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Recession-proof Cosmetics

by John Nosti, DMD, FAGD, FACE

Pretend for one moment the following to be an excerpt from today's edition of *The Daily News* or the news anchor's opening remarks to tonight's nightly news, "Across the nation we are seeing unemployment rates at a historical all time low. Housing and development have spiked for the second consecutive year. The Dow continues to climb and closed today at an all time high for the sixth straight month, and the dollar remains strong through the global economy."

How many nights of being bombarded with this information would it take for you to change your day-to-day outlook and the way you communicated with your patients? Now think to yourself, is the day-to-day information you are being bombarded with affecting how you are communicating with your patients? Have you placed a direct restoration on a patient because you assumed the patient would not choose a crown or onlay, which you knew to be the better option? All of the solutions to your cosmetic practice woes will not be answered by simply tuning out the day-to-day media bombardment of the economy, but if your attitude needs an adjustment, it is the first place to start! **Action Plan #1: Turn off and tune out the negative media.**

Let me be the first to predict a rise in cosmetic dentistry in the next couple of years, as compared to 2009. What is one of the explanations for this? New job seekers! In the past year I have seen many patients who are looking for the edge on the competition for new jobs. Lawyers, accountants and the sales force, are just an example of those trying to improve their appearance as they seek the source for their next employment. Might they commit to a \$20,000 smile design? Maybe not initially but there are several steppingstones to offer these patients to significantly enhance their smiles.

The Whitening Jump Start. Have your bleaching numbers dwindled down to few and far between? Here are some ideas to get the whitening train rolling again in your office. First, are you still stuck in the old times and charging your patients \$400 for take-home kits? Get with the times! The cost of kits has significantly decreased in price while the products and results have improved. Many offices today are offering their new patients whitening for free! Consider advertising this on your Web site, local newspaper or radio to drive in new patients. Yes, this could be the perfect time to advertise when all others are cutting back.

"Whitening for life" is something else you can offer new patients or even existing patients. If broken hygiene appointments or openings are killing your practice the addition of this program might help you fill in the schedule. The program outlines how you cut down on no shows and last-minute cancellations



Is the day-to-day information you are being bombarded with affecting how you communicate with your patients?

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by simply having your patients sign a contract that you will provide them whitening gel for life, as long as they keep their hygiene appointments. Your exchange of a syringe or two per visit is far less expensive than *one* broken appointment per day in your schedule.

Discount your bleaching! If you are only bleaching once or twice per month, or if you are charging more than \$200 for take home procedures, you should consider a discount or “economic stimulus” to your practice. Drop your price between \$150 and \$190 (or less) and make sure your staff tells everyone about the great deal they are being offered. For practices that have open chair time or extra personnel, this is a no brainer. I personally feel that whitening is a gateway to other cosmetic procedures. Patients will eventually replace old bondings, amalgam fillings and crowns in the smile line in search of a whiter smile after they bleach. Even though the discount is a potential loss of profit from your initial price, it is serving to cover the cost of personnel, lost chair time and eventually will drive patients back to your office for further cosmetic care.

Bonus your bleaching. From October 1 to December 31, 2009, my office ran a bleaching bonus amongst the staff. The result was that we did more bleaching in those three months than we had done in the previous nine months. We priced our bleaching at \$190 and gave a bonus to the staff to the tune of \$75 for every procedure. The key to this was that the staff must not schedule bleaching impressions or delivery in the doctor’s schedule or in the hygiene main schedule. Patients were seen on the side schedule and impressions were taken by the floating assistant or the hygienist while someone was setting up for the next patient. This gets the staff to be creative and form a true “team effort.” The dollars are divided amongst the staff dependent on percentage of hours worked compared to total office hours. I would recommend having a meeting to successfully implement this bonus strategy and give the staff direction on becoming opportunistic in discussing bleaching with patients. Front-office staff can inform patients while they are calling to confirm hygiene appointments, so that these patients are pre-informed when they come for their re-care visits. Hygienists have prime opportunity to discuss with their patients the success of bleaching and the patient’s candidacy. This might not be seen as a major moneymaker in your practice but this does several things. First, it gives your staff a little extra money each month (and who doesn’t like that?). Second, it takes you out of the equation as the staff will completely handle all of the discussion with the patient. Third, as I stated previously, you might not reap the rewards immediately, but patients will get more dentistry performed when their teeth are whiter.

Action plan #2: Bonus, discount or give away bleaching.

Use your time wisely. If you are someone who is finding more holes in your schedule every day then you must start to put that free time to good use. Consider advancing your education. I am big advocate for education because of what it has done for me and my career. How can we offer treatment if we are unsure how to perform it? The truth of the matter is many do not even recognize when it is warranted.

Looking back on my education, the single CE course that took my practice to the next level and had the greatest influence on my career was the Live Patient Comprehensive Esthetic course I had taken with The Hornbrook Group. This course gave me the motivation not only to provide better aesthetics, but it opened my eyes to treating functional patients with cosmetic dentistry. It allowed me to provide better treatment plans, and to deliver those treatment

plans with confidence. My overall speed improved, which allowed me to cut my overhead costs. There are many courses out there that will help you diagnose and treat cosmetic dentistry to a higher proficiency, consider investing in one of these courses and yourself.

Do you offer Invisalign or “Six Month Braces/short-term ortho”? If you do not offer either of these procedures, consider getting certified in either or both to provide a completely new pool of patients and procedures to your practice. Both offer great support and the ability to “start treatment Monday morning.” This is a perfect adjunct to introduce to your practice during down times due to the longer appointments that might be necessary for your first couple of cases.

