backup



7. For emergencies, explain that we are going to do what we can to help with the problem and make them comfortable, take x-ray, or intra-oral photo. Have temp stuff ready for broken teeth (Shofu glass ionomers cement for broken cusps, self etching bond agent and composite for others).
8. Radios – communicate with staff about things needed, location of doctor, finished procedure...
9. **Train and trust them** (within your state laws) to be competent in patient care ... sealants, reline dentures, make appliances, bleaching, polish fillings, denture repairs, smooth or adjust fillings, etc
10. **Encourage advancement** – expanded function or certification adds commitment, dedication, and skill. Allows more than sucking spit all day. DANB = Dental Assisting National Board (1.800.FOR.DANB) JUST DO IT!
11. **Invest in them** -- Use staff meetings, in-office training, conferences, lunch and learns to educate them on things you want them to know. Teach them how to do things the way you want.
12. HELP hygienists—seat patients, clean rooms, stock, do instruments as they need help. Look for ways to help their efficiency..

Front office staff

Often the most underappreciated part of the office...often can't sit down because of the butt chewing they get when the schedule falls apart.

- ☛ Clutter free!
- ☛ Computer monitors at 3 different areas – check-in area, check-out area, private area for discussion of past due accounts and billing
- ☛ Radios – After greeting the patient, they must let the treatment staff know the patient is ready. All fee arrangements and treatment changes should be noted.
- ☛ Updates done EVERY recall ... phone number, e-mail, home address, employer, insurance
- ☛ Remind staff when a patient has been in waiting room more than 10 minutes. Offer to seat patient or help clean room if needed. (No one leaves until WE ALL LEAVE at the end of the day)
- ☛ Look at waiting room and guest bath room a few times a day to see if something is needed.
- ☛ Coffee machine, popcorn machine, bread machine, cookies..... offer things and keep the dental office experience as much like being at home as possible....lessens dental office smell as well.
- ☛ If running behind, ask treatment staff how much longer on radio. Apologize to patient...offer chance to reschedule and discount if extended wait....Keep patient informed.
- ☛ See “the Schedule” for more front office stuff below.



3. The schedule

It hardly matters that you have the best hands since GV Black or that your staff all look like JLo if there aren't fannies filling all the chairs. Creating a need for your services is critical for efficiency. There must be systems in place to keep the drills humming.

Schedule engineering.....the front office

This is no easy task. It is so easy for the assistants or hygienists to complain about those “goofy front desk people...Why did they stick that patient in there!” The goal of the front office at Eureka Smile Center is to do the following in this order:

1. **Greet every patient:** STOP what you are doing, smile, and say something nice. “How you doin?” ... act like you CARE they just walked in. We know you have 8 phone line ringing, insurance to file, and e-mail to answer, but

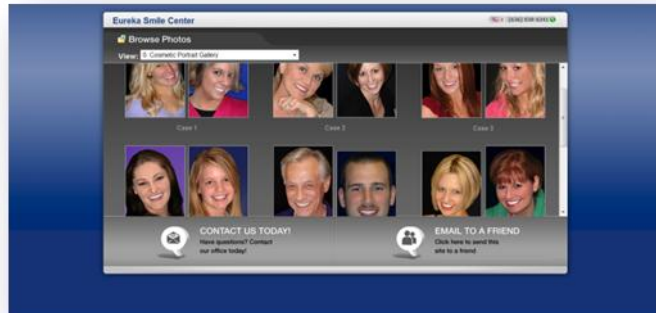
KODAK SOFTDENT Practice Management Software v12.5.6

