



A Wellspring of Resources for Advancing Your Practice



Debbie and Virginia

# E-xactly!

Hints, tips and techniques for advancing your practice and making your job easier!

February 2008

Dear JILL,

## In this issue:

- Please join us at our Yankee book signing!
- Laser-Assisted Dentistry: How to build value, attract new patients and bring greater profitability to your practice
- Does your annual salary review process leave you feeling like you're 'pulling numbers out of a hat?'

**Laser-Assisted Dentistry: How to build value, attract new patients and bring greater profitability to your practice**



**About Jonathan Bregman** Speaker and consultant Dr. Jonathan Bregman's energized and thought-provoking laser-assisted dentistry presentations show how lasers dramatically improve the patient experience, increase practice profitability, and put fun back into dentistry.

Dentists and team members will benefit from Dr. Bregman's 32 years of experience running a highly successful practice. His passion for improving patient care is contagious. His strategies for building a laser dentistry practice are practical. Dr. Bregman also speaks on other dental and non-dental related topics particularly dental transition planning. Visit his website

**Please join us at our Yankee book signing!**

Come join us at the Yankee this week, where **Borders Books** is sponsoring a book signing for our signature collections, "**The Doctor as CEO**" and "**The Ultimate Staff**".

Where we'll be:

**Thursday, January 31st**

**Course:** The Comprehensive New Patient Experience: From "Thank You for Calling" to "When Can We Start?"

**Course time/location:** 8:00 - 11:00 a.m., Room 253 AB

**Book signing begins:** 11:00 a.m.

**Friday, February 1st**

**Course:** Rejuvenate Your Practice - It's Easier Than You Think

**Course time/location:** 8:30 - 11:30 a.m., Room 102 **(Please note: This is a room**

at [www.bregmandentistry.com](http://www.bregmandentistry.com).

**Q: How long have you been performing laser-assisted dentistry (LAD)?**

A: I started about 4 years ago.

**Q: What are the main advantages to the patient of LAD?**

A: There are many, but I'd put the following at the top of the list:

- greater comfort
- minimal swelling
- less post-op discomfort
- shorter appointment times
- minimal to no post treatment pain.

**Q: What kind of investment is involved, in terms of time and money?**

A: It depends on what type of laser you're talking about. The most common are the diode laser and the all tissue (hard and soft tissue) laser. Costs range from about \$10,000 to as high as \$85,000. I know that may sound like a lot, but to be able to have one piece of equipment to do so many procedures, particularly combined treatments that involve both hard and soft tissue, means it can more than pay for itself very quickly, and also brings more money into the practice.

**Q: What is the difference between a diode laser and a hard and soft tissue laser?**

A: Lasers are differentiated by wavelength. So, Diode lasers have a different wavelength than an all tissue laser. Diode lasers, which are on the lower end of the cost scale, are soft tissue lasers only. All tissue lasers (hard/soft tissue lasers) are more expensive, but also do dramatically more than a soft tissue laser can do. Both lasers, I believe, are tremendously useful.

**Q: Why type do you use?**

A: I use an all tissue laser (hard and soft tissue laser), the WaterLase MD. My experience has been that by using this kind of laser, I am able to do all of my soft tissue procedures with topical anesthetic only, no injections (needle-free). Cutting bone with my MD requires injectable anesthetic always.

Also, with a hard and soft tissue laser you can stop the nerve impulse that registers pain from tooth to the brain, which means you can do routine restorative procedures on teeth with thinner enamel using laser numbing (called laser conditioning) with a fair degree of certainty that the patient will remain comfortable. With bicuspid and molars the ability to block pain decreases because the enamel is thicker. On enamel, dentin and cementum, it is needle-less or using the injectable

change from our previous email.)  
Book signing begins:  
11:30 a.m.

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*\*Rooms may be subject to change. Please check posted room assignments when you arrive.<hr*

Use the same training manuals the professionals do!

**THE DOCTOR AS CEO**

Including:

1. [Take Control of Your Overhead](#)
2. [How to Assemble A Winning Team](#)
3. [The Solution Forms Kit](#) (with customizable CD)

**THE ULTIMATE STAFF**

Including:

1. [The Comprehensive New Patient Experience](#)
2. [Making Meetings Work](#)
3. [Foolproof Appointment Scheduling](#)

anesthetic much less.

