



ENDO INC

ROOT CANAL SPECIALISTS

NORTH SHORE

A publication of Drs. Maloff, Makkar, Tsai, and Chiou

www.endoincrootcanal.com



ARE YOU A DENTIST THAT JUST WANTS TO DO DENTISTRY?

(Less Selling – More Service) by Gary Kadi

Do you find yourself feeling like a sleazy salesperson when you speak to your patients about their treatment options? Do you feel frustrated when patients deny treatment that you know they need to achieve optimal health?

You are not alone and there is a solution that will get your patients empowered and you doing more of what you love most, helping your patients.

When you put this solution into practice, you and your team can better serve your patients, increase case acceptance and build your practice to help even more patients.

The solution to increasing case acceptance in your patients includes two key components: empowering your patients with dental health education to better accept treatment and understanding the decision making process that your patients go through from the minute they step into your office until they exit the doors of your practice.

Most patients want to be their healthiest selves, they just don't understand the direct and powerful connection between oral health and whole body wellness. In fact, most patients walk into their appointment just wanting to maintain a pretty smile and are unaware of the potential health risks they may encounter when rejecting treatment.

When dentists take the time to educate patients on how dental care improves their overall health, teach them that more than 90 percent of all systemic diseases have oral manifestations and inform them on the potential health risks of denying treatments, patients become more empowered around their health and thereby more inspired to accept treatment.

We've recently published the following statistics that relates poor dental health with potential medical conditions throughout the body. Try sharing these statistics with your friends and families and see the look of surprise on their faces. Watch the impact it makes and don't be surprised if they soon book their next dental appointment with you. Now imagine how your patients will react to this time of education!

- Gum disease increases the risk of head and neck cancer (*American Academy for Oral Systemic Health*).
- Tooth loss and gum disease increase the risk of Alzheimer's disease (*Mayo Clinic*).
- Bacteria in your mouth can travel to other parts of your body in your bloodstream and can cause heart disease, high blood pressure and stroke (*American Academy for Oral Systemic Health*).
- Gum disease increases pancreatic and kidney cancer risk by 62% (*Harvard*).
- Diabetes and bleeding gums increases your risk of premature death by 400 - 700 percent (*American Academy for Oral Systemic Health*).
- 93% of people with gum disease are at risk for diabetes (AAOSH).
- Pregnant women with gum disease have only a 1 in 7 chance of giving birth to a healthy child of normal size (AAOSH).
- Research has found an association between gum disease and rheumatoid arthritis (*American Academy of Family Physicians*).
- People who have gum disease are twice as likely to die from heart disease and three times as likely to die from stroke (*Mayo Clinic*).

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Now that we've reviewed the critical importance in patient education, let's examine the treatment decision making process that every patient encounters.

It is important to understand that how a patient moves through the treatment decision-making process empowers dental practices to address the patient's resistance with education, support and compassion. When we can identify where a patient experiences resistance we can better identify how we can inform and support them.

This process includes five key steps that every patient moves through during a visit to the dentist. Each step is an opportunity for the patient to say "Yes" to treatment. When patients say "No", we can explore if additional resources and guidance is needed for the patient to become a "Yes." We step away from the sleazy salesperson model and into the space of service for our patients with the focus being their optimal health.

True treatment acceptance is when the patient is accepting all recommended, needed care and not just the minimum - this should be around 67%. The remaining will need to be guided to accept care by using the five-step decision path process below.

STEP 1: IDENTIFY THE PATIENT'S PERSONAL MOTIVATOR

The first step is identifying what is motivating a patient to consider dental care. Identifying their why for dental care allows them to feel heard and creates rapport between you and the patient.

To identify the personal motivator, ask the patient: "What do you want for your oral health and smile?" And "why?"

Once you know the patient's personal motivator, you can help them with their decision-making process and get the first "Yes" by asking: "If we can deliver the dentistry you need to achieve your goal of (insert personal motivator), would you want to invest time in your oral health and schedule care?"

STEP 2: USE A HEALTHY MOUTH BASELINE

It's important to give patients an understanding of what oral health means to them in terms of their overall health, the appearance of their optimal teeth and gums and the care required to achieve health. We call this a Healthy Mouth Baseline.