DAILY OPERATORY SCHEDULE

	(1) Dr. Griffin	(2) Jack's Middle	(3) Nancy	(4) Tammy
07:00a		Allison****	Anthony Ha EXAM+	Nick Barnh ADPRO
07:10a	Eliana Giar	REGIM		
07:20a	NITCHI	Elizabeth B		
07:30a	POSCO.	SEAL (..		Doug Loudr EXAM+
07:40a				
07:50a				
08:00a	Amy****V			
08:10a	REMO.	Erin Duree	Jenny Batte ADPRO	Robert Fori ADPRO
08:20a	GINGH			
08:30a		Preston***		
08:40a		ORTHOD		
08:50a	Diane Darr			
09:00a	PORC.		Rima Shah EXAM+	Brian Butlei EXAM+
09:10a	CRBU (..	Henry Cons		
09:20a		CONSUL		
09:30a		Implants	Dennis Cop ADPRO+	Kristen Ban 4 ADPRO
09:40a				
09:50a	Laurel Chic	Jason Lind: 1		
10:00a	ANTCO..	INSERT.	Marvin Myk 4 ADPRO+	Carol Myler 4 ADPRO+
10:10a	ANTCO..			
10:20a		Carolyn Tru		
10:30a		EMERG		
10:40a	Karl Gault	EMERG	Bryan Hunk 1	David Jr Hc ADPRO
10:50a	ENDCOZ	EMERG		
11:00a	ANTCO..			
11:10a	PORC.	Alexandra	Reginald U. ADPRO	
11:20a				
11:30a		Rick Nord		
11:40a		INSERT		
11:50a			Elizabeth C EXAM+	Barbara Wi ADPRO EXAM
12:00p				
12:10p				
12:20p				
12:30p		Joanne Fisi		
12:40p				
12:50p				

2. **Web site** – Have it designed by a “quality” designer. It is crucial to many cosmetic offices but important for all practices. Development must be done by a company that makes professional sites and can position the site high in search engines for those surfing for cosmetic practices in your area. There are many factors that influence the positioning in search engines. Layout, wording, content, and host diligence in positioning are all factors. There are many factors influencing the success of the site:

- ✓ **Professional appearance** – since we are professionals we need the site to be organized with a look that is proportional to the quality of work you are trying to perform ... have site **mirror the look, feel, and image of your practice** ... list credentials, affiliations, and advanced training that may separate you from other dentists in your area
- ✓ **Great gallery** – taking quality before and after images on all cosmetic cases will give you a portfolio of gallery images that will be the backbone of your site ... the images can be merely before and after portraits or may include close up images explaining treatment performed
- ✓ **Concise information** – describe the basics of treatment with some information like expectations, treatment choices, and what they can expect but don’t go into too much detail ... web sites visitors are looked at mainly because of color and photos with detailed information looked at secondarily (**By the way, WAKE UP!**)
- ✓ **Experienced dental designer.** Use a company with a portfolio of professional practices – you can use some of them to pattern your site after ... make sure you understand clearly the web site design fee, hosting fees, content update fees, portfolio update fees and how they will position you in search portals
- ✓ **SEO.** Consider search engine optimization (SEO). It will make your site more visible when patients do searches for dentists in your area.
- ✓ **Office forms.** Have forms you normally use available for patients to download, i.e. Health history, informed consent, directions to the office.....
- ✓ **Educate and persuade existing patients.** Use your site to support what you tell patients in the office...*“Please see our site on implants...we go over cases similar to yours”*.



3. **Internal marketing** to your existing patients with your own cases may be the single best way to increase your cosmetic cases in your office. The investment is minimal. Marketing with photography is fairly simple if your results are good. Even if results aren’t “perfect” changes are usually dramatic enough to make patients want the cosmetic dentistry that you like to provide. Purchasing cosmetic dentistry is an emotional experience and anything you can do to “heighten” the emotional experience while remaining professional will increase your case acceptance

- ✓ **Wall art** – Printed photos of YOUR cases with maybe a brief explanation. Print them in high quality and replace every 2 years as they begin to fade. Remember, you must get permission.
- ✓ **PowerPoint** – In this high tech age, something on the computer is a natural for them. Have a few shows made up for procedures you perform often (or would like to) ... ortho, implants, veneers. Just make a template show that is always ready to go explaining the procedure. Just plug in their photos. Make it informative, not a lecture...Ask questions “What do you see?” Show in consult room, canned lights dim, decent sound system...remember, it’s an emotional decision.