**Q: What about training?**

A: Most dentists and staff members can learn the basics of how to perform the vast majority of laser-assisted procedures in a matter of days. Training is included in the price of most lasers.

**Q: What impact can LAD have on profitability?**

A: Incorporating LAD into a practice can have a very significant impact on profitability. For instance, it allows a dentist to:

- build revenue from existing patients accepting either new or previously recommended treatment.
- incorporate new procedures into a practice, or bring
- back procedures to the practice that the dentist may have been referring out, like biopsies or frenectomies.
- boost word-of-mouth marketing.
- benefit from the powerful marketing advantages inherent in 'needle-free and needle-less' dentistry.

**Q: What percentage of doctors are using laser- assisted dentistry?**

A: Probably about 5-6% in the United States.

**Q: Why so low?**

A: With any new technology there are early, middle and late adopters. Some dentists, the early adopters, started using LAD 10 years ago and have grown with the technology. Middle adopters tend to wait for more clinical based evidence, which is now coming out, as are new standards of care. Public awareness of the use of lasers in other fields is also on the rise.

For instance, many people have heard of or experienced laser use in eyes, dermatology, plastic surgery, etc. I believe more dentists will purchase and use LAD technology as they become more knowledgeable about the technology and what it can and does do. In 3 to 5 years, I hope that well over 75% of all dentists will use LAD.

**Q: Can RDH's perform LAD?**

A: Thirty-eight (38) states currently allow RDH's to use a soft tissue laser, although they are not allowed to do hard tissue procedures, like bone re-contouring or preparing teeth for restorations. Primarily the hygienist would use the laser for perio procedures related to pocket reductions, for instance. In states where RDH's are allowed to use lasers, I recommend the dentist buy a soft tissue laser for the RDH and an all tissue laser (hard and soft tissue laser) for themselves.

**Q: You speak nationally and internationally on several topics, including LAD. What is your main message in**

4. [The 1-2-3 of Remarkable Recare](#)

5. ['Perfect' Payment Arrangements](#)

**Recommended Resources**

[The Consulting U](#)

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### **your LAD presentations?**

A: I believe LAD is a very important component for practice building on a number of levels which many doctors may not recognize. For instance to:

- build value for future sale
- build your patient base
- bring in an associate
- differentiate your practice so that it is more attractive to a buyer and of more value

[Click here for a list of Dr. Bregman's courses](#)

### **Q: Are dental schools teaching LAD?**

A: There are currently between 17 dental schools that are teaching LAD, and that number is growing.

### **Q: How do I find a LAD dentist in my area?**

A: You'll find a list at [www.waterlasedentistry.com](http://www.waterlasedentistry.com)

Our sincere thanks to Dr. Bregman for his contribution to this issue of E-xactly.

**Does your annual salary review process leave you feeling like you're 'pulling numbers out of a hat?'**

### **Or do you have a fair, logical, performance-related method?**

Time for annual salary reviews, and once again you're left wondering, what do I do? Is an across-the-board, one-size-fits-all increase fair? Is there a better way to reward the hardest workers and best ambassadors for my practice, and still direct and motivate other valuable members of my staff?

Yes, according to Oakton, Virginia dentists and The Practice Source clients **Craig Scimeca** and **Tamer Elhady**, who have devised a salary review formula that awards salary increases based on percentages allocated to various job performance criteria, including:

- Attendance
- Appearance
- Quality of work
- Quantity of work
- Job knowledge
- Staff relations
- Patient relations

- Action plan fulfilled

"Like a lot of our peers do, I think," said Dr. Craig Scimeca, "we struggled with a salary review system that was fair to everyone, and didn't make us feel as though we were just pulling numbers out of a hat. We understand this formula, our employees understand this formula, and best of all, it rewards the hardest working and most dependable employees at a higher rate than others, while still providing motivation to improve and do better for all."

