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onlays, crowns, implants, cosmetics, etc. So, dentists will usually try to educate the patient by giving them enough information to make an intellectual decision about their treatment. In other words, a "Dentistry 101" type of approach.

The problem is that while you are communicating to them on an intellectual level, the patient's mind is processing this decision on an emotional level. This creates a "disconnect" in the patient's mind which often leads to the response... "I'll think about it."

Why wouldn't they want to think about it since you have been accessing the "thinking part" of their brain by trying to teach them dentistry? You don't want your patient thinking about their treatment plan; you want to get the patient feeling about their treatment plan.

So, how do we accomplish this with our patients? First of all, presenting needed dental treatment to our patients is a team event... not just the dentist's responsibility. In my practice I want the patient already wanting the dentistry they need before I even walk into the treatment room to do the exam.

My team has already pre-accessed needed treatment, connected with the patient on an emotional level, created urgency, and have moved the patient to the place where they emotionally want the treatment - as opposed to intellectually needing the treatment. Our job is to get our patients to want what they need. People will typically find a way to pay for what they want, but not necessarily for what they need.

How many times have you educated a patient about the need for a crown on their tooth, and when they get up to the front desk they don't make an appointment because they want to talk to their spouse about it first? This typically really means, "I may need it, but I don't want it."

There are several strategies we use to help our patients to the point of wanting what they need, like talking over-the-patient, hand-offs, creating urgency, maintaining urgency, treatment in stages, not presenting too much too soon, etc.

One strategy that you can do in your practice today, which will help you to connect emotionally with the patient, is to tell them what is going to happen if they don't fix the problem. After you tell the patient the treatment they need, immediately follow that by talking about how not fixing the problem is going to negatively impact their

life... pain, more expense, inconvenience, more involved treatment, etc.

A really easy way for you to improve in this area is to keep things "short and sweet." Don't go into a long explanation about the problem. Just keep it to one sentence, "Mrs. Jones, your tooth on the upper right side has a big crack running through it."

Next, talk to Mrs. Jones about what is going to happen if she doesn't fix the cracked tooth... turn into a root canal... bad tooth ache... cost more to fix... need an implant... tooth split in half... etc. You may also want to talk about experiences you have had where a patient did not fix the problem and it got worse.

This is where you will want to take some time and talk for a while. Why? Because this part creates the emotional connection with the patient for the treatment they need. This also creates urgency to get this treatment done soon.

Lastly, talk about the solution. Keep this part extra short... "Your tooth needs a crown to strengthen it and keep it from breaking." That's it! Don't go into lots of details about margins, materials, crowns vs. onlays, etc., etc. Remember this part really turns you on, but not your patients. They usually just want you to fix it and spare them the details.

The reason dentists typically talk too much about how they are going to fix the problem is because this is the part they like to do, therefore the part they like to talk about. Too much detail is often boring and confusing to the patient. There is a basic sales principle: "confused minds don't buy." So, don't confuse your patients by going into lots of detail about the solution to their problem.

Getting your patients to say "yes" to the treatment they need is important for their health, and important for your practice profitability. No one wins if the patient doesn't do the treatment they need. Not the patient, not you and not your team. Everyone wins when you are able to help the patient say "yes" to the dental treatment they need.

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Pat's Pointers on Ultrasonics

by Patricia A. Worcester, RDH, BS²

In order to maximize the use of ultrasonic tips, you first need the ultrasonic gauge which is made by both Dentsply and Hu-Friedy. These devices check for wear and tip efficiency. With only a small amount of tip wear, your ultrasonic tip can easily have 50% power loss. With improper power, you will burnish the calculus instead of remove the calculus. Burnished calculus is very difficult to remove and can fool you because it will feel smooth. But since the calculus has not been removed, it acts as a reservoir to hold biofilm and rebuild calculus immediately.

Crystalline calculus protects the biofilm and acts as a foreign body for additional biofilm formation, so all calculus must be removed before the biofilm can be controlled. The biofilm causes inflammation and the long junctional epithelium will not attach resulting in the pocket not being reduced. In grooves and cracks of only a few micrometers, the first traces of bacterial re-colonization are visible less than 24 hours after biofilm removal, while the surrounding "smooth" surfaces reveal only sporadic, single-adhered bacteria. If you find you are not achieving pocket reduction and your patients are bleeding, there is planed or burnished calculus present holding the biofilm in place, thus, preventing healing.

Secondly, proper tip selection is crucial for successful calculus and biofilm removal. For heavy calculus, the Hu-Friedy 1000 Triple Bend or Dentsply THINsert on medium to high power setting should be used. For moderate and light calculus the Hu-Friedy #10 Universal or #100 Thin tip, or Dentsply FSI SLI-10 should be used on medium power setting. For smoothing root irregularities, biofilm removal, smear layer removal, pellicle removal, root debridement and sulcular decontamination the Hu-Friedy straight, right and left, slim line after 5, ultrasonic tips, or Dentsply FSI straight, right and left slim line tips should be used on low power setting.