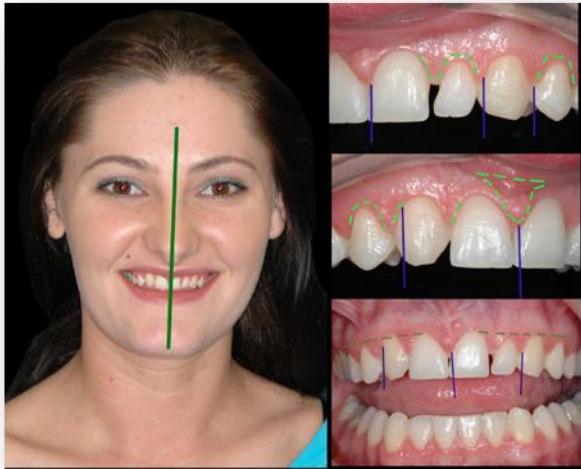


- ✓ **Have you considered?** This is the most effective question in dental marketing. Have you considered straightening your teeth? ...having whiter teeth? ...paying your bill?
- ✓ **Show them what is wrong** – Just giving them a treatment plan? Are you kidding me? In today's world they need photos, electronic verification, and proof that you good enough to do the job. Quality photos and/or the intraoral camera are priceless when it comes to closing the deal on a large treatment plan.
- ✓ **E-mail** – A “tickler” with the smile photos you went over with them during their consult. Remind them of how ugly they are. Don't pester them... just one e-mail to stimulate them towards needed treatment.
- ✓ **Follow up call** – phone call 3-5 days after a proposed treatment plan. Anything larger than \$5000 get call from the asst who helped plan the case.

Photography

Photography is often overlooked as merely a marketing tool and it would not be an exaggeration to say that photography is a critical part to ultimate case success. There are several reasons to become efficient with excellent photography:

- ☞ Analysis of case ... pre-op photos studied before prepping case, away from operatory distractions and bias. For difficult cases send to the ceramist before prepping case.



- ☞ Blue print ... Keep you on task during preparations. Marked desired hard and soft tissue changes
- ☞ Patient consult ... often patient don't realize what treatment is needed until seeing themselves on a large monitor, often patients only look from straight on forward position, emphasize what they don't usually see like the smile from the side....great motivator to include more teeth in tx
- ☞ Lab communication ... allow ceramist to EXPERINCE the case, include all pre-op images, treatment images, mock-up and temporary images.
- ☞ Treatment images ... show the bite alignment guide to show your alignment,

show temporaries or mock-up accepted by patient to give ceramist idea on shape and position

- ☞ Post-cementation images ... check for cement removal, places that need to be contoured, and evaluate overall work for needed corrections
- ☞ Post op images ... 2-3 weeks after final cement removal, analysis of techniques and materials, marketing

Photographic Equipment should be purchased that is in proportion to the quality of work you are trying to do. That said, there must be some limit. For instance, do you have space and time to set up a dedicated portrait studio? Do you have to become proficient with posterior photography? Do you have time to manipulate photos to make up for inferior techniques or equipment? It doesn't have to be overwhelming, overly time consuming, or very expensive. The following are efficient photography “must haves”:

1. Camera ... SLR, 100-105mm macro lens, macro ring flash
2. Retractors ... self or patient holding
3. Warm water ... water bath or microwave to prevent mirror fogging and aid retractor insertion
4. Mirrors ... glass or metal
5. Contrastor ... black or grey to prevent un-natural flash bounce
6. Background ... felt on wall, movable board, muslin

Camera can be one of several high quality bodies. Canon (5D, Rebel Xsi, 50d...) and Nikon (D300, D700, D7000...) control most of the market. Both companies offer cameras that can capture great images with proper set up:

