Dentistry

A PROFESSION IN TRANSITION

Dentistry in the United States is in a period of transformation. The population is aging and becoming more diverse. Consumer habits are shifting with Americans increasingly relying on technology and seeking greater value from their spending. The nature of oral disease and the financing of dental care are in a state of flux.[1]

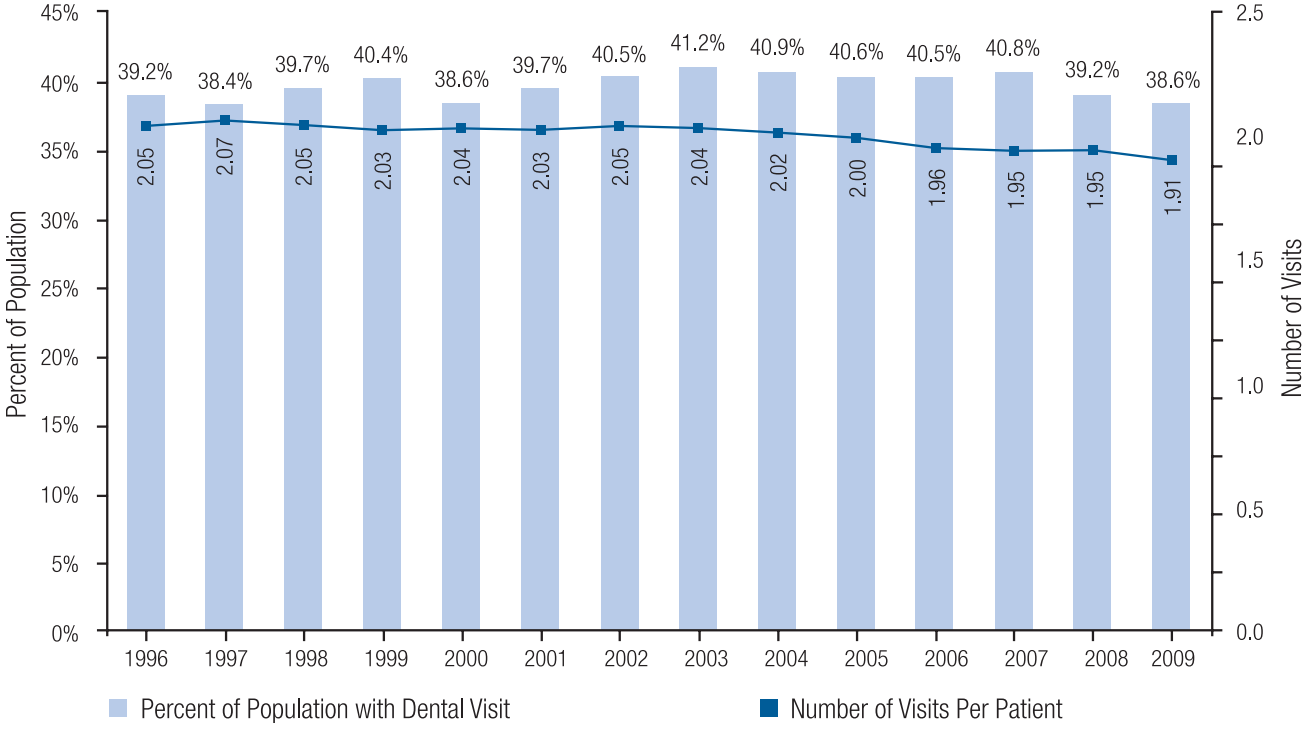
Are you prepared?

BIOLASE

Utilization of dental care has declined among working age adults, a trend that is unrelated to the recent economic downturn. Dental benefits coverage for adults has steadily eroded the past decade. Not surprisingly, more and more adults in all income groups are experiencing financial barriers to care. Total dental spending in the U.S. slowed considerably in the early 2000's and has been flat since 2008. The shifting patterns of dental care utilization and spending have had a major impact on dentists. Average net incomes declined considerably beginning in the mid-2000s. They have held steady since 2009 but have not rebounded. Two out of five dentists indicate they are not busy enough and can see more patients, a significant increase over past years.[1]

