

# Part One: Trends in Minnesota Dental Practice

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## Introduction

Most dentists practice alone or with one partner. Even those who practice in groups can feel isolated. Dentists want to keep up with current procedures and technology, but with a plethora of new products and choices it is hard to sort out what is genuine and what isn't. It isn't easy to keep up with the clinical, technological, and managerial aspects of practice.

For the past ten years our company has conducted "Current Practices and Procedures" surveys of Upper Midwest dentists. Our clients tell us that the number one reason they contact a practice advisor is for an informed third-party perspective. The purpose of these surveys is to find out what technologies dentists are using and how they deal with various other aspects of practice such as insurance participation, financial arrangement options, and staffing.

This article discusses trends shown in the five surveys done between 1999 and 2005; no survey was done in 2003. We sent out approximately 1,200 surveys and received between three and four hundred responses each year. We believe this data provides a solid frame of reference when making important decisions about a practice. As Dr. Omar Reed said, "If it's been done before, it's probably possible." The purpose of these surveys is to help dentists and their staffs see those possibilities.

Dentistry is competitive, and practitioners must keep up with their colleagues.

Before beginning the discussion, we offer the following two suggestions.

- (1) There is a tendency to overlook or explain away options, choices, or answers that are different from our own. Pay attention to these; they can be extremely valuable. They are where the opportunity lies!
- (2) Dentistry is competitive, and practitioners must keep up with their colleagues. This does not mean buying any new technology that comes along; it does mean creating a plan for gradual improvement. *What improvement(s) will you commit to this year?*

## Technology

**Websites.** When we first started surveying this category in 2000, nine percent of practices had websites. By 2005 it was 31%. Insurance companies' websites probably drive more people to dental offices than do dentists' websites, but it has been our experience that it is increasingly worthwhile to have a website.

Websites are a small but growing source of new patients.

## Internet-Online in the Office.

While almost every dentist is connected at home, following rapid growth between 1999 and 2004, office connectivity has leveled off at about 73% of offices responding. Dentists have expressed concerns about security and employee abuse. However, getting online can be very helpful for checking insurance bene-

fits, continuing education, and ordering or researching dental products.

**Magnifying Loupes.** The use of magnifying loupes has increased significantly since 1999. Currently 70% of practitioners use them. The doctors who have them swear by them. Of all the technology we have surveyed over the years, this one consistently receives the highest marks. Conclusion: If you haven't tried these, you have blinders on!

**Laser Caries Detection.** We first started surveying use in 2001, and it has grown rapidly since then to 30% of practitioners responding in 2005. Such notables as Dr. Gordon Christensen now endorse this technology.

**Digital Radiography.** Digital radiography has always had relatively high satisfaction ratings — 8 or higher on a scale of 1-10 — but there was not much growth in this category until 2004. Between 2004 and 2005, practices having digital X-rays increased significantly, from 13% to 22%.

Our surveys showed that approximately 33% of dental offices had computer terminals in their treatment rooms (as of 2005). This may be slowing the introduction of digital radiography somewhat, since in-operatory terminals are needed for its use.