Thirdly, I personally prefer the magno-restrictive ultrasonic tips because you can utilize all sides of the tip where as the piezo you can only use the lateral sides. When I was invited to Dentsply International, the engineers explained how the magno-restrictive tips will kill anaerobic bacteria 2mms past the tip. In deep pockets and fucation involvement, it is crucial to have this extra 2mm of anerobic bacterial decontamination. The piezo will not do this and if you are performing a lot of non-surgical periodontal therapy, you need to kill all the bacteria to achieve healing and re-attachment.

Lastly, do not use the ultrasonic tip because the tip has the most power and can gouge the cementum, especially softer infected cementum. When I teach my hands-on program, I often see hygienists unknowingly gouge the roots with the tip of the ultrasonic. This unintentional act will permanently damage the root surface. A gouge will also collect even more biofilm and calculus and prevent any long junctional epithelial reattachment and therefore, no pocket reduction. You can use the tip on supragingival heavy calculus as long as you are only using the tip on the calculus. But it is still easy while removing the calculus to inadvertently gouge the root. In periodontally diseased patients, the root surfaces are infected by pathogens that can soften the centum. Technique is most important to remove the diseased cementum and not cause damage by over instrumentation.

So if you notice your patients are not healing, look for burnished calculus and gouged root surfaces. When properly used, the ultrasonic is a wonderful piece of equipment that makes our jobs easier and our patients healthier. According to Dr. Sam Low and other experts, we should be using ultrasonics 75% of the time to remove the biofilm so that our patients heal quickly and completely.

Pat is an international speaker, published author, practiced full-time hygiene for over three decades, and is a trainer to dental practices across the United States, Canada and the United Kingdom. She is an Instrument and Product Analyst for DENTSPLY International, and Thought Leader for Hu-Friedy Dental Instruments. Pat is founder and clinical director of Mission Possible... Best Hygiene seminars and clinical hands-on training programs. Combining working on your patients, your team and your practice for RESULTS! Healthy Patients = Healthy Profits. You may contact Pat at 954-536-0700 or patworcester@comcast.net, www.missionpossiblehygiene.com.

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WELCOME, DEREK!



Derek grew up in Colorado for most of his life. He graduated from the University of Colorado, Colorado Springs, with a Bachelor of Science in Human Biology in 2013. Throughout this time, he worked in physical therapy clinics as a rehabilitation technician. Proceeding his bachelor's degree, he obtained his Emergency Medical Technician certification and he has been working as an EMT since. He is looking forward to broadening his medical knowledge and background. Derek enjoys outdoors activities, such as hiking, kayaking, camping, and participating in obstacle races during his down time.

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Case Presentation That Leads To



by Dr. Mike Kesner¹

Have you ever worked up a comprehensive treatment plan for a patient only to have them say..."I'll think about it."? Of course you have. And how often have you taken the time to thoroughly explain the desperately needed treatment only to have the patient say, "I can only do what my insurance pays for," or "But Doc, nothing hurts," or to just simply recoil in "sticker shock" and run from your office, never to return?

Getting your patients to say "yes" to needed treatment should be a successful, systematic and non-stressful event for you, your team and your patient. You can easily make this happen every day, even in today's economy, once you and your team understand how patients make decisions regarding their treatment.

We have been taught in dental school and in CE courses that the key to case acceptance is patient education. In other words, give the patient enough information so they will be able to make an intelligent decision about their dental treatment. The only problem is that this approach kills case acceptance! It simply doesn't work.

Now, before you start throwing rocks... hear me out. I am not saying that we should withhold necessary information from the patient. And I am

not saying that there is never a place for education. What I am saying is, if you want your case acceptance to go up, you must learn to present treatment to your patients in a way that appeals to their emotions instead of their intellect.

We find that most dentists have a case acceptance rate around 20-30%. This means that around 7 out of 10 new patients don't follow through and do their recommended dental treatment. What if you could increase your case acceptance rate to 60-70%? This would mean that your revenue essentially doubles with the same number of new patients!

So how do we present treatment to a patient that impacts them on an emotional level?

First, you must realize that a patient's decision to do dental treatment is an emotional decision, NOT an intellectual decision. In fact, most buying decisions are emotional. Dentists, on the other hand, usually present treatment to patients from an educational and analytical perspective. This is the way that we naturally think, and therefore communicate to our patients. When we look into a patient's mouth and at their radiographs, we are analytically processing a lot of information to come up with the diagnosis and treatment plan. We are thinking about occlusion, vertical dimension, perio, endo, ortho,

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