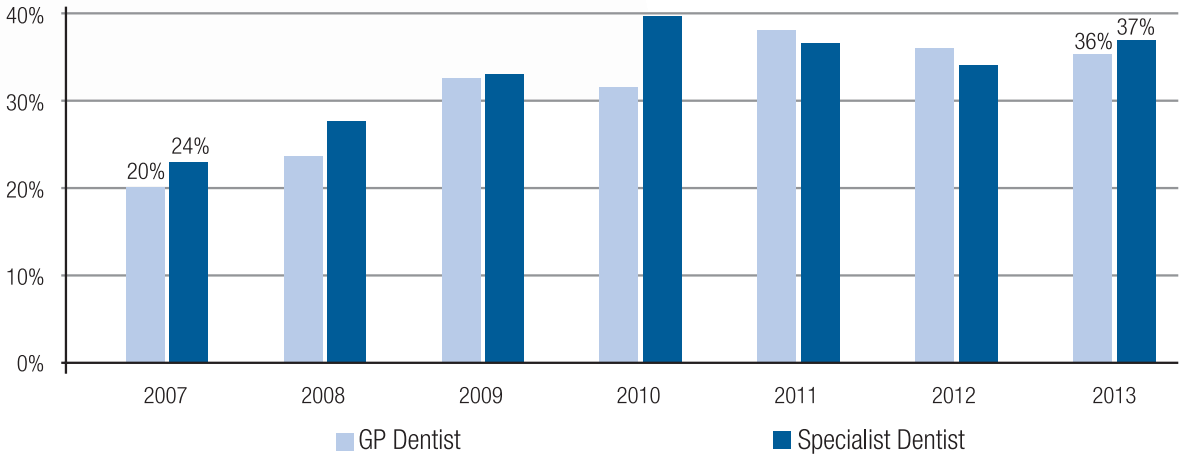
Below you will find some statistics regarding the decline in the utilization of dental care.

Figure 1: Number of Dental Visits per Patient as a Percent of the Total Population



Source: Medical Expenditure Panel Survey 1996 to 2009

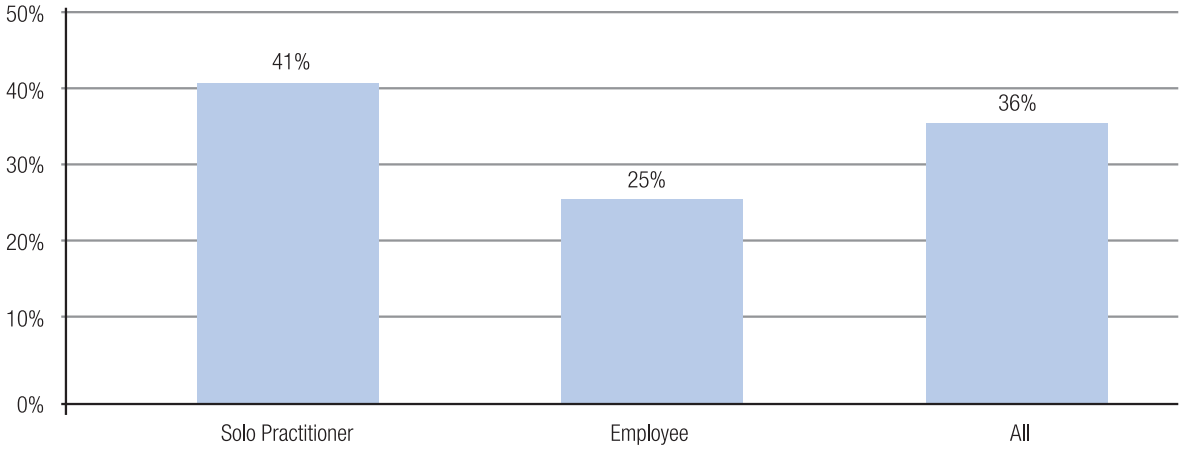
Figure 2: Percentage of Dentists "Not Busy Enough"



Source: ADA Health Policy Institute Annual *Survey of Dental Practice*. Note: Indicates the percentage of dentists reporting they are "not busy enough and can see more patients." Weighted to adjust for nonresponse bias.