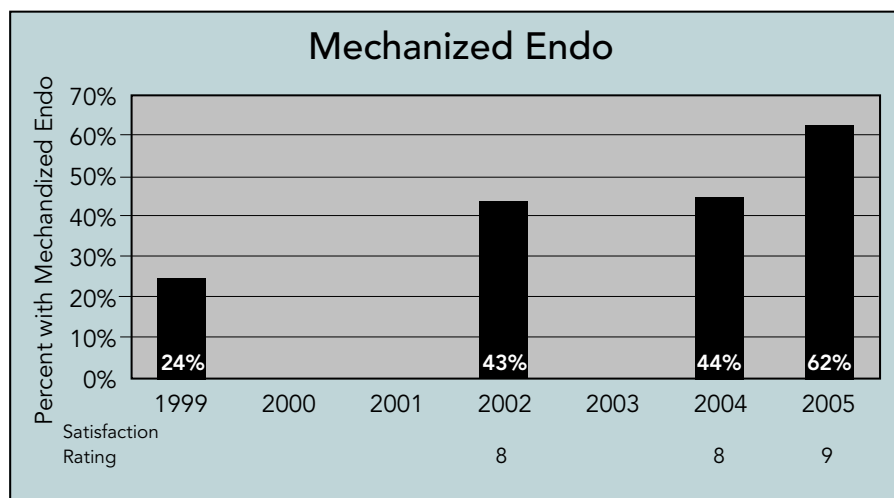
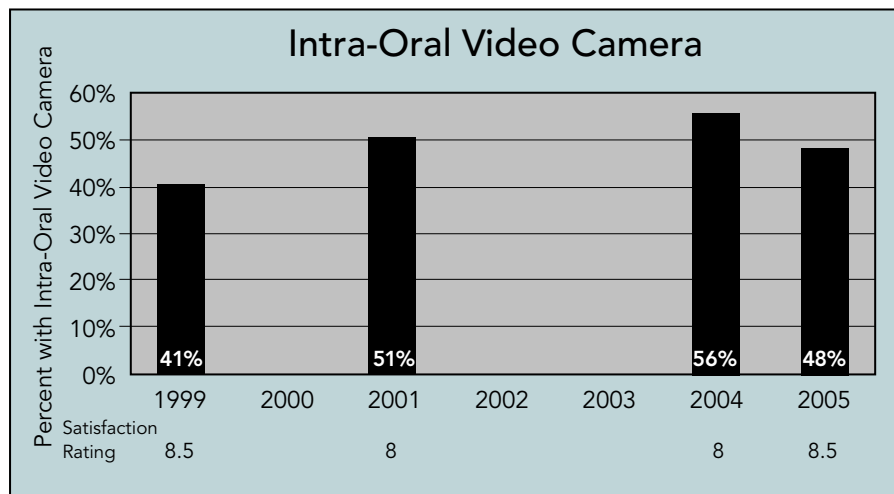
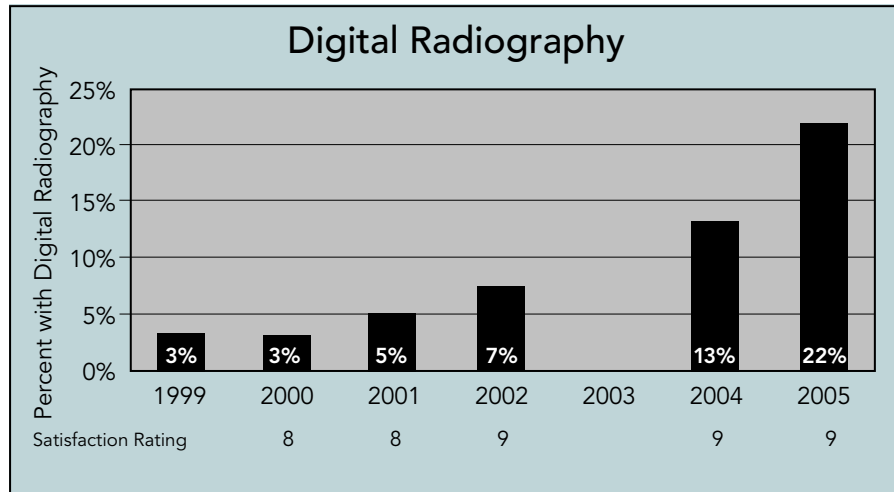
**Intraoral Camera.** An oldie but a goldie! Since 2001 approximately half of the practices responding said

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# Practice Management

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they owned intraoral cameras. This has not increased much since that time. The doctors rate this technology

quite high (8-8.5), but putting the intraoral cameras to use on a daily basis has been a problem. Our 2004

survey showed that 30% of intraoral cameras were used fewer than five times per week. Previous surveys showed that almost half the cameras were not used consistently! When dental professionals do use them, they say they get great results in patient understanding and acceptance of treatment.

**Result Control.** At this point I would like to discuss “result control”. To quote Peter Drucker from his book, *Managing for Results*, “...costs are not controllable as costs at all. They are controlled through the concentration of resources on opportunities. They require *result control* rather than *cost control*.”

The key point here is that if you buy technology you have to use it. For example, before buying an intraoral camera, the dentist should have a discussion with his or her hygienists. They must commit to its use on a regular basis; the dentist must commit to following up on that. The dentist will have to take the time for training to fully use the technology. Vendors who sell computer software, intraoral cameras, digital or any other significant technology will tell you to invest time and money in training as well as the technology to get the results you want.

The payback can be immense. For example, let’s say you buy a \$5,000 intraoral camera and pay it off through a loan over three years at seven percent interest. Your payments would be \$154 per month. You only need to gain case acceptance of perhaps two more crowns per month to pay for the intraoral camera, lab expenses, and other related variable expenses, and you will get a much greater return than anything you are likely to get in the stock market.

Investments in your own business can pay off in several ways. They can pay off substantially financially as well as enhancing your satisfaction in your

work through the services you will be able to deliver to patients. Additionally, there is the enjoyment of using the new technology in and of itself. So if you buy it, use it!

**Mechanized Endo.** Twenty-four percent of general practitioners used mechanized endo in 1999. By 2005, 62% of general dentists were using mechanized endo. The satisfaction rating is very high: “9”. Any practitioner who delivers endodontic treatment and is not already using mechanized endo would be well advised to look into it.

**Cerec (Computer Aided Design and Manufacture).** Cerec<sup>®</sup> will have some competition some day, but right now the name has become tied to CAD/CAM technology like Kleenex is to tissue.