- * Probably best to by package from dental camera dealer (i.e. Photomed, Norman Camera, CliniPix) ... they charge slightly more than assembling your own system but support is worth it

- * Use "A" or "M" mode – "A" aperture priority mode is simple and requires only changing the "f/stop" as you move closer to the subject ... this controls the light entering the camera which may be the single most important factor in quality image capture. If "TTL" (eTTL on Canon, TTL BL on Nikon) you only need 2 f/stops, maybe portraits around 6 and all else around 22.
- * Understand histograms to make sure your f/stop settings are giving proper exposure
- * Set camera to high resolution settings – capture in RAW or high quality (low compression) jpeg images
- * Use flash that can control light manually or with "TTL" metering

Images in addition to the AACD series
Clinicians choice...consistency is the key



AACD series



Nikon D300, Niker 105mm macro lens, Sigma macro flash.
"A" mode... f/stops 5.6, 25, 51

Image series should be consistent. Use the same camera, settings, and positions for pre and post op images. Exactly which images are needed is subjective but you should decide what fits your goals and be consistent with every case. There is never a 2nd chance to get pre-op images. Take them on every cosmetic case before doing any final treatment planning.

Portraits are the key for marketing and to ultimately check the quality of our work. They can be as simple saying something funny to get a natural smile and having the patient copy the pose of a magazine you show them. Hiring a professional photographer is probably best with having a dedicated portrait studio with various flash components and muslin backgrounds second. However, many of us have neither the time or space to do these. Certainly reasonable images can be done with the SLR camera systems we already have with very little effort.

- ☛ Standard treatment room is sufficient for efficiency over dedicated studio
- ☛ Have patient sit up in chair or stand in hallway



- 👤 Place felt on wall or use non-glare bulletin board behind patient in the chair
- 👤 Make sure camera “white-balance” is set and correct
- 👤 Take first smile image from straight in front of patient
- 👤 Next do poses ... “turn or tip something” ... copy magazine poses
- 👤 Think about “Portrait Professional 10” to enhance portraits

4. The skill of the staff and doctor

Not the most popular of topics. It may mean changing you or me. Just like there is no magic pill for weight loss, there is no magic pill for increasing efficiency. Both take dedication and life-style change. Remember... our above definition of efficiency. Competency is an obvious component to working with less effort and in less time.

Doc on RED BULL

Some dentists can shotgun 6 cans of Red Bull and still seem to work in slow motion...they almost go backwards. No matter the size of the match you light under the doc’s fanny you cant seem to speed the procedure up. You will never make him or her go faster...it just can’t happen. The place to increase efficiency is to never keep ole lard butt waiting. In other words, let doc work slow himself (or herself) just don’t add any other slowness to the system.

Dental procedures

This is not a materials or technique lecture. On the other hand, the **type, speed, and quality of the procedures your office performs** is the single greatest component to office efficiency. We are in the business to deliver the goods in the clinic. If we aren’t organized we will always run behind. If we don’t do the job right, we will waste time “fixing” things. If we don’t offer a variety of services, we may have too many holes in the schedule. It all works together. We will start with the basics of clinical dentistry and cover the areas influencing efficiency briefly...the goal is that your office picks up a few little things to improve your efficiency and skill. Obviously, taking CE and learning from the masters is a key.

Warranty work

It has been written that up to 10% of schedule time is devoted to “warranty” work. Adjustments? Replacements? Porcelain repairs? Composite chips? **“Doc, it never hurt until you fixed it!”** Trust me, it happens to ALL of us. The key is to limit this amount of time by doing procedures and using materials that keep this to a minimum. Goal...less than 2% of time devoted to this. There are 480 treatment minutes in an 8 hour day. Can we get that down to 10 minutes? If we average way over that, we must question our techniques and materials.