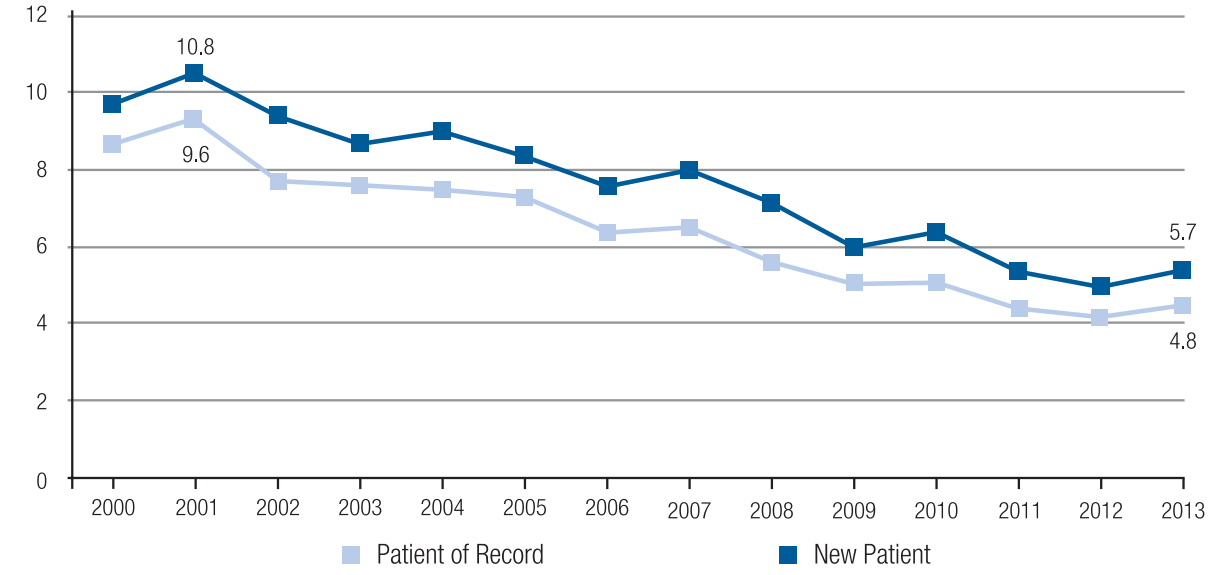
As 92.3% of all professionally active dentists are active private practitioners, income from private practice is an indicator of the economic health of a dental practice. Among other factors, net income is influenced by dental fees, practice expenses, types of services rendered, and market demand for dental services. Average real net income of general practitioner (GP) dentists in private practice has declined sharply in recent years, reversing a decades-long trend of steady growth.[2]

Figure 3: Percentage of General Practitioner Dentists "Not Busy Enough", 2013



Source: ADA Health Policy Institute Annual *Survey of Dental Practice*. Note: Indicates the percentage of dentists reporting they are "not busy enough and can see more patients." Solo Practitioner is a dentist working as the sole dentist in the practice. Employee is a non-owner dentist compensated by salary, commission, percentage or associate basis. Weighted to adjust for nonresponse bias.

