

## Ep #12: Technology in the Dental Practice



### **Full Episode Transcript**

**With Your Hosts**

**Dr. David Phelps and Evan Harris**

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## **Ep #12: Technology in the Dental Practice**

You are listening to the *Dentist Freedom Blueprint* podcast, with David Phelps and Evan Harris. Navigating you through the uncharted waters of a turbulent economy with straight-forward advice to, transform your practice into a self-sufficient cash machine, compound your net worth assets, and multiply, multiply, multiply your passive cash flow streams.

David: Hey, everyone. David Phelps here with my great friend and colleague, Evan Harris. Evan, how are you doing today?

Evan: I'm doing great, David. Thank you very much. How are you?

David: Super, super. Hey, I want to talk to you today, Evan, a little bit about technology in the dental practice. We live in an exciting era today where there is tremendous technology. You know as well as anybody, because you're right in the midst of it, and technology can allow us to do some amazing things with our treatment of our patients. It speeds things up. It's safer. So many great things there. I think the big question, though, the confusion that a lot of our dentists have is how do I decide what technology? Once I make a decision, how do I pay for it? Do I finance it, or do I need to accumulate all of the cash so I can pay it off and not have the debt? If I have to wait, then probably I can't afford a purchase, or it's going to be too far down the road, and I can't be utilizing it. What are some of the things that we should start to investigate and begin to consider when looking at that purchase of new technology, Evan?

Evan: Sure. Yeah, the doctors in my experience get journals every day. They get so much in the mail, email. Everything is around them, the trade shows. There is so much technology, and in my career of 20-plus years here, I've never seen so much technology. The first 10 years, really pretty slow-going, gosh, probably the last 10, last 5 for sure really ramped up from the amount of dentists that are using digital x-ray, intraoral cameras, CEREC, cone beam, the latest operatory equipment, endodontics, rotary. There's so much, and I

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have a doctor that will say, “I want to buy this.” My number one question that I ask of them is, “Doctor, what is it that you desire that this equipment investment would do for you?” Here’s why I ask that. I see my doctors typically every two to four weeks, so my relationships with them are all about repeat. Just like the patients that go to the dentist, I want their hygiene visit to be ideal. That might be like the supplies. They always have to order that stuff. I’m honored that they choose me. Anything they purchase on equipment, I’ve got to make sure number one, that it’s going to work for them, that it meets and exceeds their expectations. Two, that it’s going to be able to put money in their pocket or improve their lifestyle or both. And that it’s going to be three, easy for them and their team. So in some cases, in many cases, I recommend not purchasing something. So I start with that simple question, “Doctor, what is it that you desire this equipment to do for you?” And another way that I’ll say it is, “Imagine you already have this technology installed and working just the way you want it to. What benefits are you now personally experiencing?” So for example, say something as simple as an intraoral camera, which I believe that the studies show that over 75% of doctors have, but I would ask, for example, “Doctor, imagine you already have this intraoral camera, and a monitor right there on your chair. What benefits would you and your patients experience?” And a lot of times they’ll say, “Well, I would see a lot more. I would not have to draw on the brackets or table cover like I used to. I wouldn’t have to talk as long. I could show them. It could work for insurance. It could enable me to be more conservative and know before I drill, what’s really there.” And how is the patient winning from the technology? Well, the patient can see what I see, and even better, and I’ve got loupes, but the patient doesn’t. The patient can now see 200 times bigger, and they know even in hygiene where they’re brushing well, where they’re flossing well. Whatever it is that they are desiring, I want them to be clear, and then we can know okay, is that a good – will this product do that?

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In some cases, someone might have expectations that aren't clear. I had a doctor recently who said, "I want to get a CEREC." I said, "Great, Doc. My experience is you don't really use computers all that much." He said, "Oh, yeah, I'm just going to prep, and my assistant is going to take it from there." He said, "My assistant has worked with CEREC before. I would love it. I'm going to save a ton on my lab bill. I've seen the restorations that come out of this thing. It's going to be beautiful. It's going to be great." Ooph. Absolutely not, not in my opinion. We've got to have the doc fully invested. Yes, love to have him use his assistant, but in this case, doctor has got to have a reason why and have the ability and want to learn to use the device, not just shuttle off on the team member that may or may not be there in five years.

David: I'm kind of sorry you mentioned the bracket table drawings, Evan, because in my practice, I accumulated a whole book of those, and I was really quite proud of them, and now with the technology, it's kind of a moot point. But I still have those, and I could make those available for sale if anybody would like to have them, instead of the intraoral camera. Just to [inaudible] –

Evan: I'm sure they'll sell so fast, boy. People will be lining up for those tray cover drawings.

David: But it was fun to become a better artist.

Evan: Yes.

David: Okay, so let's talk a little bit about once we have some technology, how can the doctor have the team share the benefits with the patients of the technology? Because otherwise, it seems like the technology, it's fun. It's going to be fun for the doctor to use, but if the patients don't know about it, if it's that deep, dark secret, then are we really employing that technology the way we really could?