The following procedures are every day, bread and butter procedures for many of our offices. The more of them we routinely offer, the more recession proof we are. The busier you are, the more you can with stand referring out those aspects you don’t like doing. In my world, we refer very little...difficult impactions, patients who need to go to sleep, endo retreats or canal space I cant see on a 21 inch digital x-ray, complex bone grafting, wild pathology. It’s kind of weird, the better you become at something (the more efficient you are) the more you tend to like doing it. Near each category is the **efficiency key ... that aspect needed to provide excellent care in an efficient manor.**

Procedures – excelling at these will help insure efficiency:

1. **Looking GOOD** – **efficiency key:** the better you see, the faster you diagnose and correct dental problems. Magnification and lighting are an absolute key to ALL CLINICAL DENTISTRY!
 - a. I have used loupes since being in practice. Currently the Surgitel 4.5 prism on Oakly “Half Jackets” and Orasoptic are what we use. Can’t see without it any more. 2 back up pairs.
 - b. LED light...Love the light, hate the cord. Still, gotta have it.
 - c. Hand piece lights...they should be bright, not yellow. Have the fiber optic cable rebuilt if yellow. Make sure assistants know how to change and service them.
2. **Injections** – **efficiency key:** profound painless anesthesia with very few “misses” Obviously critical that we don’t hurt people any more. **“That’s the best shot I’ve ever had”** should be routinely heard in all of our offices at this point.
 - a. Needle - 30 ga short for all infiltrations and blocks. B&D was by far the best, stopped making it for dentistry. Now, Transcodent Painless Steel 30 ga short needles for all injections. Bevel mark towards bone.

- b. Location – Infiltration for all maxillary and mandibular second bicuspid forward. (articaine is key) Blocks for endo and mandibular second molars only. Never palatal except for surgery and maxillary molar endo.
 - c. Topical – Dip cotton swab in topical container, place in needle end cover so its ready in advance. Ultracare (Ultradent) Fairly dry tissue, let set 30 seconds. Profound (Stevens) same 30 seconds...rinse well to prevent sloughing after 3 minutes
 - d. Citanest (prilocaine) – Always pre-loaded in all of our syringes. In each treatment room, articaine is laid out for ultimate anesthetic. Prilocaine used to numb soft tissue with very little irritation going in, therefor less pain.
 - e. Septocaine (articaine) – Provides the best pulpal anesthetic in the history of my practice. 4% solution gives great strength and penetrated bone extremely well for infiltrations. On blocks, aspirate and give slowly to prevent nerve trauma and potential paresthesia.
 - f. Maxillary – A few drops prilocaïn given between every 2 teeth. If numbing incisors, the first injection is between the 1st bicuspid and cuspid – wait 1 minute – inject a few drops between cuspid and lateral – wait 1 minute – articaine in desired location very slowly (about 1 minute per half carpule).
 - g. Mandibular – infiltration is same as on maxilla. For block, continuous slow drops as going straight for target – should take about 30 seconds to get there – about half carpule gone by time your at mandibular nerve – dump in rest of carp very slowly – wait 1 minute – give articaine block at same location slightly faster rate.