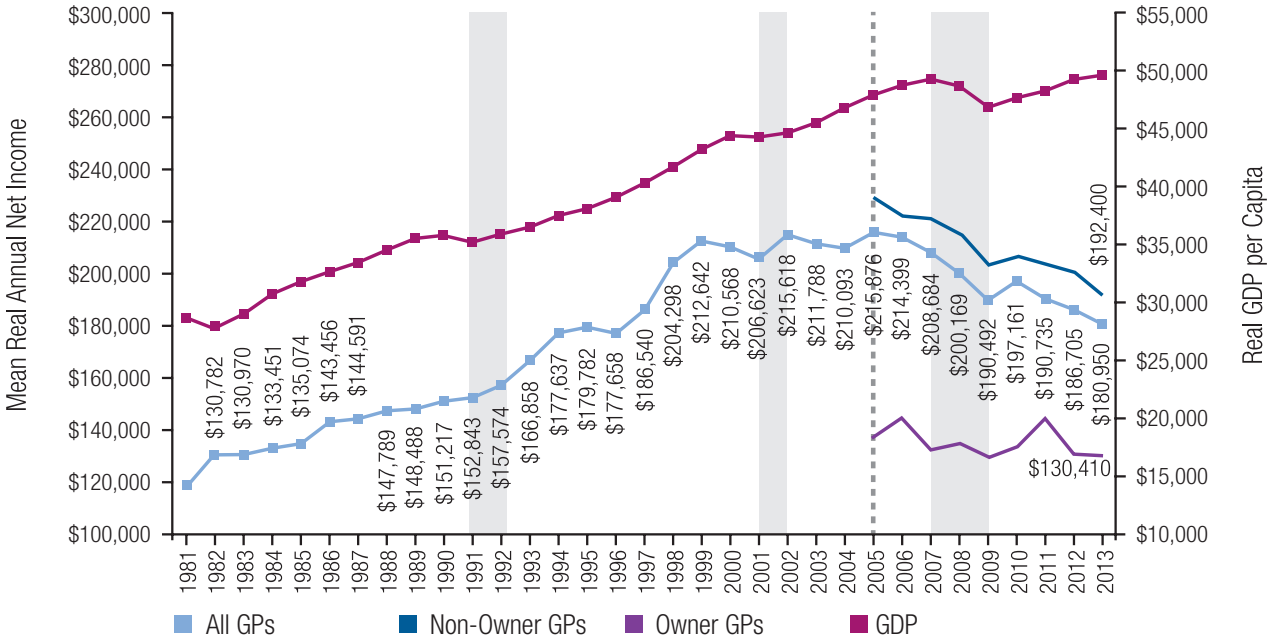
Figure 4: Average Wait Time for General Practitioner Dentist Appointment



Source: ADA Health Policy Institute Annual *Survey of Dental Practice*. Note: Indicates the average wait time in days for an appointment with a general practitioner dentist. Weighted to adjust for nonresponse bias.

Figure 5 shows annual net income of GP dentists from 1981 to 2013. The peak occurred in 2005 at a value of $215,876. By 2013, average net income fell to $180,950 representing an average annual decline of 16.2%. This decline was statistically significant.

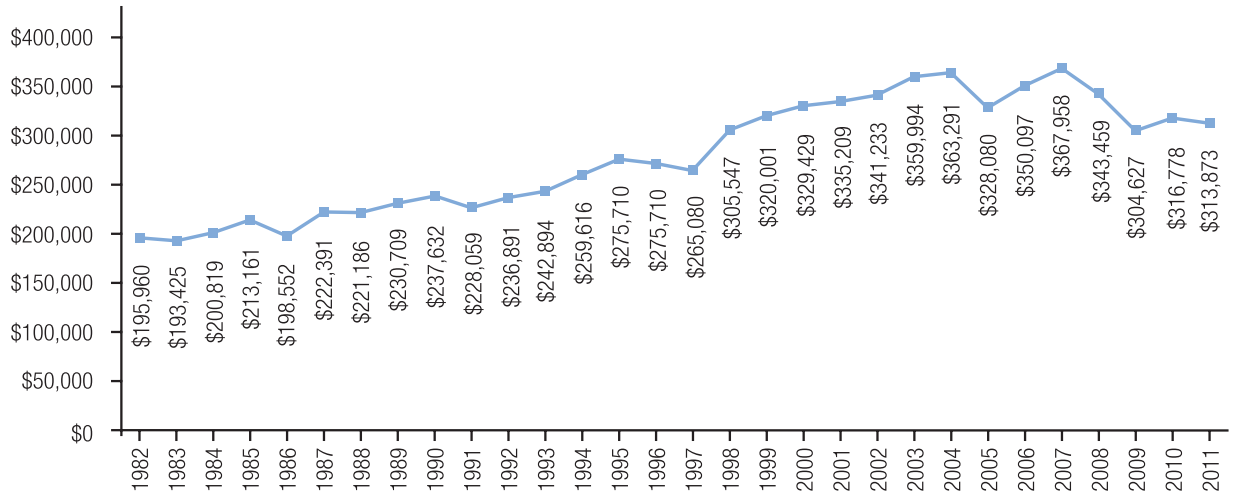
Figure 5: General Practitioner Dentist Earnings, 1981-2013



Source: ADA Health Policy Institute; Bureau of Economic Analysis; Bureau of Labor Statistics. Note: Net income data are based on the ADA Health Policy Institute annual Survey of Dental Practice with years 2010-2013 weighted to adjust for nonresponse bias. Shaded areas denote recession years according to NBER. GDP is deflated using the GDP deflator. Net income is deflated using the all-item CPI. All values are shown in 2013 dollars.