Even better, the formula is simple. While some criteria apply across the board - attendance, for instance - employees are also evaluated on job-specific duties, with categories for hygienists, assistants and front office staff.

### **Here's how it works**

A maximum possible overall salary increase is identified, based on practice profitability. In this example, that number is 5.0%. Based on their performance review, employees can 'earn' up to a maximum percentage amount for each performance criteria, with the total for all criteria adding up to 5.0%. In the Scimeca- Elhady model, those percentages are:

Attendance: up to 0.3%  
Appearance: up to 0.2%  
Quality of work: up to 1.0%  
Quantity of work: up to 1.0 %  
Job knowledge: up to 0.5%  
Staff relations: up to 0.5%  
Patient relations: up to 0.5%  
Action plan fulfilled: up to 1.0%

### **Total possible salary increase: 5.0%**

Let's look at a specific example.

Nancy (our fictional employee) is being evaluated on Attendance. Based on the Scimeca-Elhady model, Attendance accounts for up to 0.3% of Nancy's overall salary increase.

The rating scale for Attendance is as follows:

- 1 = Excellent attendance - never late
- 2 = Good attendance - rarely late (2x/year)
- 3 = Poor attendance or frequently late (4x/year)

### **If Nancy's performance evaluation is a:**

- 1 - that contributes the full 0.30% to her overall salary increase (0.3% divided by 1 = 0.30%)
- 2 - that contributes 0.15% to her overall salary increase (0.3% divided by 2 = 0.15%)

3 - that contributes 0.10% to her overall salary increase.  
(0.3% divided by 3 = 0.10%)

Let's say Nancy is a Hygienist. Under the Quality of Work criteria, which is good for up to 1.0% of her overall salary increase and is specific to her job duties, the rating scale (based on the Description of Duties) is as follows:

**Description of Duties:** Has mastered doctor - hygienist communication; perfect room neatness and clutter - free; clinical skills for plaque and calculus removal; identifies periodontal problems; suggests treatment; notes in charts and follow up; maintains perio - charting as needed; discusses home care therapies and improvements with patients.

1 = Perfect neatness and accuracy - can train someone perfectly

2 = Very accurate most of time - some reminders and changes needed

3 = Good - few mistakes, needs periodic reminders

4 = Poor work - needs significant improvement

5 = Frequent errors or poor work

**If Nancy's performance evaluation is a:**

1 - that contributes the full 1.0% to her overall salary increase  
(1.0% divided by 1 = 1.0%)

2 - that contributes 0.50% to her overall salary increase (1.0%  
divided by 2 = 0.50%)

3 - that contributes 0.33% to her overall salary increase.  
(1.0% divided by 3 = 0.33%)

4 - that contributes 0.25% to her overall salary increase (1.0%  
divided by 4 = 0.25%)

5 - that contributes 0.10% to her overall salary increase.  
(1.0% divided by 5 = 0.20%)

This procedure repeats for each performance category, eventually producing an overall total for that particular employee's salary increase.

**Let's see how Nancy did.**

Attendance: 2 = 0.15%

Appearance: 1 = 0.20%

Quality of work: 3 = 0.33%

Quantity of work: 2 = 0.50%

Job knowledge: 1 = 0.50%

Staff relations: 2 = 0.25%

Patient relations: 1 = 0.50%

Action plan fulfilled: = 0.50%

**(Note:** Action plan fulfilled does not have a 1-5 rating scale. Employees are evaluated individually based on progress they've made on items included in their previous year's Action

Plan.)

By adding the percentages above, you can see that Nancy's total salary increase will be **2.93%**. She has been rewarded for work well done, and also given direction and motivation to improve in certain specific areas.

**Customizable for any practice**

The examples above comes from the Scimeca-Elhady model, but can be easily adapted to suit any particular practice's needs, whether they are general dentists or specialists.

**Would the Scimeca-Elhady model work for you? See for yourself!**

Our sincere thanks to Drs. Craig Scimeca and Tamer Elhady, and their Business Manager, Candace, for contributing to this article, and for generously offering to make their Salary Review model available FREE to any practice that would like to review, use or customize it for their own use. To download a copy, simply click on [Scimeca-Elhady Salary Review](#).

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