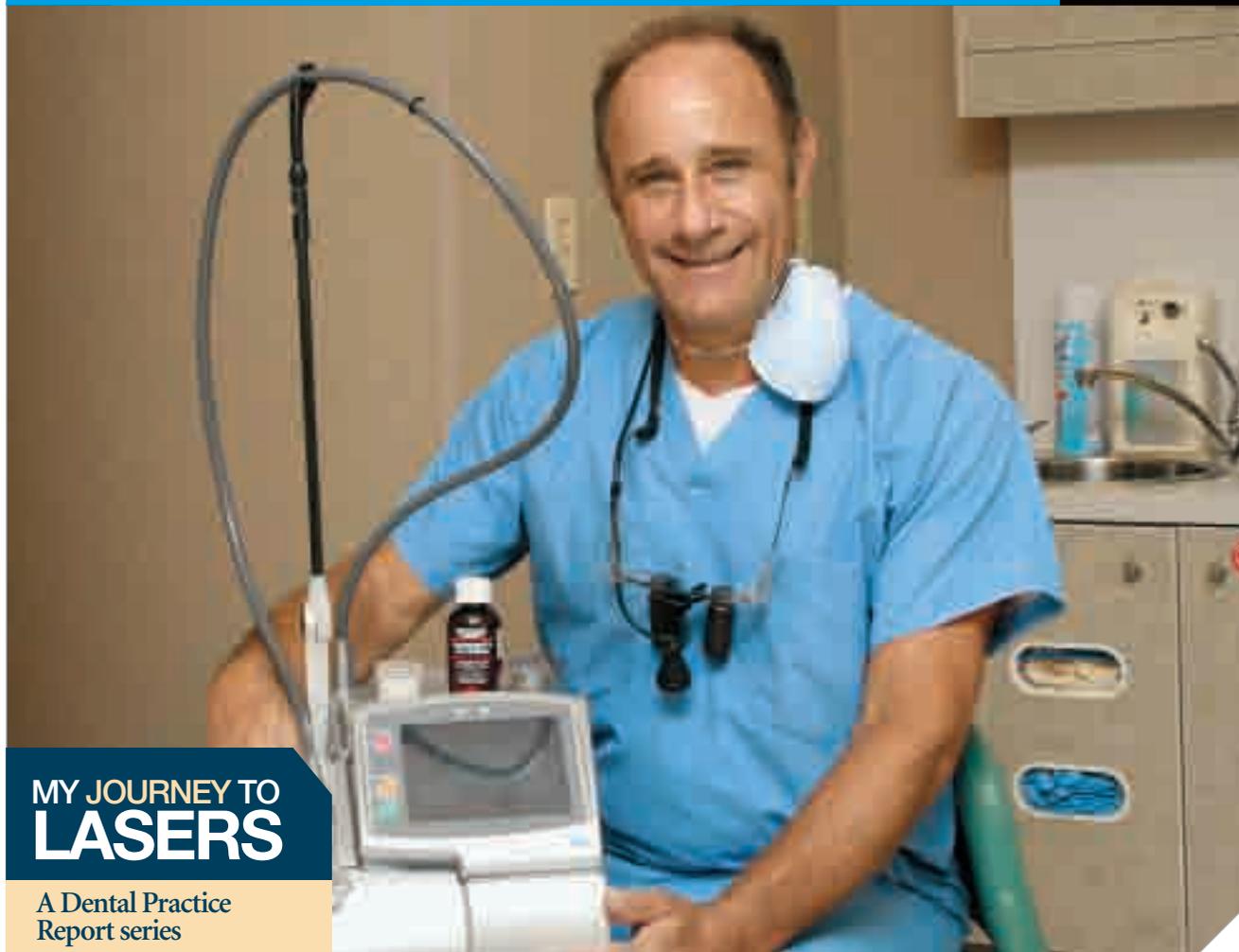


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TECHNIQUES AND TECHNOLOGY FOR CLINICAL SUCCESS



MY JOURNEY TO LASERS

A Dental Practice Report series

This is the fourth of a four-part series chronicling Dr. Jonathan Bregman's efforts to integrate laser technology into his dental practice.

Last month: Dr. Bregman detailed how lasers allowed him to add hard- and soft-tissue treatments.

This month: He discusses the many positive financial implications of laser-assisted dentistry.

LASER-ASSISTED DENTISTRY

my LASER & my BOTTOM LINE

BY JONATHAN A. BREGMAN, DDS, FAGD



“Because of the reduced need for injectable local anesthesia, I can work in multiple quadrants doing multiple procedures.”

MORE PATIENTS: Since he started using laser-assisted techniques, Dr. Bregman's number of new patients seeking care has increased by about 25 percent, due to word-of-mouth referrals about his laser-dental practice.

Since a dentist has to be financially responsible when making any purchase for his practice, knowing how a new technology will pay for itself is critical. This factor is important not only for considering which laser to purchase, but also for justifying its purchase over other technologies being considered.

In April 2005, *Dental Products Report* published an article titled “We’re liking lasers” that included results from a survey of dentists who perform laser-assisted dentistry. The article listed the “top three things that contribute to an increase in revenue as a result of laser usage: additional procedures, 67%; increased productivity, 48%; and better patient acceptance/retention, 42%. Eighty-eight percent of the survey respondents were regularly using the Er,Cr:YSGG laser.

From the start, I decided to determine how adding lasers affected my practice in just these three areas. Initially, I planned to use the traditional financial measures (return-on-investment, and rate-of-return) when analyzing the financial effect of a major purchase for a dental office.

