

Where should you invest in technology for your practice?

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IF YOU HAVE SOME CAPITAL to invest in new technology for your practice, what should you choose? As a dentist on the edge of innovation, I've walked down that road. My experience may be valuable for you.

As all of us within the dental profession know, we are in a health-care field experiencing unprecedented winds of change and uncertainty. What will the future of dentistry look like? How will consolidation, shifting patient dynamics, health-care economics, and other factors affect our profession moving forward? And how will you as a practitioner introduce change to ensure the proverbial ROI?

We, like other professionals, must have a mindset of continuously improving our dental practices. We do this primarily for our patients, as well as our own personal and professional reasons. We constantly find ourselves asking how we can make visits even better for our patients, improve efficiency in the practice, improve our narratives and paperwork for third-party providers, all while generating more revenue to drive practice growth.

As technology gets smaller, less expensive, and easier to integrate, 2017 is a year where solo practitioners can choose to merely monitor the trends—or be the year they proactively address the challenges facing the profession, creating windows of opportunity.

One way to accelerate improvement is to invest in the practice through the acquisition of new technology. If you are in a position this year to invest in a new piece of technology, what should you choose?

Let's look at four technologies I've personally invested in recently that should be at the top of almost every dentist's shopping list. I'll also add comments about my experiences with the technology over time.

DIGITAL INTRAORAL SCANNERS

Intraoral scanners are very popular in 2017, largely because they replace impression materials where possible, digitally capture and manipulate impressions, and improve efficiency in working with your lab. Other factors fueling demand: costs are coming down, speed and accuracy have improved, and there are more manufacturers than ever jumping into this red-hot category.

However, it is important to consider that an intraoral scanner for capturing digital impressions is just one component in a technology overhaul that may be required to truly leverage the technology. I enjoy relying less on impression materials, and have spent years perfecting the digital workflow between the intraoral scanner, in-office mill, lab partners, and practice management software. Also, I see innovation happening in this area relative to digitizing orthodontics, implants, and even endodontics.

Make no mistake: digital dentistry is the way of the future, but the investment required to truly leverage the benefits of intraoral scanners can be a challenge for some practices.

3-D CONE BEAM IMAGING

When 3-D imaging was added to my practice in 2012, the rationale was that 2-D imaging had diagnostic and clinical limitations. Adding 3-D imaging has had a positive benefit in the five years of ownership, but early on, the significant investment for this technology put pressure to charge my patients a fee for 3-D scans. Even so, we began to uncover endodontic failures, periodontal problems, and other conditions not always visible in 2-D-and my patients responded positively. Today, 3-D cone beam imaging is effectively a loss leader in my practice. We no longer charge an extra fee, and routinely utilize 3-D cone beam imaging for treatment planning cases involving restorative work, implants, and orthodontics.

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ALL-TISSUE LASERS

In my travels as an educator, trainer, and consultant for several technology manufacturers, I am always asked, "Why do I need a laser?" In 2004 I had the same question, and was convinced that I needed to add a new "all-tissue laser" to my practice. After training, we began integrating laser dentistry into nearly every patient visit. I placed the laser handpiece in my clinical hands and began using it every day. It was a natural extension of the work I was already doing, and patients loved the same-day dentistry, the fact that we could get work done without anesthetic, and a faster healing and recovery time.

Even with my limited experience, I saw the laser was helping to add an elegance to my restorative cases with cleaner soft tissue margins, smaller preparations, and a gentler experience overall. Visits were shorter, and I began depending on the laser to resolve clinical challenges that previously would have disrupted my day. As word got out in my community, the all-tissue laser began driving new patients to my door, transforming my practice and the way I practice everyday dentistry.

IN-OFFICE MILLING

When we added in-office milling to the practice in 2010, I was drawn in by the exciting possibilities of doing same-day restorative dentistry, reducing my lab bill, and delivering better care to my patients. Patients appreciated the convenience of a restorative visit, but shortly after integrating chairside milling, we realized the disproportionate period of my available time working on polishing, glazing, refining, and manipulating models. Also, like digital intraoral scanners, in-office milling only truly soars when it is part of a larger digital workflow that permeates through your office and external lab partners, where dental labs are digitizing themselves, so they are as efficient as ever in delivering. Presently, we incorporate the in-office mill mostly for inlays and onlays. Most crowns and other large restorations are digitally captured in my clinic, but produced by a lab partner.

CONCLUSION

If you are considering investing in a single technology for your practice, I would urge you to review which of the four options discussed in this article would have the most tangible impact on your ROI and patient care, while rejuvenating the professional passion that drove you to become a dentist in the first place. In my case, if I had to start all over again, an all-tissue laser would be the first item on my shopping list. The technology has transformed my practice in three key areas: from invasive to minimally invasive, painful to "painless," and additional fee-for-service dentistry. Today, all-tissue lasers are smaller, easier, and more cost-effective (about the same cost as an intraoral scanner in 2017), and ultimately worthy of consideration by every dentist.

HOWARD GOLAN, DDS, JD, maintains a private practice on Long Island, New York, that he shares with his father. Dr. Golan is an instructor for several manufacturers, teaching quick and productive integration of laser-assisted dentistry, 3-D cone beam imaging, minimally invasive concepts, and CAD/CAM technology into dental practices. Dr. Golan practices and teaches a biomimetic philosophy and is passionate about conserving tooth, soft tissue, and bone.

Commercial disclosure: Dr. Howard Golan receives honoraria on occasion from dental manufacturers for teaching clinical education courses, providing consulting services, and evaluating new products.