

Say it with pictures

Save yourself some time and words by showing patients their treatment needs with digital images. You will be amazed at your return-on-investment!



by Daniel J. Poticny, DDS

A picture is worth a thousand words. While it may sound trite, it has never been more true. You only have to look around to see how video imaging sells everything from top 40 hits to pharmaceuticals, automobiles, and designer clothing. We are a visual society, far more dependent on what we “see” than what we receive through our other four senses. Visual images evoke strong emotions, ranging from anger and hate to happiness and joy. What the eye sees stimulates the remaining senses for better or for worse.

Just think back to the profound television images of

the collapse of the World Trade Center towers, and the fear, sorrow, anger, and even hate you may have felt while watching the tragedy unfold. Or, who can deny the powerful image of a beautiful smile, replete with glowing teeth that fluoresce and amplify the delicate features of a perfectly proportioned face? You may have noticed on the popular TV series, “Extreme Makeover,” that Dr. William Dorfman displayed large prints of people of all ages with “winning smiles” in nearly every treatment room? That’s no small coincidence!

In the last 10 years, a lot has changed with respect to the way we present our cases and explain treatment needs

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to a patient. Prior to the “technology wave,” we usually relied on “dumbed-down” descriptions of what we observed and recommended, hoping that patients would grasp the true nature of their conditions and follow through with their treatment needs. Desperate, we tried typodonts, drawings, and flip charts. We even provided mirrors for patients to see inside their own mouths. But, in the end, treatment was ultimately prompted by pain or discomfort. True problems remained hidden in the back of the mouth, unless they prevented the patient from daily tasks ... such as enjoying a good meal!

The “verbally-challenged” doctor frequently would see patients diagnosed with treatment needs walk out the door as a result of his or her poor communication skills. I know, because I’ve been there. After spending 10 to 20 minutes explaining a patient’s condition in my best layperson’s terms, I would leave the room, only to hear the patient immediately ask my assistant or treatment counselor, “Now, what did he say?” They just couldn’t understand what I was trying to communicate!

I remember the day back in 1991 when my friendly dental salesperson first showed me how to put a little wand with a tiny lens in a mouth to see any tooth magnified in all its glory (or otherwise). The image could be magnified to the size of a tennis ball on a television monitor. The price for this technology was then around \$40,000 — about half the amount I borrowed to start my office! At the time, I thought this was too much for an uncertain return on my investment. How times have changed! Now, I can’t open a dental product magazine without being bombarded with the latest and greatest technology to make my life — and the lives of my patients — more productive, meaningful, and successful.

However, keep in mind that in the flurry of all this new, innovative technology, some basic fundamentals still apply. Your choice of technology must demonstrate an appropriate potential for a financial return before you even consider making a purchase. Fortunately, return-on-investment has never looked so good, making it a more appropriate time than ever to consider entering the “digital age.”

If it sounds easy, that’s because *it is!* Over the course of my conversations with dentists across the country, I continue to be amazed — and somewhat perplexed — by the 50 percent of doctors who do not use intraoral imaging. Even worse are those who *neglect* their intraoral-imaging capabilities, infrequently wheeling out a dusty cart, if at all. Intraoral imaging remains a novelty to some of these people — and a mild inconvenience to others — yet nothing could be further from the truth!

Frankly, if you do not use intraoral imaging today on a regular basis, you are ignoring the doctor/patient relationship. You also are ultimately losing out on much more than increased production! Today’s analog/digital devices serve as adjunctive diagnostic aids that reveal the tiniest flaws in teeth, as well as defective dental treatment. Not impressed? Your patients will be!

You can’t afford to ignore the first rule of a good doctor/patient relationship: *co-diagnosis*. Considering the fact that dental hard- and soft-tissue disease is a microscopic

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If pictures are worth a thousand words, then wouldn’t it be nice to only use a few of yours to encourage a patient to:

- ① Identify the problem
- ② Recognize the need
- ③ Accept your recommendation

process, it just makes sense to use diagnostic tools that show your patients the problem at this level in a visual format that they can understand.

A number of doctors have tried to tell me that intraoral imaging was too costly or that their hygienists wouldn’t use it. Did you know that you can purchase an intraoral camera today for as little as \$2,000, depending on your office and your software configuration? In my opinion, intraoral cameras are among the top three devices for achieving the greatest returns on investment.

Co-diagnosis at its best!

I bought my first intraoral camera in 1993, and now I have one in every treatment room. Why one in every room, you ask? I use intraoral photography on *all* my patients, that’s why! In the hygiene room, I take a sharp image, with the tooth displayed roughly the same size as the patient’s head. It is viewed on a monitor that is mounted in the corner of the room, near the ceiling. When patients see a defective restoration, decay, or fractures in their teeth, most will comment on the image before the hygienist or I have an opportunity to say anything! I often hear, “That looks *awful!* Is that a cavity?” Or, better still, “What do *we* need to do to fix that tooth?” This is co-diagnosis at its best!

With the evidence speaking for itself, you no longer have to spend precious minutes speaking in layperson’s terms about open margins, recurrent decay, or stress fractures. As I said before, images evoke strong emotions from most patients who can’t believe their eyes! They are frequently angry with themselves and, more importantly, they accept the need for treatment once they acknowledge the problem.