Spend more time with your patients. Rather than finishing your procedure in the time you know you can, consider stretching the procedure to get to know your patient and increase the amount of doctor patient time. Use the time wisely to build relations and communication with your patient. If you are not someone who is good with communication, then your down time should serve as a time to practice this, or get educated on this part of your practice. People buy stuff from people they like. If your communication skills are lacking, you might find your treatment acceptance percentage is low for case fees that cost more than \$4,000. I would strongly recommend getting trained in this area quickly if increasing cosmetic care is a goal of your practice

Can you tell me which one of the people from figures 1, 2, or 3 presented to my office because they desired a “smile makeover” vs. the patient who treatment was initiated due to functional concerns? Believe it or not, each one of these patients’ treatment was initiated due to generalized decay or advanced occlusal wear. Once the communication channels were opened, each patient expressed the desire to have their smile returned to them and to have a result similar to our photo albums or Web site galleries. They, in fact, became “cosmetic patients and treatment plans.” Many times over, the amount of functionally driven cosmetic dentistry performed in my office outweighs the cosmetic only driven patients from year to year. These patients also refer more patients to the practice who want the same result than patients who are cosmetically driven and hence prefer not to tell people of the procedures they had done and by whom. The best part of this type of dentistry is that you do not have to advertise for these patients and there are most likely a plethora of these patients in your practice right now that require this type of treatment. The key is to recognize, educate, and deliver. **Action plan #3: Educate (Yourself and Your Patients) and Communicate.**

Smile Rating. As part of increasing patient time and communication you should take the time to re-examine your

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Your Success Awaits



Action Plans for Success

1. Turn off and tune out the negative media.
2. Bonus, discount or give away bleaching.
3. Educate (Yourself and Your Patients) and Communicate.
4. Have patients rate their smile.
5. Offer Inlays/Onlays.

Author's Bio

Dr. John Nosti graduated from the University of Medicine and Dentistry of New Jersey before completing a one-year General Practice Residency at the Lehigh Valley Hospital in Allentown, Pennsylvania. He has since completed more than 1,600 hours of continuing education in cosmetic dentistry, TMJ disorders and full mouth reconstruction. Dr. Nosti is known throughout New Jersey as a highly respected cosmetic dentist, and one of the leading experts for TMJ and cosmetic dentistry in the state. Dr. Nosti prides himself on being able to offer patients the latest techniques available and dedicates himself to countless continuing education hours. Dr. Nosti is on the faculty with Arizona School of Dentistry and Oral Health and is also a Clinical Instructor with The Clinical Mastery Series and The Hornbrook Group, where he travels the country teaching other dentists cosmetic dentistry, bite relationships (occlusion and TMD) and full mouth rehabilitations.



patients. Is there wear present? Is the patient having muscle pain? Is the patient happy with the appearance of their teeth? Do they like the show of metal in their mouths? Do you know if they like their smile? One of the single most important things you can do to increase cosmetic dentistry in your practice is to ask your patients to rate their smile on a scale of 1-10. Contrary to your beliefs, most patients do not walk in the door and request 10 units of all ceramic dentistry be performed on them. The dentists out there who are performing more cosmetic dentistry are the ones who have systems set up to uncover the patients' desires. Asking someone to rate their smile is an open-ended question that almost always allows for more communication between you and your patient. Simply asking someone if they like their smile will always elicit a "yes or no" answer and the "yes" answer will kill your conversation. When someone rates their smile a nine, this still allows you to ask that patient, "What is it that needs to be done to rate your smile a 10?" Almost always the patients say "whiter" or "straighter." Patients who rate their smile a "one" are fair game to open the dialogue towards more comprehensive treatment. **Action Plan #4: Have patients rate their smile.**

A survey completed by the American Dental Association from 2005 to 2006¹ reported that dentists on average placed 256 crowns per year to just 10 inlay or onlay restorations. Further, the average general practitioner placed over 197 restorations that were 3+ surfaces. These statistics I feel demonstrate that most dentists are missing out on the opportunity to provide both an outstanding service to their patients, while allowing for a significant increase in production. Sturdevant and colleagues clearly defined the inlay/onlay as the "treatment of choice for the restoration of the tooth that has been greatly weakened by caries or large, failing restorations with the facial and/or lingual tooth surfaces have been relatively unaffected by disease or injury"². Take the time to educate yourself on preparation, temporization, cementation, of inlays/onlays and communication with your patient on this service. It will allow you to be more conservative in your treatment, while providing your patient an outstanding service. By providing just one inlay/onlay per week can add up to 40-50 additional indirect restorations per year for the single practitioner. If the average dentist performs 256 crowns per year, this will represent between a 15-20 percent increase in crown-related procedures. This translates to a considerable increase in production, and can be the single procedure that you add to your armamentarium to allow you to have an "up" year. **Action Plan #5: Offer Inlays/Onlays.**

The economic situation in the world is out of your control, but the care you deliver to your patients everyday is not. These five action plans represent simple-to-adopt techniques and procedures that can significantly increase your cosmetic procedures and affect your bottom line. How you move forward from today is completely up to you. Your overhead doesn't decrease with excuses, and your production doesn't increase with them as well. It's 2010 and your success awaits. ■

References

1. American Dental Association Survey Center: 2005-2006 Survey of Dental Services Rendered
2. Sturdevant CM, Roberson TM, Heymann HO, et al. *The Art and Science of Operative Dentistry*. 3rd ed. St. Louis, MO: Mosby; 1994.