

# The Middle is Shifting Right



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Nobody likes to be called average, but let's face it, 80 percent of the dentists who read this magazine are average. Whatever the majority of us does on a routine basis defines the average dentist, the midsection of the dental bell curve. For the purpose of this column, I will refer to average dentists as "middlers." I think the profile of middlers is beginning to shift in a very significant way. What about the other 20 percent of our profession? The remaining 20 percent occupy the right and left extremes of our bell curve of dentists. This column is not focused on what is right or wrong about these different groups, rather it is a friendly warning that the definition of the middle is changing. In other words, if middlers do not change with the times, they risk a move to the left side of the bell curve.

In my opinion, the middler dentist of 2007 is a solo or small group practitioner with a yellow page listing, works 28-32 hours per week chairside, uses air driven handpieces, and performs restorative dentistry on single teeth. They work on patients who have dental insurance, they have a handful of implants to restore, use practice management software on at least one computer in the office and might own a digital radiography system. Yes, that's right, digital radiography has become standard equipment for the average dentist. Does 80 percent of the dental profession own digital radiography? No. However, a new office would be crazy to start with film and existing offices are working hard to make the leap to digital. This is just the beginning of the shift.

The top 10 percent, in contrast, are solo practitioners who market their practices in many ways, have sophisticated Web sites, work fewer hours, often don't directly participate with insurance, have computers in every operatory, use digital X-rays, might own a CEREC machine, place tooth-colored materials as the sole direct restorative, place and restore implants, offer one or more patient financing option, and might own a laser. This group is filled with early adopters; the dentists who are more likely to incorporate new technology in their practice.

Of course I realize that there is overlap between both groups, and in dentistry, professional variation is endless. It is certainly impossible to pigeonhole each member of our profession. I must define the groups for the sake of this discussion. Furthermore, I believe that the profiles I have described will strike a familiar chord with most readers.

Dental manufacturers have always strived to bring products to market that will serve the most dentists as a simple matter of economics. The bigger the potential market of consumers, the better the profit potential. Certainly a company will not spend big dollars developing a product that will only serve the needs of a few dentists. After all, the entire profession is considered a relatively small group. If a technology does exist that appeals to a small group, it is by definition something for the top 10 percent of dentists to adopt. The typical dental practice when I graduated is not much different than the typical practice today. During the 12 years since I graduated from dental school, I have witnessed incremental improvements in materials and equipment.

Moving forward, incremental change will become quantum change as new graduates fill our profession and entirely new categories of technology are adopted by Middlers. When I graduated in 1995, the Internet was considered a very new technology, and in contrast, the graduates of 2005 were fully integrated into a life of Google searches and e-mail communication. When digital X-rays first reached the market, manufacturers spent time and energy explaining to dentists why digi-

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tal X-rays are so great. Today’s graduate is more likely to ask, “Why wouldn’t you use digital images?” Paper communication has been a standard in business that we might never escape, but the new practices of today are successfully eliminating paper from their daily workflow. Dentists with less than 10 years of experience are more likely to communicate electronically, than in a letter. The expectations for technology are higher today than they have been in the last 20 years.

The second catalyst for this monumental shift is new categories of technology. Lasers, CAD/CAM and digital imaging are more than just technologies for the leading edge, they are rapidly infiltrating the middle of our bell curve. These new categories are much more than just a better way to do something; they are changing procedures and outcomes in a significant way. Placing implants is becoming a simple exercise in drilling, thanks to Cone Beam CT and the ability to construct accurate surgical guides from this information. CEREC has ruled the world of in-office CAD/CAM for 20 years, but new competitors in this space are a clear indication that CAD/CAM is finally hitting the middlers. Practicing without impression material will be possible, and that is much more than an incremental change. Lasers have become so predominant that it is simply a matter of time before enough dentists own one to make it standard equipment for middlers. Tooth-colored restorative materials and bonding agents are improving all the time, and with increased environmental pressures on amalgam waste, I think you will soon see this time-tested restorative material in the dental history books.

This is not a call for panic, rather it is a time to be excited about the future of our profession. New technology adds to our delight and our bottom line. Use this as an opportunity to plan ahead for the future and rejuvenate your practice. If you have a comment or question, send me an e-mail: [tom@dentaltown.com](mailto:tom@dentaltown.com). ■

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