IACA Newsletter volume 2 issue 5

PRESENTED BY

2008 IACA Newsletter
Presented By:

KHERANI'S KORNER

As the dust settles after the roaring success of the Orlando Annual meeting, the Board of Directors are hard at work to identify all the aspects of the IACA that would make it meaningful for all members. Such identification is the first step to then bring to fruition the value added that this unique organization can provide.

In addition to the Annual meeting, the Organizational Development Committee is identifying a long-term road map along with ways in which to understand what the members would like to see in the future of this organization. Focus group input, publication of peer-reviewed articles and support for our members located outside the US are just a few of the areas explored for your benefit.

A webinar has been planned in January 2009 with Dr. Kent Smith, as a benefit to our members. The webinar will explore the area of Sleep Breathing Disorders which is a poorly understood area of the overall health of our patients. There are many other benefits to the IACA and its programs will only get better as time progresses. The volunteer spirit within the organization is truly palpable.

Please mark your calendars for the upcoming Webinar and also the Annual meeting in San Francisco from July 30th to Aug 1st 2009. A visit to the ever enhanced IACA website (www.theiaca.com) will show you the changes and also the pertinent information you need to make this organization serve your needs. Finally, let me say that thriving in this slowing economy will require dentists to provide high Value, high Touch dental services. Such a practice philosophy is what the IACA is trying to expose to its members. If you have not signed up for the Annual meeting and the upcoming Webinar, please do so now.

We are looking forward to your enthusiasm, energy and passion to make this the best organization that dentistry has to offer.

– Shamshudin "Sam" Kherani, DDS, FAGD, LVIM

NOTES FROM YOUR EDITOR

Dan Jenkins, DDS, FICD
American Association of Dental Editors, Certified Dental Editor

High School English Lesson

English class in high school is typically not a memorable class for teenagers. However, one day my High School English teacher, Mrs. Alice Drury, made a comment in response to a question regarding swear words. She said, "People use 'swear words' when they do not know the proper words to express their thoughts." I inferred from this she was saying that those who did not know the appropriate words were really showing their ignorance by swearing. After High School I entered the U.S. Navy and observed a lot of people demonstrating their ignorance through their choice of words. While standing Shore Patrol duty, I also observed that if someone completely ran out of words to use they would become physically confrontational.

I recently read an email from a dentist who was upset over the words expressed between some dentists on a dental forum over differences in treatment philosophies. Apparently the "discussion" had changed to a debate and then to an internet inferno. She did not like this type of behavior between dentists and did not understand why grown professionals would act like that.

CONTINUED PAGE 3

WEBINAR SERIES

Opening the Sleeping Airway
Kent Smith, DDS

Thursday
January 29, 2009 5pm Pacific

Members: Free Non-Members: $95

the board of directors

Anne-Maree Cole	Chuck Flume
Sam Kherani	Dan Jenkins
Jim Harding	Randy Jones
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IACA AESTHETIC EYE

SUBMIT YOUR CASE NOW

The New Economy and Dentistry

How to ride the wave and avoid a wipeout

Michael Sernik, BDS

The current economic meltdown will affect all businesses to varying degrees. When people do not have money their first step is to reduce non-essential discretionary spending. (This may not be a good time to sell your 60-foot luxury cruiser.) What about your dental practice in today's market; what can you do and what should you *not* do to prepare for a range of possibilities?

There have been some notable large US practices that have simply gone bust. The owners closed the doors and walked away. These were cosmetic practices where their services are viewed as discretionary by the patients. In booming times, a consultant might encourage the owner to increase marketing and advertising. That would probably have worked then, but in today's market, it could even accelerate the road to bankruptcy -- the overhead could overtake profits. We need to put aside some ideas that worked before and take a fresh look at today's realities.

Since we know from previous downturns that people will reduce their spending on non-essential treatment, the question today becomes, how your patients view the treatments you are proposing. If they view the treatment you propose as discretionary, then you might need to re-phrase your proposals instead of push harder in the wrong direction.

So this brings us to the question of what constitutes effective communication: **Adjust your communications message from discretionary to essential.** A patient with bleeding gums may regard their chronic condition as 'normal'. After all, in the patient's mind, it's been like that for years and it has not really been a problem. Yet in the dentist's eyes it is seen as a very serious problem. We now know more about C-Reactive Protein and the link between periodontal disease and general health. If the patient does not view their condition with appropriate concern, then they are unlikely to be motivated to want treatment. The same disparity of concern applies in many clinical situations…abfractions, abrasion, cracks in teeth, loss of vertical dimension etc. **The dentists that will do best are the ones who have the ability to have their patients view their genuinely urgent condition as such**. Effective communications must be done **without any sales pressure**. If you sound like you are trying to convince or talk the patient into something, I'm calling that sales pressure. The ability to do this is way beyond this article and requires training to explain.