However, I recently had a conversation on this topic with Dr. Charles Blair, a noted authority in dental practice management. He suggested that dentists instead look at two other measures (doctor-production-per-hour, and doctor-production-per-appointment). Those, he said, are much better indicators of the financial effectiveness of a major capital expense. (They’re also more easily quantified and understood than the two traditional measures.)

Production measures

With the production-per-hour measure, we answer the question, “How are the number of dollars produced in each clinical hour of doctor time affected by this purchase or change?” With production-per-appointment, the question that we need to answer is “How are the number of dollars produced in each appointment affected by this purchase or change?” If both of these measures increase, in financial terms the purchase was

(or will be) worthwhile.

So, let's apply Dr. Blair's measures to see whether my dental laser is a financially sound investment. First, let's look at whether lasers boosted my revenue via additional procedures.

Just a few of the treatments that I have added to my practice since adopting the Er,Cr:YSGG laser include biopsies, soft-tissue recontouring, aphthous and herpetic ulcer treatments, labial and lingual frenectomies and root desensitization. I had previously referred out these and other procedures (discussed in part three of this series), but now I'm able to do these for my patients. (I stress,

though, that I still refer out a number of complex cases to specialists.)

Many of these procedures that I've added with the laser take very little time. My fees are comparable to specialists in my area who do them without lasers. When I do these additional procedures by themselves, my doctor-production-per-hour measure goes up a great deal, due to the significant and legitimate fees for many of them.

When I do these procedures in conjunction with routine restorative procedures, my doctor-production-per-appointment measure really soars. It can, in fact, increase by 100 percent or more.

Next, let's look at the measures as applied to the second category in the DPR survey, increased productivity doing existing procedures. In part two of this series, I discussed just a few of the standard procedures I did before and now do more effectively and efficiently by using laser-assisted dentistry—procedures such as routine restorative dentistry and soft-tissue management with crown and bridge treatments.

Using Dr. Blair's indicators, I monitored the amount of time I spent doing the routine and complex restorative procedures that I have been doing all along. The time savings (as discussed in detail in part

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two of this series), are due to two factors: significantly less use of injectable anesthetics (and thus no waiting time for them to take effect) and the ease of controlling soft-tissue contours and hemorrhage.

Keeping the same standard of excellence, I am able to reduce chair-time for most of these routine restorative procedures by 33 to 50 percent, and for most complex procedures by well over 50 percent. For example, times for routine soft tissue procedures are reduced by half.

number of existing patients accepting recommended care has increased by about 25 percent. And the number of new patients seeking care has increased by about 25 percent as well—and that's solely via word-of-mouth referrals about our "laser dental practice."

Overall, like my fellow respondents, I have seen significant revenue increases due to performing routine and complex procedures more effectively and adding new clinical procedures for my patients. For me,

to pay for digital radiography, and for creating a chartless office. Knowing how to use a dental laser that establishes a clean, dry field is critical to doing excellent work with a CAD/CAM unit. So, for me, the laser comes before even the CAD/CAM unit as well.

Laser-assisted dentistry has changed me both professionally and personally. For example, professionally, the improved efficiency in almost every procedure has opened up time for me to either do more dentistry or to take time for non-clinical work. I have chosen the latter path. For the first time in more than 30 years of clinical practice, I now have daily "doctor time," which alternates between the hour before and the hour after lunch. During this time, there are no clinical procedures on my schedule, except examining the patients seen by my dental hygienists.

All of this is in large part due to my dental laser, which has increased my efficiency and enabled me to do multiple procedures during appointments. ■



Dr. Jonathan A. Bregman practices in Durham, N.C., and has been an adjunct faculty member of the University of North Carolina Dental School at Chapel Hill

for 15 years. He has presented both nationally and internationally on laser-assisted dentistry—most recently in Australia and New Zealand—besides being a featured speaker at the WCLI/Sydney. Dr. Bregman also writes and speaks on both dental and non-dental topics. Contact him at 919-489-6000 or visit his Web site at www.bregmandentistry.com.

“Within the first few days of the month, I have more than covered the monthly payment for my dental laser.”

Therefore, my doctor-production-per-hour measure has increased more than 15 percent.

Reduced anesthesia

Also, because of the reduced need for injectable local anesthesia, I can work in multiple quadrants doing multiple procedures. The latter capability increases my doctor-production-per-appointment by approximately 15 percent as well. One additional advantage of laser-assisted dentistry is the reduction of the need for sutures, and thus, for follow-up post-treatment appointments.

Now, let's discuss the final advantage of laser-assisted dentistry as reported in the DPR survey: better patient acceptance and retention (and acquisition). We have seen a near "explosion" in our practice since routinely using the Er,Cr:YSGG laser.

Due to the ease of doing laser-assisted dentistry with minimal post-treatment discomfort, the

doctor-production-per-hour and doctor-production-per-appointment have consistently increased.

But are the increases enough that the investment in laser-assisted technology—specifically, the Er,Cr:YSGG laser—pays for itself? I can only answer with a resounding "yes."

Within the first few days of the month, I have more than covered the monthly payment for my dental laser. The rest is gravy. I believe the key to financial success is to get up on the learning curve of the technology, and routinely use laser-assisted dentistry. Now that I have experienced the added financial success through my dental laser, I can move forward to purchase the many other technologies available. For me, purchasing my dental laser first has created additional funds that will help

DISCLOSURE: Dr. Bregman uses a Waterlase MD by Biolase Technology Inc. He is not an employee of Biolase, but has received honoraria for delivering programs for the company, as well as laser organizations. This series is an exploration of his personal experience and has not been influenced in any way by any dental laser manufacturers.