A Healthy Mouth Baseline is what you and your team believe every single patient deserves to have for their oral health. The Healthy Mouth Baseline needs to be communicated to all patients along with the "why" you, as a dental professional, are committed to helping patients achieve this goal.

For example: "Mrs. Jones, our team has what we call a Healthy Mouth

Baseline, which is the care needed to ensure your optimal teeth and gums are in good health, without disease. As your dental and health advocate, I believe every one of my patients needs to be healthy. Do you agree?"

STEP 3: LET PATIENTS KNOW IF THEY HAVE PROBLEMS

It's important to be very clear with patients what their oral health "problems" are. If they don't believe they have dental issues, then they won't be motivated to accept treatment as a solution. The most effective way to communicate your concerns to the patient is with visual aids like intraoral photos that provide proof and allows the patient to see what's going on in their mouths.

For example: "Mrs. Jones, do you see this cracked tooth here? This is going to be a problem for you if you delay taking care of it. It will eventually break, which may result in discomfort and additional cost. Is this something you want to take care of now to avoid the inevitable issues when it breaks?"

STEP 4: THE TRUST TRANSFER

In this fourth step, the patient is transferred between the treatment discussion and recommendation to the front office team. It's important to reiterate for the patient:

- Their personal motivator and goals for their oral health
- The practice's Healthy Mouth Baseline
- The doctor's treatment recommendation
- Their desire for care.

For example: "Mrs. Jones, this is Mary, our financial coordinator. Mary, Mrs. Jones told me she is interested in dentistry that enables her to (personal motivator here)." "Mary, we also discussed our practice's Healthy Mouth Baseline and Mrs. Jones agreed that she deserves to be healthy and disease free." "Doctor has shown Mrs. Jones the cracked tooth that is concerning him and Mrs. Jones agreed she would like to move forward with Doctor's recommendation. Did I communicate everything accurately to Mary, Mrs. Jones?"

STEP 5: FIT TREATMENT INTO THE PATIENT'S LIFESTYLE

The previous steps are designed to help the patient answer the question, "Should I get this care?" Along the path, they have been presented with the information needed to clearly understand why they should accept recommended treatment. They have been met with compassion and information that has created rapport and trust.

The last step is to answer the question, "Can I get this care?" and dissolve remaining resistance - usually time and cost - that may prevent them from committing to needed dentistry.

Are You Committing Insurance Fraud Unintentionally?

When working with a dental team recently to improve their collections through better financial arrangements and insurance billing, they were shocked to discover they were committing insurance fraud. Many teams do. Most don't know they are. **HOW ABOUT YOU?**

The first rule of insurance coding and billing is: Code and bill for what you do, when you do it. Never use a code for something you did not do, even if someone at the insurance company tells you to!

IT'S NOT A CLEANING IF THAT'S NOT WHAT YOU'RE DOING!

One of the most common mistakes is coding a 4910 Periodontal Maintenance appointment as an 1110 Prophylaxis. The rationale that most use is that insurance will not cover more than two 4910's a year so they code the additional hygiene appointments during the year as 1110 or they alternate the two codes. Technically speaking, that is fraud. You code for what you are doing, not for what insurance may or may not pay for. In an audit situation, if you have coded for something other than what you actually did, it can be considered fraud. The correct way to code would be a 4910 for each visit with a request in the narrative that the alternative D1110 be substituted if D4910 is not allowed. That way you have coded accurately and the insurance company can decide if the substitution is allowed.

WRITE-OFFS MAY BE FRAUD:

Occasionally we find practices that file insurance and never charge the patient their portion. Provider contracts require the patient portion to be charged and collected. Anything short of that can be considered fraud. If you are a dentist and you tell your team not to worry about collecting the patient portion, you are running a huge risk. If you are a team member being told to do so, you are a party to the crime! Don't do it. It puts the practitioner and the entire practice at risk. If you signed the agreement, so what you promised to do.

DATES MATTER:

Bill procedures only as they have been completed. When you submit for a procedure that was completed in two appointments, like a crown, record the "prepped" date and file the claim on the "delivery" date. Submitting a claim for a completed crown before it has been seated can result in a mess and can be considered fraud. Code what you do and when you do it.