Figure 6 shows average annual net income for specialist dentists. The peak was in 2007 at a value of $367,958. Similar to GP dentists, specialist dentist net income has been stable since 2009.

Figure 6: Specialist Dentist Average Annual Net Income (in 2011 Dollars)



Source: American Dental Association, Health Policy Resources Center, *Surveys of Dental Practice*

Given the significant environmental changes that have occurred and what is on the horizon, it is not a time for complacency. It is the perfect time to invest in technology that will elevate the dental experience for your patients and provide a foundation for practice growth.

Below is an example of how integrating Waterlase Dentistry into your practice can be a cash positive experience.

Cash In			
Procedure	***Average Fee****	***Estimated Actual Insurance Payout****	***Reimbursement***
REPAIR Perio CDT (4241)	$750	$382	$4,584 (12 sites/month)
Crown Lengthening CDT (4231)	$459	$234	$234 (1 pt/month)
Frenum Release CDT (7960)	$532	$271	$271 (1 pt/month)
Total: $5,089/month			

*Documentation, Coding & Claims, Tom Limoli Jr. 2015

Waterlase Cost of Ownership	
Item	***Cost per Month***
Monthly Payment	$700-$1,400
Service*	$300
Consumables	$300
Total: $1300-$2000/month	

*Only applicable after end of warranty

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As you can see, Waterlase can make a positive impact on your practice and provide you an avenue to generate positive cash flow. The biggest opportunity is the management of periodontitis.

Waterlase – Unlock Your Potential for Increased Cash Flow

Periodontal Disease

A recent CDC report provides the following data related to prevalence of periodontitis in the U.S.

47.2% of adults aged 30 years and older have some form of periodontal disease. Periodontal Disease increases with age, 70.1% of adults 65 years and older have periodontal disease. This condition is more common in men than women (56.4% vs 38.4%), those living below the federal poverty level (65.4%), those with less than a high school education (66.9%), and current smokers (64.2%).[3]

Given this information from the CDC, at least half of your patients are in need of treatment. Below is a chart showing the average number of patients a dental practice sees per day based on specialty.

According to the ADA, over 33,504,500 periodontal procedures were billed in 2005.[4] Average practices are open four days a week and given the statistics above from ADA, at least eight patients a day come into a dental practice and based on the CDC report, four of those patients potentially could have periodontal disease. This growing disease state provides a large opportunity for your practice to increase cash flow on one of your highest earning procedures.

Waterlase®

Increased Revenue Generated by Waterlase

$5,089 / month or $61,068 / year

General Dentist Avg. Net Income (ADA 2013)

$192,400

Annual Cash Flow Increase from Waterlase

$3,089/ month or $37,068 per year

Dental Specialty	Patients Seen		Chairs Used	
	Mean	*N*	*Mean*	*N*
General Practitioners	18.5	439	3.6	424
Oral and Maxillofacial Surgeons	15.3	461	3.4	445
Endodontists	8.8	622	2.6	605
Orthodontic and Dentofacial Orthopedists	39.1	261	4.6	256
Pediatric Dentists	29.9	445	4.6	429
Periodontists	18.6	403	3.8	390
Prosthodontists	12.3	273	2.9	262

Source: American Dental Association, Survey Center, 2005-06 *Survey of Dental Services Rendered.*

Introducing REPAIR™, a minimally invasive protocol for optimal periodontal and peri-implantitis patient management. Utilizing the Waterlase and patented Radial Firing Perio Tips™, REPAIR provides a safe, effective laser treatment protocol that patients accept, providing you the access you need to effectively manage periodontitis and peri-implantitis at a cost your practice can afford.

Do you think you see at least one patient a week with perio disease that you could address with the right tools, training, and support?