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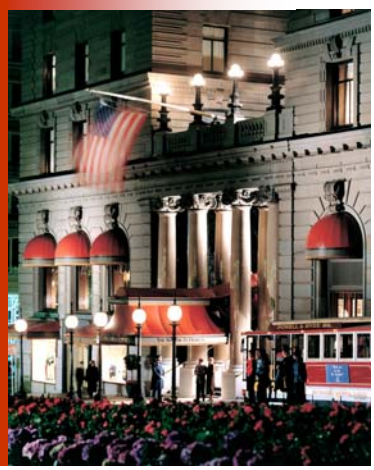
Abstract Alley - *Sahag Mahseredjian, DMD*

A potential link between oral status and hearing impairment: preliminary observations.
Journal of Oral Rehabilitation. 31(4):306-310, April 2004. PEETERS, J., NAERT, I. et al.

Some previous studies suggest an association between tooth loss and hearing loss. The aim of this study is to assess the relation between oral status and hearing acuity. Forty-eight patients (mean age: 64[middle dot]7 years) were allocated to four groups: one was wearing complete dentures in both jaws, another had shortened dental arches, a third had full dental arches in both jaws and the last lacked any occlusal stops (i.e. no occlusal vertical dimension, because of the absence of teeth or occlusal pairs). Audiological testing was performed in a noise-free chamber. Air and bone conduction were checked at different frequencies and the air-bone gap was determined. After correction for age and gender, a difference in air and bone conduction because of the oral status was found for low and for high frequencies while no significant differences were (P < 0[middle dot]05) found for the air-bone gap. The number of teeth, number of occluding tooth pairs and presence or lack of occlusal vertical dimension, was significantly related to the gradient of hearing loss (P < 0[middle dot]05). The discrepancy in hearing loss between complete denture wearers and patients without any occlusal vertical dimension, strengthens the hypothesis that it is the lack of the latter that is associated with hearing loss. At what level hearing loss occurs, needs further investigation.

2009 Conference



The Westin St. Francis

click here for room reservations

FUTURE MEETINGS

2010 Annual Conference

The Westin Boston Waterfront
July 22 - 24
Boston, Massachusetts

2011 Annual Conference

Grand Hyatt on the Bay
July 28-30
San Diego, California

The New Economy and Dentistry *continued from page 2...*

Another new reality might be that more patients will focus on insurance to pay their bills. (Total financial collapse might mean no affordable insurance..but let's not go there). In good economic times, many practices tried to reduce their involvement with insurance companies and it normally is better to remain uninvolved with those companies. But you have an obligation to stay solvent and for some practices today, reducing insurance work might be too costly. A moderating factor for these practices is advanced communications training. With powerful skills, you have the ability to reframe the patient's view of their condition. For a starving dentist a**n insurance patient is better than no patient.** When the time is right you should be able to drop the insurance component if you wish. Each practice needs a customized approach to this insurance question.

In boom times, the most outstanding practices tended to be high-niche practices that offer one product. In the non-dental world, **businesses that have survived multiple booms and busts offer a mix of basic and premium services.** This way they can do well in any economy. Some dental gurus with niche practices will continue to shine no matter what happens to the economy, but by definition, gurus must be rare. For mortals, this might be the wrong time to turn away patients and it might be prudent to take a slower road to 'nichedom'.

An interesting twist on this topic is that most dentists don't really have enough premium services- they only offer basic dentistry. Which takes us to the next point: Don't delay to get up-skilled clinically. **When you have the clinical skills to treat all manner of complex conditions, you will actually see those conditions**. Two hundred years ago, a dentist only recognized grossly overt problems; massive decay and broken teeth, because they only saw what they could treat. Today we recognize a wider range of problems, partly because we can treat them. The unskilled dentist will often claim the skilled clinician is over-servicing the patient. The dentist from 200 years ago might say the same things about modern dentistry.

Now, let's look again at advertising. Consider emphasizing your other services like preventive dentistry (with the emphasis on saving money) or new techniques that promote painless treatment (lasers, wand etc). Any treatment that has a deleterious consequence if left too long, like sleep apnea, TMD, abrasion, loss of vertical dimension, can be powerful because there is the threat of future cost and risk if left untreated. To get the right formula it's always a good idea to run a small test market before you commit too much money to any campaign.

I find it helpful to think of advertising merely as **a vehicle that gets the phone to ring.** Attendance does not create case acceptance. Without strong communications skills, you might have an inefficient revolving door scenario – paying to get them to phone and losing them along the way. This would be a good time to offer free inducements (loss leaders) to get a patient in and then use your advanced communications skills to give the patient the true perspective of their situation.

How much should you spend on advertising? In good times you might have spent say $50 to get one patient and in downturns you might have to spend $200 for the same result. So you need to work strictly to a controlled advertising budget, which should be based on a **percentage of your overhead**. If your overhead percentage gets to say, over 80%, then you are on thin ice. This means: Know your numbers.

