Overload Syndrome ... continued from page 1

Just as endangered species deep in remote forests feel the pressure when mankind intrudes into their territory, the recent documented drop in patient visits and elective spending by dental consumers has forced dentists who never intended to practice in a large setting or see more patients per day to reconsider their desired practice model. More and more dentists are seeking a way to see more patients than their norm to boost the bottom line.

The issue here is that not all personality types are geared naturally to perform in higher volume settings.

Studies have shown that Type A personalities perform best in situations where there are multiple decisions to be made up against time constraints without feeling too much stress.

I think we all know that not every dentist is a Type A personality. In fact, my own experience with personality testing has shown me that about 10 percent of our dental population are true Type As. Others have some Type A characteristics to varying degrees. Some can develop that side of their personality. Others need to hire or develop current employees to fulfill tasks required of those Type A personalities.

When dentists who love technical perfection and love one-on-one interaction with patients try to make more money by becoming more high volume without planning or testing, they are sure to have increased stress, decreased quality of life and eventually Overload Syndrome.

The next part of the equation is staff. Even if you are capable and perfectly happy in more stressful situations requiring more decisions per hour than you were previously forced to make, your staff will likely be a different story.

After seeing the test results of hundreds of staff members, let me assure you that there are no herds of Type A dental office employees out there waiting for you to ask them to do more dentistry in less time and like it. If you find one of those, give them a raise immediately!

More than likely, you have a practice full of very able but very routine-oriented staff members. If you have been happily working at a tortoise pace and then ask your staff to see just a few more patients per hour, increasing their workload, your staff will immediately say, “We don’t have enough people.” You will likely think, “One of the reasons I am asking you to see more patients is because our revenue is down and I don’t want to cut payroll or let any of you go.”

Before you make a rash response that might hurt team morale, understand that it is not your staff’s job to figure out how to do more dentistry per hour or to grow the practice. It is your job. As in football, it is not the running back’s job to figure out how to run faster. It is the coach’s job to figure out a plan that allows the running back to be successful at the speed he is capable.

Figure out a game plan that can allow your current staff to move more dentistry through the office without increasing stress in the office.

Here’s what not to do:

1. If you are currently seeing 8 patients per day, don’t spend a ton of money on advertising that makes your office phone ring 20 times a day for a week. Your office isn’t ready for that rush.

2. If you have one hygienist, don’t run a hygiene special that gets 100 new patients to schedule for appointments all at once. You’ll never be able to see them in a timely fashion.

3. If you’ve been a successful niche low-volume dentist, don’t run a “Free Exam/ Free X-ray” ad. You’ll get a rush of needs-based patients and it will confuse your current patient base.

I think a hybrid higher volume/practice-within-a-practice GP model is the ideal practice type for economic success in the near future, but you’ve got to be smart about it.

Don’t stress yourself or your team out to the point that you all begin to suffer from Overload Syndrome. Form a smart plan and work it. I have developed a quick test to help you determine whether or not you are susceptible to Overload Syndrome in your practice. If you would like to find out if you are in danger, go to www.myoverloadrisk.com and see if you have put yourself in a practice situation for which you or your staff isn’t ideally suited.

Don’t worry. If you find that you have, you can always get out the chalkboard and draw up a better practice strategy.

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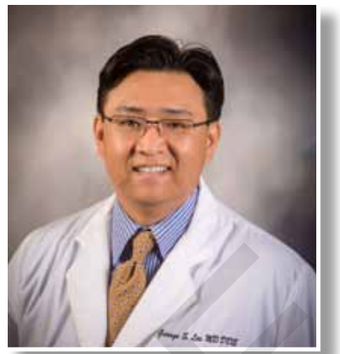

FROM THE DESK OF GEORGE S. LEE, MD, DDS:

SECURE MAIL

As we make an effort to remain HIPAA compliant, we would like to invite you to our new secure messaging service called PBHS Secure Mail. The service is free for you to use and communicate with our practice securely. It simply requires you to create a free portal account in which you can receive and reply to messages from our office through the online portal (portal.pbhs.com). It is the only way we will be able to send confidential patient information. You may continue to use our website, www.cumberlandsurgicalarts.com, to send online referrals and attach x-rays and images. SecureMail replaces sending patient information (x-rays, for example) through standard email. This is extremely vital for HIPAA compliance, and unfortunately the more stringent regulations require the sending and receiving of patient data to be less "convenient" than traditional email methods. If you are already using a secure messaging system, we are more than happy to accept your files through that system.

Please let us know if you may have any questions about this transition. We have sent out several invitations to practices that have provided us with their email address. If you did not receive an invitation or would like us to use a different email address to send your Secure Mail invitation, please contact Katie at 931-552-3292 or klee@cumberlandsurgicalarts.com.

PATIENT PORTAL AND MOBILE APP

We are excited to introduce our online and mobile patient portals! Our patient portal and mobile app will allow patients to send us secure messages, check and confirm appointments, view statements, pay online, and exchange images and files with us. Our front desk services are now available to our patients 24 hours a day!

NEW SMILING FACES AROUND THE OFFICE

We are delighted to welcome three new team members to Cumberland Surgical Arts. Stephanie Minshew joins us as a Patient Representative and Samantha Darrah is our new Billing Coordinator. Christy DeNote is our Marketing and Professional Relations Coordinator. She will be visiting your practice soon to introduce herself and make sure we are providing you and your patients the service and care you expect. Be watching for more educational opportunities as well as team social events with our practice. These ladies bring a wealth of knowledge and experience and we are so pleased they accepted an invitation to join our team.