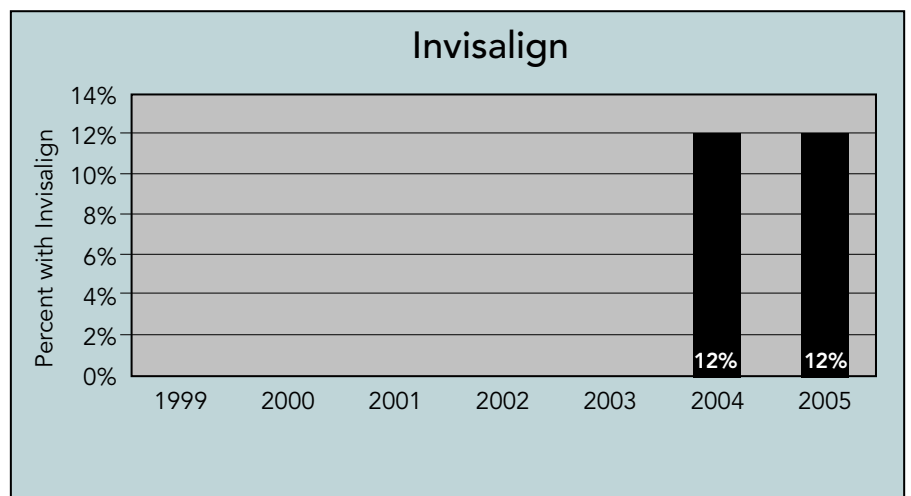
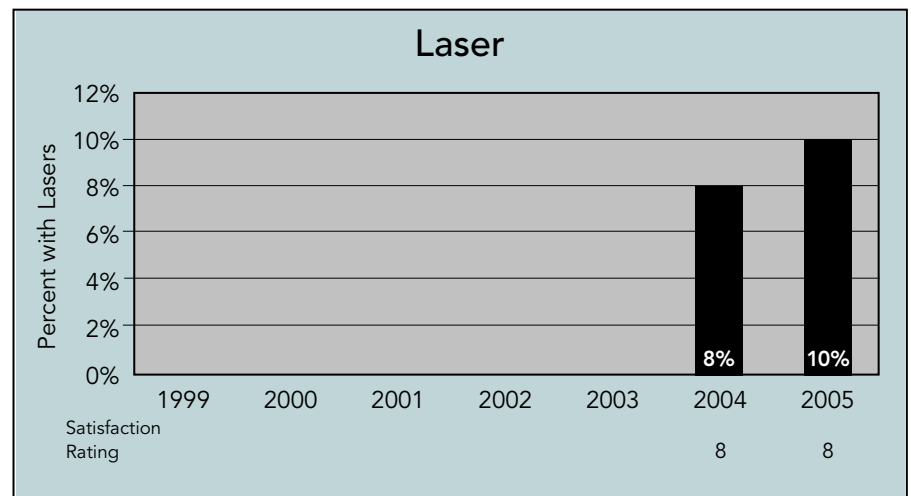
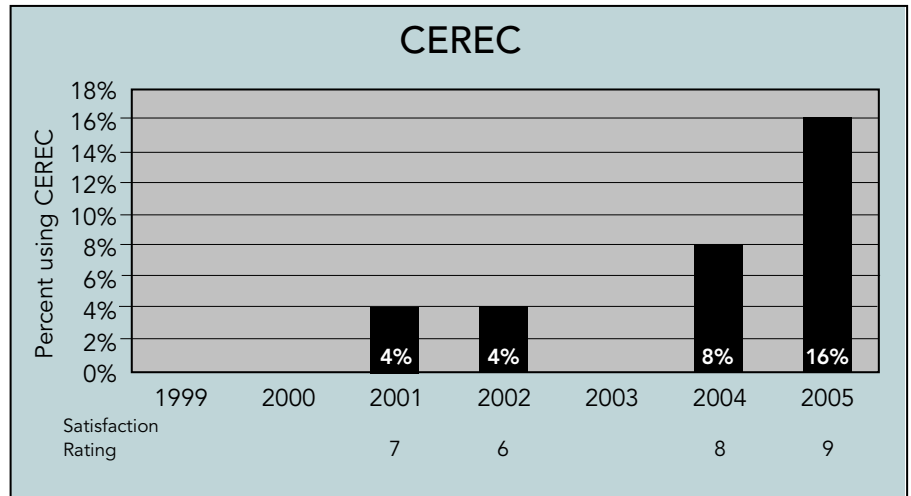
From 1999 to 2002, there was not much action with this technology. In 2002, only four percent of responding practices had it, and satisfaction ratings were “6.” However, with the introduction of Cerec 3, the satisfaction ratings and market penetration increased. In our 2005 survey, 16% of respondents had Cerec and rated it “9”.

**Lasers.** As you know, there are several different kinds of lasers, so surveying this category can be a bit difficult. In 2004 and 2005, it was eight and ten percent of the marketplace, respectively.

**Invisalign<sup>®</sup>.** We began surveying this in 2004. Between 2004 and 2005 there was not much change, at 12% of the market. The feedback we get from clients using this is quite positive, but it is too early to tell whether this will find a place in general practice.

### Conclusion

There are many significant new technologies in dentistry that are receiving good ratings and increasing market penetration. The above data is the collective feedback from many of your colleagues. Decide where you



can get the greatest return, shop comparatively, get the training, and work with the staff to commit to

using any technology. This will assure a good outcome for you, your patients, and your practice. ■