Knowing your numbers and knowing how to respond to them is a huge topic. Well run businesses of all descriptions use key performance indicators (KPIs) to tell them where they are now and where the business in heading. They are invaluable to tell the business owner where the weaknesses are and so help to plug leaks before terminal hemorrhage sets in. Think prevention. You can't run a business successfully on only gut feel. We use them within our own business and also we analyze dental practices with daily numbers so that we can graph progress. Ideally, we should be able to see if there is a skills deficiency or a system deficiency and then interpret what should be done.

KPIs are also used to measure skill levels. An interesting aspect regarding lack of communications skills is that **the deficiency is invisible to the dentist**. The same patient in another dentist's hands might have chosen full comprehensive treatment. But how would our dentist ever know? By monitoring the KPIs of hundreds of dentists we can get bench marks which enable us to compare one dentist against others. Otherwise how can anyone know what constitutes "good" or "bad?"

The final point to consider is the concept of leadership. A dental practice like a country can prosper or fail depending on its leadership. This is the largest topic in any business bookstore but most dentists have little understanding of its practical significance in their world. The best leaders know that they have a lot to learn about it and the poor leaders don't even know that they don't know. In boom times businesses could afford to have mediocre leadership. The times carried them along and perhaps gave them a false sense of security. The good thing about adversity is that it can spur us to higher levels of excellence.

Disruption always creates new opportunities. There is a lot dentists can do. People today will still find the money for a hearing aid instead of an ear trumpet. They still will buy glasses to see with. They still will get knee surgery instead of a walking stick if at all possible and they will choose an implant if it means avoiding the discomfort and loss of libido of a plastic denture. It's all about communication. The dentist with hard-core communications and clinical skills will always outperform the less skilled. Hopefully, the current downturn will reverse quickly, but if not, face reality calmly and logically. I would suggest that if you want to ride the next economic waves and come out on top; investing in yourself will always be your best long-term investment.

Dr Michael Sernik is a partner in PrimeSpeak, which offers the PrimeSpeak 3-day course on the new patient exam and also the PrimeSpeak Leadership Program, which teaches dentists leadership and provides customized coaching on the business of dentistry. See www.primespeak.com.

High School English Lesson *continued from page 1...*

One of the tenets of the IACA is to allow open discussion of all treatment philosophies. To encourage learning by all of us we need not only to be tolerant and open minded – but also to be professional, accepting that the other person or group really is sincere in their stance. I find it hard to believe that any health care professional would willingly practice in a manner that he or she knew to be harmful to their patients.

Perhaps if colleagues are continuing to argue for argument's sake alone, they are embarrassed that they do not have any more information for the discussion? Perhaps they are merely reiterating what was taught to them in dental school and have accepted it for many years that it is based on rock-solid evidence. For many professionals it is more comfortable just to accept what they learned from someone else that they had respect for, than to learn it themselves. This is why they become so emotional over certain issues in a controversy – they really do not want to feel they are providing the wrong treatment for their patients. This emotion can result in strong words being used – even name calling and swear words! I even had one fellow dentist, (using a pseudonym), on a dental forum, start mentioning knives and guns in his posts with me – I stopped posting on that forum!

The human body is a complex organism – especially the brain. We have as members and presenters at our annual conference colleagues from various professions. While our members and presenters are primarily dentists interested in comprehensive cosmetic dental care, we also have medical doctors, chiropractors, physical therapists, acupuncturists, laboratory technicians, and practice administrators. It involves a lot of people to make humans whole, and this is quite an endeavor when each professional has his or her own treatment philosophy.

What we need to keep in mind in our discussions with colleagues is why each of us feels we are correct in our stance. We each have our own background of information. If the shouting and name calling, (or swearing), starts, perhaps we should remember that they are out of ammunition – or information. We should then do the professional thing by backing off and offering to discuss the subject on another day, rather than driving them into the dirt with our information. In doing so we might allow the colleague to reassess his or her information without the emotion of the "battle" and consider what you are saying – or, the same for you!

If you are not an IACA member I invite you to bring your information, your learning, and your knowledge into the IACA as a member. The IACA seeks knowledge on how to address the various pathologies with which our fellow human beings are afflicted. Next year our annual meeting will be in San Francisco – a great place to visit. San Francisco will be an even better place to visit next July as you will find a group of fellow professionals who are open to discussion, open to learning, open to science – and, open to you.

Do YOU have what it takes to become the next IACA entertainment sensation?

NOW IS YOUR CHANCE TO SHINE!

You are invited to submit a one to three-minute video presentation of your entertaining act for the IACA Idol competition. Submissions must be accompanied by an entry form.

CLICK TO SUBMIT YOUR VIDEO TODAY

Finalists will be selected and viewed at "IACA After Dark" which will take place during an evening of the 2009 IACA Conference!

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