After an image is viewed, we store it permanently in the patient’s digital chart. We use Patterson EagleSoft for this and many other reasons. If your computers are networked and operatory-enabled, a majority of the current, major dental-software programs store the images as well. This software configuration cannot be beaten for liability protection, insurance claims, or even comparative analysis for a condition the patient may wish to observe over time.

If you do not have computers in the operatory or software with graphic-storage capability (as I once lacked),

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images can be stored as prints, or on floppy or compact discs. For years, I took standard “jpeg” images and placed them on a floppy disc inside a patient’s chart. Now, my charting is completely electronic, and all images are available anywhere we have a computer workstation. That’s convenience!

An intraoral camera in every operatory

Why intraoral cameras in operatories? The reasons are many. Showing progress is a big factor. We image every tooth prior to beginning treatment or pull up an image that may have been taken at a recall visit. Then, following treatment, we take another image and compare the two. The comments from patients and the thanks I receive say it all ... and make it all worthwhile!

Digital imaging is *essential* to me. It elevates dental work from something analogous to plumbing or electrical work to a level of professionalism that is mutually beneficial to the doctor-patient relationship. Gone are the days when I did my best treatment with little or no comment from the patient. As human beings, we all desire a little recognition for our efforts, dentists included.

Besides the appreciation factor, intraoral cameras can reveal occult pathology that even the best loupes or telescopes may miss. With our software program, we have advanced diagnostic-imaging tools available with a click of the mouse. I cannot tell you the number of times intraoral images, combined with our clinical software, have shown horizontal-cuspal fractures, accessory canals, and other pathologies that, if overlooked, would have produced a compromised result.

Printed intraoral images are capable of saying far more than any X-ray ever could, especially when it comes to supporting insurance claims. Some insurance companies now accept electronic attachments, including digital images and radiographs, so that you don’t have to print or mail anything! That makes it more economical and convenient to file claims, not to mention the fact that your electronic claim receives top priority for faster payment.

Every member of your staff needs to be trained on the operation of an intraoral camera, but it is not difficult. Once the training is complete, everything else falls into place. Treatment acceptance improves, so you can spend more time chairside performing treatment, not explaining it, and that ultimately saves time for both you and your patient. With affordability no longer an issue, you will quickly realize that there is nothing to prevent this technology from working for you and your patients.

The wonderful world of digital photography

Besides intraoral cameras, every office should have the capability to take still photos of their patients and their smiles. I shudder to think back to the days when I used my 35mm camera to produce slides and photos of patients before and after their treatment. Quite often, the photos would be under- or overexposed, and I would not know it until they were picked up from the photo lab. That was no help once the teeth were altered. It also was not possible to do a “visual mock-up” of proposed

treatment quickly or easily.

Enter the age of integrated digital technology. By combining the imaging module of our clinical software with the convenience of digital cameras, we can instantly capture full-face or close-up macros of teeth or quadrants. These images are instantly delivered to the software applications, enabling us to alter them on the spot. It also gives us the ability to delete those images we do not wish to keep. The best part is that the entry-level price for these cameras is surprisingly low!

True, I do have a couple of high quality 35 mm digital cameras in my practice, but I also use other digital cameras, purchased for less than \$400. My staff members routinely uses these less-expensive cameras to capture full-face and full-smile photos. They will even take high quality macros with the camera’s standard pop-up flash. Just as we do with intraoral cameras, we often put the full-smile image up on the monitor facing the patient and leave it there. You would be surprised at how many patients will begin dissecting their smile, asking questions or making suggestions before you have an opportunity to say anything! This sets the stage for you to tell these patients about what dentistry has to offer them. To no one’s surprise, elective treatment is often chosen, creating a win-win situation for both the doctor and the patient.

Every patient who consents to treatment in my practice has a full-face photo taken and stored in Patterson EagleSoft software. That image will then appear every time the patient returns for treatment and/or an inquiry is made about his or her record. This is a valuable aid to the front-desk employees and helps them to match names to faces. As patients arrive for appointments, we are able to “anticipate” their arrival and greet them by name, which is great customer service!

When it comes to selling dentistry chairside, you can pull up patients’ records, “digitally whiten” their teeth, close spaces, or recreate their smile before they leave. This peaks interest in treatment and often eliminates the need for second appointments. Patients don’t lose interest between their initial appointment and the next appointment when you discuss the treatment you are proposing. With digital imaging, you can present treatment at that first appointment.

If you have been waiting for prices to come down, technology to mature — or the right time to finally dust off that intraoral camera — *now* is the time! Few other tools will produce such a high level of satisfaction and return-on-investment. Patients will appreciate your thoroughness, your level of case acceptance will improve, your treatment quality will be enhanced, and your staff members will feel “empowered” by their ability to address and convey treatment needs.

Digital imaging helps you to practice reliably and more efficiently, while improving production, saving money, and enhancing profit. I still have that first intraoral camera from 1993, priced then at \$7,600 ... and it continues to silently sell dentistry today! If indeed, time is money, then what have you been waiting for? Begin imaging today and start saving your words. The dollars realized will amaze you!

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Doug Johnson, D.D.S.



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— Doug Johnson, D.D.S.



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