NEW COMMUNICATION, NEW PERSPECTIVE:

Maximizing patients' insurance is always a goal for both the practice and the patient. Patients frequently ask, "Will my insurance cover all of this?" Consider the right verbiage when responding by avoiding what we call "limiting language." Do not respond with, "Your insurance will only cover ..." Instead, say, "Your insurance savings to help with your treatment is estimated to be ..." Help patients reframe their insurance as a savings benefit not a 100% payment policy.

MAXIMUM REIMBURSEMENT:

Insurance coding and billing is just one part of your total financial arrangements strategy. Making sure you are getting paid for the service you are providing honestly and ethically and providing the patient with the best value is always the objective.

by Steven J. Anderson²

To discover the missed opportunities in the financial arrangements system in your practice, schedule a Maximum Reimbursement Analysis from the Total Patient Service Institute at www.totalpatientservice.com/moneyback or call 1-877-399-8677.

For example: "Mrs. Jones, we've agreed to move forward with treating your cracked tooth. I want to make sure we're clear about your financial responsibilities and payment solutions and get your time with the Doctor scheduled. The good news is you have insurance that will contribute to your care. The total cost of the dentistry is \$XXX. With what we expect your insurance to contribute, you have an out-of-pocket investment of about \$XXX. When patients have an out-of-pocket investment, I always let them know we have a financing solution should they prefer to pay over time. So, Mrs. Jones, if we have a payment solution that works for you and can provide a convenient appointment, can we get you on the schedule right now?"

Taking time to connect, provide education, and apply the decision-making process takes you out of the salesy model while empowering the patient to be a YES to their dental health. This keeps you and your team in a space to do what you do best... help your patients and grow your practice.

NextLevel Practice is the leader in dental practice management. Recognized as the best in the world at creating happy teams that implement sustainable results. CEO, Author, Documentarian, and Dental Trend Forecaster, Gary Kadi supports Dental CEO's to navigate change, stay ahead of the curve, and achieve dental practice perfection. If you'd like to learn more about his work, Gary Kadi's books, resources, and live event information can be found at nextlevelpractice.tpdmag.com.

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A Practical Approach for Treating Medical Emergencies - Part 1

by Dr. Fagin

In general, a medical emergency is an acute or sudden unexpected change in a patient's normal well-being, state of conscious, or comfort. It may present with the patient's sudden change in behavior or unexpected body movements as well as alteration in mental status or confusion. There can be a variety of signs or symptoms such as chest pain, breathing difficulties, signs of shock, loss of consciousness, seizures or convulsions.

Early treatment involves a call for assistance, positioning of the patient, assessment of airway, pulse, level of consciousness. Everyone in your office should know what his or her job is when an emergency strikes. For instance, one team member should retrieve the emergency kit, another should alert the front desk to call 911 if necessary and so on.

Knowledge of proper treatment is important however, recognizing Medical Emergencies by their predominate presenting signs and symptoms will make it possible to initiate treatment sooner while the definitive diagnosis has yet to be made.

1. CHEST PAIN

- a. Angina Pectoris-chest pain without heart attack
- b. Myocardial Infarction-chest pain because of heart attack

2. LOSS OF CONSCIOUSNESS

- a. Syncope-fainting caused by low blood flow to the brain
 - i. Vasovagal or syncope
 - ii. Postural or orthostatic hypotension
- b. Low Blood Sugar-fainting caused by low blood sugar. (Hypoglycemia)

3. BREATHING DIFFICULTY

- a. Acute Asthma Attack-breathing- Breathing difficulty. Expiratory wheezing
- b. Anaphylaxis-severe allergic reaction, usually with hives, swelling and low blood pressure.
- c. Foreign Body Aspiration or Partial Airway Obstruction. Inspiratory wheezing
- d. Complete airway obstruction
- e. Hyperventilation

4. SEIZURE ACTIVITY: TONIC-CLONIC (MAJOR) SEIZURES

- a. Uncontrolled, involuntary muscle activity caused by brain disorder

5. SUDDEN OR RECOGNIZED CHANGE IN AWARENESS OR ATTENTIVENESS

- a. Stroke-CVA caused by lack of oxygen to the brain
- b. Overdose
 - i. Epinephrine
 - ii. Narcotic

To be continued in the next issue.