 - h. PDL – Great alternative for work on single teeth. 30ga extra-short needle with bevel towards tooth. High pressure into furcation for 60 – 90 seconds. Must engage PDL solidly.
3. **BONDING** – *efficiency key: long term restoration sealing with minimal leakage and sensitivity.* The techniques are almost universal depending upon how much enamel is present and if the curing light can get to the material to cure. Etch or no etch? We’ve all been through various phases with this from ClearFil to One-Up Bond to all the new stuff. Summary, we ALWAYS etch enamel to prevent brown lines at margins 2-5 years p.o. Total etch for most restorations.
- a. “Light can get there” restorations – routinely for anterior and posterior restorations: Total etch for 15 seconds (i.e. Etch 37 – BISCO), rinse 30 seconds with a/w spray, suction and light air to leave moist, apply several coats of single component bonding agent (i.e. One Step – BISCO, i-Bond – Heraeus-Kulzer), air thin, cure, place .5mm layer of flowable (i.e. Dyract Flow – Dentsply, Venus Flow – (Heraeus-Kulzer), fill in increments with composite.
 - b. “Light CANT get there” restorations – routinely for bonding posts, core build-ups, fixed prosth: Total etch for 15 seconds (i.e. Etch 37 – BISCO), rinse 30 seconds with a/w spray, suction and light air to leave moist, apply several coats of dual component bonding agent (i.e. All Bond 3 - BISCO), air thin, bulk fill with build up material (i.e. Core-Flo DC – BISCO), shape, cure
 - c. “Bulk Fill” – Paul Belvedere taught me bulk filling of composite in the early 90’s. No new concept but materials have certainly improved here. Older materials like Alert (Pentron) and Quixx (Dentsply) have been routinely replaced with Venus Bulk Fill (Heraeus-Kulzer) or SureFil (Dentsply) things are looking up here. This is a real time saver when it comes to quadrant dentistry. After proper DBA placement, we fill first with Venus up to 4mm thick, then cover it with a nice looking, less clear material Venus Diamond. This is very nice. Surefil or Quixx can be placed and covered similarly.
 - d. Beautifil Flow Plus from Shofu is changing how we do routine composites. It’s called a GIOMER and the real key is the entire restoration is done in flowable but the strength is that of a traditional hybrid composite with the bonus of rechargeable fluoride release. This stuff is unique and really amazing. Etch, bond, cure the tooth with your preferred DBA. Then place the flowable flow to the pulp walls, cure, then build up in increments with the low flow flowable...entire restoration filled with one of 2 flowables.
 - e. “No-etch” ... almost – First etch enamel 5-10 seconds (Etch 37 – BISCO), rinse well, self etch adhesive (All-Bond SE ACE – BISCO) “worked” onto entire restoration with micro brush, air thinned, cured well, .5mm flowable (i.e. Dyract Flow – Dentsply) on pulpal walls placed and cured, flowable placed and forced out with nano composite (i.e. Filtek Supreme Ultra – 3M).
4. **Composites** – *efficiency key: great contacts with patients seldom having post op sensitivity.* It is imperative that we excel in composites and bonding in today’s dental world. Obviously curing depth, rate of conversion, and shrinkage are all factors but perhaps none is as critical as your isolation and bonding techniques.
- a. Anterior Composites –3 levels of opacity needed. Dentin, enamel, and incisal. Many great brands.

