

# ENDO INC

## ROOT CANAL SPECIALISTS

### NORTH SHORE

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## INCREASE YOUR PRODUCTION DESPITE YOUR SCHEDULE FALLING APART BY WENDY BRIGGS<sup>1</sup>

I'm sure you've had those days. One day, your entire team are on their toes. You can't even squeeze in a bite for lunch. Another day, you get calls one after the other, cancelling their appointment for the day and that's when you're lucky.

That's because on other days, they don't even bother to call to let you know that they're not showing up.

So, how do you increase production when your schedule falls apart?

Here's the short answer... **Same Day Dentistry.**

The fastest way to optimize your production is to adopt the same day dentistry culture.

You can see it in ads everywhere: No appointment necessary, in and out in a timely manner, express service.

Bottom-line is, time is money. For you and your patients.

Why is same day dentistry the new gold standard in high production practices?

Because it:

- Increases patient convenience.
- Eliminates broken appointments.
- Makes unproductive time productive.
- Changes the perspective of the team.

Let's find out how same day dentistry helps achieve these.

### #1 PATIENT CONVENIENCE:

It is making it easy for your patients to get what they want right away.

In a survey by 1-800-DENTIST, what was important to the patient in previous years was the relationship they had with their dentist. Starting in 2013, their survey showed a shift toward convenience. Patients valued convenience over the relationship.

When we want something, we want it yesterday, but will settle for right now.

So, same day dentistry is basically providing any service that was not on the schedule when you started your day. It can be things like:

- Same day crowns and fillings on hygiene patients.
- Same day appointment for scaling or preventive services like sealants and fluoride.
- Or someone calling in wanting to get in your schedule on the same day.
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So technically it means... visit your dentist, get everything done, then go back to what you were doing before.

Same day dentistry is making it easier for the patient.

Make them happy and you increase customer satisfaction. Increase customer satisfaction and you increase referrals from your patients.

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# FROM THE TRENCHES: THE ASSOCIATE PROFILES... WHEN SHOULD IT BE USED? SHOULD IT BE USED?

by Dr. Kevin Coughlin<sup>2</sup>

I started a general dental practice in 1983, which has grown to 14 offices with over 86,000 patient visits per year. The practices average 900 new patients per month with anywhere between 14-20 dental associates at any given time.

Yes, I still practice clinical dentistry Monday thru Friday from 7:30 am - 1 :30 pm incorporating all aspects of dentistry. The reason for providing this background is to show that I have real life experience in the advantages and disadvantages of having a group practice and associates.

In this opinion piece, I will focus on the dental associate for a general dental office. I'll discuss how to select, maintain and become profitable, but most importantly, how to enjoy the associate relationship.

Current evidence indicates that group practices are on the rise. We can argue whether this is good for our profession or not; however it is clear that new graduates are looking to be part of a group. The reasons are many, but in my opinion the following are some major reasons.

1. The new graduate needs mentorship, not only clinically, but in the business of dentistry.
2. In many cases, new graduates may be debt ridden and in need of a guaranteed and steady income.
3. The new graduate may not be sure of his or her future, such as the type of practice they want or the location they may desire.
4. The new graduate's personal life may not be settled. Younger associates may be single and not ready to settle down or if they are in a stable, relationship, their partner may not be interested in the location or life style that comes with owning a dental practice.
5. Over the last 10 years I have noticed new graduates have a strong desire for a better quality of life. Many, in my opinion, don't appear to have interest in owning a dental practice on their own. They do seem more open to a partnership where risks, stresses and the day-to-day issues of running a small business can be shared. Just as many seem to be quite comfortable never owning a dental business and seem quite comfortable being a long-term employee.

*The dental practice owner should really only be interested in taking on a dental associate because of the following two reasons:*

1. The dentist is so busy they cannot handle their existing patient load.

2. The dentist is seeking an exit strategy, is planning on slowing down and is planning on transferring ownership.
3. The goal of a associateship is for both parties to develop a healthy, mutually beneficial and successful relationship. This arrangement is very much like a successful marriage.

*To increase the success of an owner/associate relationship discussions should include the following:*

1. Current office location, city, suburb or country setting and is this location and area suitable and acceptable to the associate long-term? Yes or No.
2. Size and condition of current office and does current location have the ability to be expanded? I suggest a minimum of 2500 sq. ft. and at least five dental operatories.
3. Does the practice have enough employees to provide expanded hours for front desk and dental assistant team members? Does the practice have an adequate marketing plan in place to introduce the associate to the area and existing patient base? Does the practice have enough equipment and supplies to allow adequate care and treatment?
4. Does the owner have an adequate employment agreement for both parties' protection?
5. The following are some of my personal experiences: If the associate has some kind of attachment to the area such as family or friends or if they are married with children, your success increases greatly. If the associate's significant other is in a stable job, consider who will be the primary bread winner. Many times when two professionals marry, if one has a likely chance of relocation, the long-term success of the associateship will be jeopardized.
6. Perhaps the most important issue may be what I termed "BLT." Do each of the parties believe, like and trust each other. If yes, almost all other issues will self-correct.

I have been teaching an elective course entitled From the Trenches at Tufts School of Dental Medicine for the last ten years. What I have stressed to my students is to try to make your first job your last job. Similar to a marriage, most would say it is easier to select correctly first and avoid the expense, trauma and cost of having to do it over again.

