Goldmine Dentistry

If ever there was a golden opportunity to vastly improve patient care and dramatically boost profitability in companion animal practice, it’s dentistry. Why is the scope so significant? Two reasons; four out of every five patients walking through your door already suffer some level of disease and as a professional, we have been remiss in treating it appropriately. So let’s examine the nuts and bolts of a hugely successful dental program that can be implemented in your practice.

There are two main areas we need to address from a clinical perspective when developing a dental program. They are: management of periodontal disease and intraoral radiography.

**Periodontal Disease**

Traditionally as a profession, we have addressed periodontal disease with a “catch-up” mentality. “Your pet is developing plaque and tartar. We’ll keep an eye on this and treat it at some time in the future when it becomes a real problem.” Can you imagine your own dentist telling you that?

So instead of treating when your patient has inflamed (and therefore painful) gums, earlier intervention is mandatory. This is the cornerstone of a successful dental program and aligned with “gold standards” of veterinary dental practice.

We continue to treat Grade 3 & 4 cases with periodontal therapy (+/− oral surgery) and Grade 2 cases with professional dental cleaning. However, we now add the “dental prophy” to treat all Grade 1 cases.

The essential elements are:

1) Every patient with Grade 1 periodontal disease has a thorough oral examination and dental prophy performed under light general anesthesia.

2) A long term preventative program is discussed prior to initial treatment and a strategy implemented that best suits the capability and commitment of the owner(s) as well and the compliance of the pet.

3) Every patient has a check-up one week after their first treatment to review the preventative strategy that has been commenced.

4) Following treatment of all grades of disease, patients will be started on a program of 6 monthly complimentary dental check-ups for the rest of their life.

5) Every patient will be treated as soon a Grade 1 disease redevelops.

Let’s take a look at some numbers to get an appreciation of the financial impact. I’ll use my own fees as an example. There’s no hard and fast rule here, I have just found these to be very successful for us.

A Grade 1 prophy typically takes 10-20 minutes.

Hard costs:

1) pre medication $2.00

2) IV catheter/fluids $7.00

3) GA induction $9.00

4) GA maintenance $3.50

5) Prophy cups/paste $2.00

6) Monitoring nurse $10.00
TOTAL $33.50

We charge $249 dogs and $199 for cats.

At this level we encounter almost no barrier to entry. Price points should also be noted.

The change to our bottom line if we can manage as little as 1 dog per day and 1 cat every 2nd day (which is conservative) over 12 months:

- Dogs: $215.50 x 5 x 50 = $53,875
- Cats: $165.50 x 2 x 50 = $16,550
- TOTAL = $70,425

Over the past six years it has been our experience that approximately half of your patients will require 6 monthly treatments.

So the real total per annum = $70,425 x 1.5 = $105,673.50

Now you may argue that I haven’t included a costing for a veterinarian, but aren’t they there anyway? If so, wouldn’t you prefer them to be financially productive? And if your veterinary staff doesn’t have time to add these to the list because they are already at capacity, how do you expect to grow your business?

If you’re stiff uncomfortable, you can also consider the option of leveraging your support staff and having the nurses perform the Grade 1 prophys instead (as long as they are adequately training to identify pathology on oral examination).

Of course that’s not the only contribution to bottom line revenue. Sales of dental preventative products will also skyrocket. Our sales rose by 58% in the first 3 years.

I can also add from personal experience that a significant number of Grade 1 cases turn out not to be once a thorough oral examination is performed. Hidden pathology is identified with surprising frequency, reinforcing the need for 6 monthly check-ups.

Intraoral Radiography

I liken intraoral radiography to scuba diving, there’s a whole world down there that you just can’t see. Let’s face it, 60% of the dental structures are below the gum line. If you are doubting the absolute, non-negotiable requirement for dental X-rays, then please consider the following questions.

- How do I extract that persistent deciduous tooth, open or closed technique?
- That tooth has a resorptive lesion. Can I amputate the crown or does it require extraction?
- Whoops, fractured the root during extraction, did I get it all out?
- Does this discolored tooth have signs of pulp necrosis?
- This tooth has an uncomplicated fracture. Any signs of secondary endodontic disease?
- Which tooth (or teeth) is causing that draining sinus?
- Is this tooth really missing?
- Oral mass....any bone involvement?

One must accept that you simply cannot practice veterinary dentistry without taking quality intraoral images.

If you are worried about making yet another investment in equipment, please stop…..it’s an economic “no-brainer!”

To be fully kitted up with a high quality CR digital system on a four year lease will take approximately 2-3 exposure per week to meet repayments. To give some context, we took 301 exposures in our first 18 months.

More important to appreciate is that the real financial boost doesn’t come from the x-rays themselves, it’s all the additional pathology (work) they find that makes the difference. Suddenly the $550 dental case becomes $800-$1000.

At this point, it’s imperative that I introduce the take home message of the presentation.

**YOU MUST SET CLEAR EXPECTATIONS FOR YOUR CLIENT!**
This might seem obvious, however it’s often overlooked and if so, will sabotage the success of your dental program. Your staff must be trained to make the following points:

- Red gums are painful. Our goal is to treat before this happens
- This is not a cure it will come back, it’s just a question of when. Therefore regular check-ups are essential. Your pet will very likely require repeat treatments every 6-18 months.
- Dental ‘preventatives’ don’t prevent anything. They will however slow down the rate at which plaque/tartar recurs.
- Every time we treat your pet, we will start will a thorough oral examination. If we encounter unexpected pathology, we will call you immediately to discuss the course of action that is required and the cost involved.

Finally, to be able to hold our team accountable for executing and maintaining a dental program, we must first ensure they are adequately resourced by way of education, training, equipment and time. I recall my undergraduate dental training consisted of 2 lectures given by the head of surgery! Although things have improved considerably, I find many practitioners don’t like dentistry simply because they are not confident in what they are doing. The AVA conference dental wet labs are a great place to start if this is an issue. Personally I have found the veterinary dental community to be extremely generous in sharing their wisdom and expertise.

If you haven’t already, you will also need to invest in a veterinary dental suite, comprehensive range of hand instruments (sharpened daily!) and yes, intraoral radiography.

Don’t forget time. Once you start routinely radiographing your patients and appreciate all the pathology you’ve been missing for years, your workflow patterns will change. We frequently find dental cases take 1 – 1 ½ hours to complete. You will need to ensure you have adequate human resources and enough hours in the day to cope with this.

The rewards of a successful dental program are profound. As an income category, dentistry now accounts for 10.4% of our gross fees compared with the industry standard of 1-3%. We perform over 600 cases per annum. With many being elective procedures our work flow (and cash flow) can be spread evenly throughout the week, month, and year. In addition, we have more contented staff, happier clients and most importantly, healthier patients!

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