- i. Assistant must try on and check shades before Doc walks in
 - ii. Don't dork around, 330 bur remove almost all decay and bad stuff in one trip, caries indicator, remove decay, caries indicator again
 - iii. Bevel all margins, total etch if most of margin on enamel, self-etch if most of margins on dentin
 - iv. Complete with finish diamond, finish burs, composite knife, floss.
 - v. Isolation usually in our office with See-More retractors, occasionally with rubber dam
 - b. Posterior Composites -- Less opaque cures deeper, we use only enamel shades in composites.
 - i. Prep, caries indicator, bevel
 - ii. Multiple teeth in quadrant, do center one first with sectionals or full contour clear matrix (SuperMat or Garrison Blue View Pinch), then do neighbor teeth with V3 system (Triodent) or Composit-Tight 3D (Garrison) for unbelievably great contacts. The key is installing them right.....practice, practice, practice.
 - iii. After bonding of entire prep flowable 0.5mm deep or bulk fill 4mm deep cured on pulp floor, 30-40 seconds
 - iv. Isolation with DryTips, Denta-Pop, Isolite, or rubber dam
- 5. **Crown and bridge** – *efficiency key...assistants do all aspects of temp construction and shade taking, everything must be ready for impressions, retraction, build-ups... on ALL CASES.* We need materials that won't break and techniques that provide restorations that seldom need adjusting. The "cosmetic revolution" has provided us with many materials that DO NOT withstand the test of time.
 - a. Anterior crowns – Assistant builds up any missing tooth structure with composite, alginate impression, speed stone, clear matrix. Alternative if teeth are aligned well is putty matrix
 - b. Posterior crowns – Assistant builds up any missing tooth structure with composite or glass ionomers cement, then putty matrix in bite tray
 - c. Materials -- obviously many factors determine overall strength and esthetics. Can it be bonded? What is the occlusion like? What is the esthetic IQ of the patient? What materials does the lab use and what is their proficiency? Generally speaking we do the following in 2011:
 - i. Highly esthetic, good strength crowns – lithium disilicate (i.e. eMax) routinely used for esthetic cases including veneers, anterior crowns, and short bridges in the anterior. Lithium disilicate has 4X the flexural strength with same esthetics as leucite reinforced (i.e. Empress, Authentic). Cementation: Duo-Link and AllBond ACE (Bisco), Multilink (Ivoclar), Unicem (3M)
 - ii. High strength, good esthetics posterior crowns – all zirconia monolithic crowns ... full contour zirconia with NO layering porcelain, layering porcelain lowers overall durability about 5X. ALMOST a gold substitute. Cementation: RelyX Luting (3M) if retention is good, Z-Prime Plus + Duo-Link + AllBond ACE (Bisco) if retention not so good
 - iii. Highly esthetic, moderate strength bridges – monolithic lithium disilicate
 - iv. Moderate strength, high esthetic bridges -- zirconia or metal framework with layering porcelain. Remember that the layering to zirconia or metal is the weak link...bonds about 5X less than flexural strength of bridge framework.
 - d. Cementation –
 - i. RelyX Luting (3M ESPE) is a hybrid resin modified glass ionomers cement. This stuff just is great...low solubility, easy to mix and clean up, and almost no sensitivity. It's practically a must for zirconia crowns, PFM's, bridges, and gold crowns.
- 6. **Endo** – *efficiency key: Excellent access and magnification to find all canals quickly, efficient canal prep, and obturation with great length control and dense fill.* Perhaps overall the most profitable procedure in dentistry. Extremely low overhead unless it takes too much time to treat or if success isn't over 95% (pain free for over 5 years with no signs of infection). The better you are, the more you will like it
 - a. Great anesthetic, rubber dam for isolation
 - b. Canal preparation – everyone is going rotary, we have gone back because of a few separations. Consider the self-reversing drills if doing rotary.
 - c. Trust the apex locator. J Morita Root ZX II is a must. Adequate access, fluid in canals is fine but not in pulp chamber. Remove all soft tissue from chamber, take 15 file half way down each canal. The file cannot touch area be within 2mm of metal. Rinse blood and dry chamber before going into canal with 15 file on locator. Check each canal with 15 and 20 file to verify.
 - d. Obturation is done 95%+ of time in single appointment since 1990. Keys, antibiotics for all symptomatic or swollen tissues 1 week prior. Have great length control, never far out the apex. If bleeding persists, ferric sulfate soaked paper points sit in canal 10 minutes, repeat if needed.