THE FATE OF BUCCAL BONE AROUND DENTAL IMPLANTS*

Buccal bone thickness is considered to be an important factor during implant surgery. Its resorption might have an effect on the soft tissue stability and eventually on implant survival. This study was conducted to investigate the resorption of the buccal bone over the first 12 months after implant loading. Twenty-four subjects (47 implants) were included. The buccal bone thickness was measured during implant surgery at several distances from the implant shoulder using a specifically designed device which allows buccal bone thickness measurements without the elevation of a muco-periostal flap. These measurements were repeated after 12 months of loading. Sixteen implants were placed flapless and 31 with the elevation of a flap. Of the latter, 19 were placed following a one-stage protocol and 12 following a two-stage protocol.

The mean reduction in buccal bone thickness, when all groups pooled, was 0.26, 0.36, 0.35 and 0.27 mm at the shoulder and 2, 4 and 6 mm apically. Implants with initial bone thickness <1mm (thin buccal plate) did not lose significantly more bone than those with an initial thickness ≥1mm (thick bone plate) except in the 'open-flap, one-stage' group. A flapless procedure leads to less bone resorption compared to an open-flap procedure. However, the number of surgeries (one stage vs. two stages) did not influence the rate of bone resorption. From the results of this study, the authors questioned the necessity of having a thick bone plate at the vestibular site of the implant.

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CONE BEAM CT TECHNOLOGY

What is Cone Beam Computer Tomography (CBCT)?
As more and more dental professionals use X-Ray Cone Beam Computer Tomography (CBCT) for imaging and diagnostics in the practice the results are high quality, state-of-the art volumetric images that assist in creating an accurate and high quality level of dental care. These images allow specialists to plan the best placement of dental implants for each individual.

Computerized technology has been advancing rapidly. Previously, when shooting traditional CT images, a high output rotating anode x-ray tube recorded data with a fan shaped x-ray beam. The data was then collected by image detectors arranged in an arc around the patient. This resulted in a single slice image per scan, which would have to overlap slightly to allow the proper reconstruction of the image. Cone Beam technology, however, uses a cone shaped low power beam to transmit onto a solid state sensor to capture the image in a single pass. This allows for the patient to be exposed to lower radiation levels than traditional CT images.

Benefits of using CBCT for Oral Surgery procedures:
Despite the fact that CBCT is more expensive than traditional imaging methods the benefits to both the oral surgeon and patient are well worth the extra cost. From dental implants, complicated tooth extractions, to jaw reconstructive surgery the CBCT allows the surgeon to offer the best outcomes possible.

Unlike traditional CT scanners a CBCT machine allows a patient to sit upright in a non-threatening machine where anxiety and claustrophobia can be minimized.

Additionally, as mentioned earlier since the complete image is collected in one pass radiation levels are much lower. CBCT exposes a patient to 36.9–50.3 microsieverts of radiation as opposed to the much higher levels of 1320–3324 microsieverts during a traditional CT scan (that's a reduction of up to 98%), while full mouth x-rays come in at approximately 150 microsieverts.

RADIATION LEVELS COMPARISON *(MICROSIEVERTS)*

FMX	Panorex	CBCT
150	16.1	36.9 – 50.3

Scan time is also greatly reduced resulting in less patient stress. A CBCT scan can be completed in as little as 10–70 seconds, also reducing the risk of motion artifacts due to patient movement.

Lastly, unlike regular x-rays CBCT scans are able to discriminate between many types of tissue. This includes bones, teeth, nerves and soft tissue. The effects of conditions such as infection and tumors can also be observed. The large amount of detail available with CBCT may be also be able to eliminate the need for exploratory surgery in some cases

Overload Syndrome

Are You at Risk? *By Dr. Chris Griffin[1]*

There is a relatively new disorder that has entered into our society over the past decade. Debate has raged in the medical community as to whether or not it is a real medical issue and whether or not it is treatable if it is a reality.

That disorder is only now garnering national attention as people have become so inundated with data from electronic gadgets that their sensory receptors have become frazzled and they have sought help for a lack of focus and inability to think at a needed level to perform their daily tasks.

Some have coined this new malady, Information Overload. Some call it Information Fatigue Syndrome. Others, simply Overload Syndrome.

I think Overload Syndrome will become a big thing in the near future in dentistry and other medical professions, even more so than in other equally stressful industries.

I am basing this on research the military did over 10 years ago on the detriment of having too much battlefield data to allow their commanders to make good, timely decisions. It turned out that there was such a thing as more information than a human could honestly evaluate and add to their critical thinking about a certain scenario. I think our profession compares more closely to the generals having to make tough decisions with dire consequences than to groups of 20-year-olds with 14 social media accounts.

Overload Syndrome occurs when there is more data coming in to a person then they can comfortably retain, process and use to make logical decisions in a timely fashion.

The overload occurs when a person's stress tolerance threshold is crossed and their judgment becomes impaired.

The first part of the equation is the person being affected by the incoming information. In our case it is the doctor. Dentistry has been shielded from this for a while due to our unique standing in the medical profession. For years, dentistry has existed as a cottage industry. Those of us who chose to practice in a very tiny, low-overhead setting could easily find a way to thrive that way. Those who wished to specialize in some kind of procedure, ensuring a slow and steady flow of high value patients could also practice in that way. Those who were better suited to a high-volume practice could easily find that venue and happily practice that way. Our lack of dependence on insurance payments or the government allowed each individual doctor to blaze their own path and earn a very nice living compared to many other health professionals. Many times dentists have enjoyed a better overall lifestyle to boot.

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