Crown Lengthening

Conventionally, crown lengthening surgery is achieved through an "open" mucoperiosteal flap access procedure and the use of rotary instruments. The introduction of hard tissue lasers, like Waterlase technology, has made it possible for a "flapless" approach to crown lengthening surgery, which has several advantages such as uneventful healing, less edema, and no sutures. According to the ADA, over 65 crown lengthening procedures were billed in 2005.[4]

Do you think you might see at least one patient a month that might benefit from a minimally invasive solution for a gummy smile?

Class III – V Restorations

Cavities are growing with the aging population. As adults get older, they enter a second round of cavity prone years. One common cause of cavities in older adults is dry mouth. Dry mouth is a side-effect in more than 500 medications, including those for high blood pressure, high cholesterol, Parkinson's and Alzheimer's diseases[5]. 95.62% of all adults ages 50 to 64 years old have had dental caries in their permanent teeth. 22.14% of adults ages 50 to 64 years old have untreated decay in their permanent teeth.[6]

Waterlase technology uses laser energy and a gentle spray of water to perform a wide range of dental procedures—without the heat, vibration and pressure associated with the dental drill. With many procedures, it's possible to use less anesthetic, or no anesthetic at all. Waterlase can remove decay far more precisely than the drill. This saves more of the healthy parts of your tooth and avoids micro-fractures that the friction of a drill can cause.

Do you think aging patients would prefer to save their teeth with less anesthesia and less pain?

Frenectomy and Gingivectomy

The simple excision of soft tissue can be beneficial in many areas including: creating symmetry in anterior smile design cases, to expose subgingival caries in Class 5 lesions, when treating gingival hyperplasia that occurs during orthodontic treatment. In addition, the ablation of gingival tissue with Waterlase can help in the exposure of soft tissue impacted teeth in orthodontics or for exposing implants during 2nd stage recoveries. The removal of small amounts of tissue with the laser can simplify restorative dentistry and can improve the treatment outcomes of restorative and cosmetic dentistry.

Another soft tissue surgical application where lasers can be of tremendous benefit to dentistry is in the release, reduction or removal of aberrant frenums in either dental arch. About 10% of patients will have a "high" or deviant septal pull that will see the frenum attaching to the attached tissue in position that can cause recession, diastemas, or asymmetry in gingival architecture to occur. According to the ADA over 569,910 gingivectomies were billed and an average of 17 frenectomies were completed by a private practice in 2005.[4]

The benefits of Waterlase technology include reduced bleeding during surgery with consequent reduced operating time and rapid postoperative hemostasis, thus eliminating the need for sutures. The lack of need for sutures make this technique a great alternative treatment solution for your patients versus conventional techniques.

Do you think your patients would prefer a frenectomy or gingivectomy with no sutures, less post-operative discomfort and better management of bleeding?

In addition to the professional satisfaction of providing a higher level of care for patients, integrating Waterlase is a great way to differentiate your practice and can be a significant boost to the bottom line—patients accept treatment more often than conventional surgery and can be maintained in-practice. Because laser treatments are so much gentler and less traumatic for the patient, your referrals will increase and your reputation and patient base will grow.

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Waterlase express™

Waterlase iPlus™

Learn how the REPAIR Perio and REPAIR Implant protocols with the Waterlase can grow your practice.

Schedule an appointment with your BIOLASE Account Manager today!
Call 888.424.6527 or visit biolase.com

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1. ADA. (2011). 2010 Survey of Dental Practice.
2. ADA Health Policy Resources Center. (2013). Key Forces Reshaping the Dental Landscape.
3. Eke PI, Thornton-Evans G, Dye BA, Genco R. Advances in Surveillance of Periodontitis: The Centers for Disease Control and Prevention Periodontal Disease Surveillance Project. J Periodontol 11 February 2012: 1–9.
4. ADA. (2006). Dental Practice: 2005-2006 Survey of Dental Services Rendered. Pgs.44-57
5. ADA. (2014). The Link Between Medications and Cavities. Mouth Healthy.org. http://www.mouthhealthy.org/en/adults-over-60/concerns
6. National Institute of Dental and Craniofacial Research. (2014). Dental Caries in Permanent (Adult) Teeth. The National Health and Nutrition Examination Survey (1999-2004). http://www.nidcr.nih.gov/DataStatistics/FindDataByTopic/DentalCaries/DentalCariesAdults20to64.htm

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