- e. Coronal seal is critical for success. We do all build-ups or post and core with the rubber dam on at the endo appointment. For build up, remove gutta percha from pulp chamber and do total etch 15 seconds, All Bond 3, then a build-up material (Core-Flo DC). Light cure, take out of occlusion, finish.
 - f. Posts – We use posts in all anterior teeth, upper bicuspids, and other teeth that are missing more than ½ the coronal crown. Primarily D.T. Light-Post Illusion, a fiber double tapered post that changes to a color when cold.
 - g. Check with radiograph. Often will prepare the tooth for crown if time, impression, and temp.
7. **Vacuum forming – efficiency key...do the work the second it is treatment planned unless far behind.** We use materials that are easy to trim, polish, and suck down. This applies to retainers, bleach trays, and bruxism splints.
- a. As soon as the procedure is described to patient, treatment plan made and signed
 - b. Alginate taken by hygienist if in hygiene, by assistant if patient is waiting for hygienist
 - c. Pour up in quick set stone (i.e. Speed Stone – Discus)
 - d. Dismiss patient if no time today, otherwise let patient know it will be ready in 10-15 minutes
 - e. After stone set, trim model, fit in vacuum machine (i.e. Erkoform-3d – Erkodent / Glidewell labs or Druformat Scan – Dentsply Essix)
 - f. Plastics from Dentsply Essix (www.essix.com)
 - i. Moving teeth ... ACE .040in 125mm circle, minor tooth movement with Hilliard Pliers
 - ii. Essix pontics ... ACE .040in 125mm circle (same as above)
 - iii. Retainers ... ACE .040in 125mm circle (same as above)
 - iv. Bruxism splints ... Essix Embrace .040in 125mm circle...harder and easily add acrylic to
 - v. TMJ ... Erkodent 3mm hard/soft material – soft against arch made to, hard opposing
 - g. Trim with bur, polish with plastic polishers
8. **Ortho -- efficiency key...only move teeth within your comfort zone, minor tooth movement is very profitable if the staff does most of the work.** The least profitable ortho procedure we do is the one that most GPs actually feel comfortable doing, Invisalign. The cost is big compared to brackets and wires and the chance of finishing a case well the first time is rare. Placing bracket in simple “straightening” cases is fairly easy. But remember as the orthodontist say, “Anyone can START and ortho case, but not everyone can FINISH one”.
- a. Invisalign – with a lab fee and cost of impressions being around \$1800, this is the most expensive ortho you can provide. Your margins are less than with any other form of ortho so we must be efficient. Go to “Aligntech Institute” to learn more efficient ways of doing this treatment.
 - i. Assistants must do most of the work up and records
 - ii. PVS impressions taken by staff...putty alone, slight movement, relines with light body
 - iii. Front desk must upload the case to Invisalign with doctors Rx
 - iv. Doctor must approve and modify Clincheck
 - v. Newer optimized attachments make movement much better than it used to be
 - vi. Assistants should place attachments
 - vii. Must stress to patient probable need for refinements
 - viii. Careful with Invisalign Express...we’ve had to bracket most of them afterwards
 - b. Brackets – we have done full service ortho for over 20 years and treated over 1000 cases. That’s not to say they’ve all been successes because they haven’t. If a lower central moves 6 months after treatment, the mom will think the case is a failure. Ortho takes training, organization, competent staff, and doing cases within your skill level. DON’T GET IN OVER YOUR HEAD! That said, some of my most rewarding and lucrative parts of practice have come from ortho.
 - i. Train with someone who teaches brackets, bands, and appliances...a functional/ortho system. The more tools you have, the more likely you are to have success.
 - ii. Start small, minor crowding cases
 - iii. Learn expansion, learn IPR (interproximal reduction) to alleviate crowding
 - iv. Take and keep meticulous records
 - v. Belong to a study group... AAFO (American Assoc for Functional Orthodontics), IAO (International Assoc for Orthodontics), AOS (American Orthodontic Society)
 - c. Retention – “Teeth always move after orthodontic treatment regardless of the patient or the dentist”. Remember that and always remind the patient.
 - i. Mandible – almost always we bond a lower 3-3 wire for retention
 - ii. Maxillary – almost always an ACE .040in vacuum formed retainer

Office efficiency

Don't CRASH after this course because couldn't make things work overnight.

Doing dentistry with more competency while using less effort and time takes dedication. Work together as a staff.

Educational experiences like this help give you the preparation needed to succeed when opportunity arises. Keep learning...materials and techniques seem to change overnight and sharing the experience of other practitioners is invaluable. There are many terrific educational resources today.....commit yourself to a life time of learning. **By sticking your practice goals** every practitioner can experience great rewards in dentistry today. What a great time to practice.



THANK YOU very much for listening during this presentation...it is an honor to be able to share with you.

Success is where preparation meets opportunity.

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