## INCREASE YOUR PRODUCTION... CONTINUED FROM PAGE 1

### IMAGINE THIS CONVERSATION IN AN OFFICE:

**Random Co-Worker of Your Patient:** *Ugh, my dentist appointment is coming up next week. I haven't told the boss that I need to take the afternoon off. I guess I'm going to have to miss it this time.*

**Your Patient:** *I just had mine 2 days ago.*

**Random Co-Worker:** *I didn't notice you taking the time off.*

**Your Patient:** *I didn't have to. I went by after work.*

**Random Co-Worker:** *Really? That's just awesome. You think I can do that too?*

**Your Patient:** *Here's their number, go ahead and call. They can usually see you the same day you call.*

Yes, same day dentistry also includes extended office hours and possibly weekend open hours. Extended office hours are important to 57% of patients surveyed.

Think about this for a moment - when your patients have to come in and see you it's really a double strike for them. They don't get paid and they still need to pay you. Ouch!

So allowing them to see you without having to miss work or school is a huge convenience for your patients personally and financially.

### #2 GOODBYE TO BROKEN APPOINTMENTS:

Broken appointments are one of the top challenges of dental practices today. People used to at least call us when they couldn't make an appointment. Unfortunately, even that is becoming a thing of the past.

Consider your schedule a living and breathing object and expect last minute cancellations. I wish we could end the day with the schedule that we started with - but that's just not a reality. When we are flexible and creative, we can take a schedule that looks doomed and quickly turn that into a record-producing day!

Think about this... preventative services are often the #1 broken appointment in dentistry. But, if your patient is in the office and agrees to sealants - let's give it to him on the spot. Why risk the possibility of a broken appointment when you schedule him two weeks down the road? He can't fail an appointment if he's already there!

You may ask, "but shouldn't he be my patient, my secured income, in two weeks? Won't my schedule be empty if all my patients get all their services right away?"

Go back to #1 and see how one of your satisfied patients who saved time in your practice can actually attract new patients for you. Plus you are guaranteed 100% of the production today and you are not guaranteed anything for an appointment down the road.

You increase today's production without adding any additional patients and with your great patient experience; you still end up adding patients from referrals.

### #3 MAKES UNPRODUCTIVE TIME PRODUCTIVE:

By harnessing the "next dollar principle," same day dentistry dramatically increases productivity without raising the overhead at all.

To illustrate, let's say we have a lemonade store, and we sell our glass of lemonade for \$1.00.

- The cost of cups and all of our ingredients is .10¢.
- Our fixed costs; rent, labor, etc. are .89¢.

If we sell 100 glasses of lemonade how much profit have we created? The profit created is \$1.00.

Now what if we tweak something? What if we sell 120 glasses instead of 100 glasses? What is our profit now? Well...

- 120 x \$1 = \$120 in revenue
- (120x.10¢) = \$12 (ingredients cost)
- \$89 in fixed costs
- = \$19 in Profits**

Just changing the quantity of your sales such as increasing it by 20%, gives you 19 times more profitability. Once your fixed costs are covered, profitability goes up. And just like in dentistry, every added procedure each day allows for a greater amount of profitability.

### #4 CHANGES THE PERSPECTIVE OF THE TEAM:

Instead of resisting and detesting the reality of last minute cancellations, accept it and transform it as an opportunity for same day dentistry.

On-the-day cancellations do not have to be lost revenue. Change the perspective of the team so that they see the opportunity created by cancellations.

Every broken appointment or cancellation is an opportunity. It is an opportunity for somebody else to get their dentistry or hygiene services taken care of today.

That means there is the great potential of having a pleasantly surprised patient who will receive efficient and high-quality patient care from your dental team - right away - without having to come back in.

As Zig Ziglar says, "You can have everything in life you want, if you will just help other people get what they want."

So get your team together and find out how you can get your practice to increase your production even if your schedule books don't look the same day-to-day.

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## TROUBLE WITH THE IAN

### KEYS FOR SUCCESS WHEN YOUR NERVE BLOCK FAILS

Let's say you are planning to restore #19 with an MO composite. You have given 2% Lidocaine 1:100,000 epinephrine for an IAN block to your patient. After 10 minutes you start your prep on the tooth and the patient reports pain. What is your approach to establish better anesthesia?

#### **Here are a few things to consider:**

**Anesthetic:** While it is common belief that Articaine is more effective than Lidocaine, no research has been able to demonstrate an advantage for an IAN block.

**Time:** Onset of lip anesthesia takes about 6 minutes and pulpal anesthesia onset takes 10 to 15 minutes. If you have signs of anesthesia, sometimes just waiting a little longer is all that is needed.

**Missed injection:** If there is no lip numbness after 10 minutes, it is likely that you missed the block and another injection should be attempted.

**Supplementary injection:** If lip numbness is present, buccal infiltration in #19 with Articaine would be the next step.

**Use a buffered anesthetic:** This is a product that allows convenient alkalization of lidocaine right before injecting. Buffered anesthetics have a rapid onset so you know sooner if it is effective.

**Intraligamentary Injection:** These can be very effective but not always predictable.

**Technique:** Two most common causes of a missed injection are:

1. Positioning the tip of the needle too far inferiorly resulting in anesthesia of only the lingual nerve.
2. Positioning the tip of the needle too far medially (or not enough of an angle) thus depositing the anesthetic outside of the pterygoidmandibular space.

Ideally one would expect to hit bone (a key landmark) at around 20-25 mm of needle insertion. While in both of the above types of errors, most likely, one would not have hit the bone. When injecting the second time, it becomes more crucial to feel for the bone. Often choosing the point of needle insertion, which is more lateral and higher than the first insertion point, helps. During the process, if you hit the bone too soon you have to simply retract slightly and redirect just a little to the medial. In this manner you know you are near the ramus and can engage the bone again after you have sufficiently advanced the needle.

**Intraosseous injection:** When this first line of management fails, an intraosseous injection would be a good next choice. Although I have not had any personal experience with this technique it has been well covered in the literature as an effective tool.