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Evan: So true. The number one way I see the team member introduce the technology to the patients is the office tour. Even if the patient has been there for 20 years, I love hearing the assistant say something like, “Gladys, I’m so glad you’re here with us today. I’ve got to show you something I’m so excited about. Doctor just recently invested in this technology called” – fill in the blank. She could be coming in for a hygiene appointment, but the assistant is so excited about this 3D cone beam. They have the Sirona Galileo, for example. Gladys, I want to tell you about this technology just briefly. It enables us now to see your entire arch, all your teeth in three dimensions. What that means to you, Gladys, is we are able to see into and all around your teeth, so we know exactly where the teeth are healthy, where the teeth are not healthy. When it comes to insurance, which you probably heard is really tough sometimes to pay, they can see what we’ve seen, and the chances of them approving your case are much higher. The radiation nowadays is much lower. Let’s say they’re talking about digital x-ray versus film, the x-ray is well below 50% of what it used to be, in some cases 80%, but just to be conservative.

If they’re talking about an intraoral camera, oh, wow, I just want to show you. We’re going to do a quick tour of the mouth here, and we’re now going to be able to see together. So it’s chair-to-chair. That hygienist, for example, does that tour of the mouth. I’m so proud of doctor for investing in this technology. I mean, the camera can be a couple of grand, but it sounds huge to the patient that may not have ever seen it. We’re going to see a tooth 200 times magnification. What that means to you is before Doctor even looks, considers drilling on it, we would know exactly what’s going on. We would know is that a cavity, where the cavity is, if there’s a cavity to show the insurance, are you brushing well, where could you improve. There’s so much more life to it than just saying, “Yeah, Doctor got some gizmos and gadgets. He’s pretty into that kind of stuff.” It’s what does it mean to the patient.

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I had one doctor just recently, he put his milling chamber, the CEREC milling chamber that actually creates the crowns, inlays, onlays, put it in the waiting room, and my technician called me and said, “Are you sure that you want it put in the waiting room.” I said, “That’s where the doctor wants it”, and that’s where it went. The doctor said, “Evan, when my patients are out there, I want them to see me creating works of art. They may just be coming for a cleaning. They may be waiting for their friend that they dropped off or that they’re coming to pick up, or their kid. I want them to ask what is that, and what is it making. I want them to look through that little window and watch that crown being made, so that it can be able to create a story.” And we can go into that more into the podcast, but they put it out there, and they helped patients see the advantages of why they would invest in such a thing.

David: I was going to bring that very thing up, and I think that’s really, really smart of that doctor to do that, because don’t you find, Evan, that when we make patients aware of the technology, the benefits that accrue to that technology for patients, that the whole perception of the office to the patient, and therefore the referral capacity of the patients who now see your office and see the doctor and the staff excited and motivated and utilizing these great pieces of equipment that do so much, doesn’t that really enhance the – again, that story about that office and create more referral capacity there?

Evan: You’re so right, and we talked a little bit about an intraoral camera, which is so commonplace today, but I saw this one doctor. He had a patient that was an injured veneer, and he said, “Hey, Tom, I’ve got this intraoral camera. I bet you could be able to operate it just as well as anyone here in this practice. We’re going to come back in the room in about three minutes, but just while you’re waiting, go ahead and do a tour of your own mouth, and when you’re interested in something, just click the button right there. And by the way, it’s got a mode on it that you can actually see cavities versus non-cavities. If you see anything red, click the button. If it’s all green,

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that's all good." The camera happened to be called a "SoproLIFE Camera". Looks just like a regular light, almost the size of a highlighter pen. The patient got so into it. The patient is just watching the monitor, moving the thing around, seeing any areas of concern, clicking a button. And by the time the doctor came back, he said, "Tom, what do you think?" Tom said, "Wow, this technology is awesome. I can't wait to figure out how it works, but doctor, I've got two areas of red I want you to fix right away."

David: So we're no longer –

Evan: From that point on, the doctor's job was really pretty easy. The patient found it himself. The patient – and just to let you know – in prior visits, the patient had been very skeptical of how the doctor came to the diagnosis. This time the doctor says, "Here. You do it. You use technology. It's not about a doctor's opinion. It's much more objective." Patient saw it, bought in, and said, "Fix that." And guess what the doctor did?

David: Took care of it.

Evan: Yeah.

David: It's no longer the –

Evan: And, and just to give you a little more story, the engineer worked at a large firm very close to the office just up the hill, and now all of his engineer buddies, many of the engineer buddies are coming into the practice because of the story. That patient came in, I think at like 11:00. Patient left, went back to work. Told all of his colleagues about the experience. Oh, and the doctor, by the way, printed out a picture of the tooth, the red, and then actually did a procedure – printed out a picture of the green to show that now it's all fixed. The patient took the pictures back to the office, and the peers or the coworkers were so fascinated by it that they began calling and

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saying we want to come. You've got technology we've never seen before. Some just wanted to have an exam. They had already been to their dentist just a couple of months ago, but they wanted to have that technology scanning their teeth.

David: And can you imagine with engineers how excited they get about technology? Because they love that stuff, that's the way they think. When you put it in their hands, and now they've become actively engaged in the process, and they want to know how things work, and as you said, now it's no longer the doctor telling the patient here's what you need. It's the patient in this case saying hey, let's talk more about this, or I found this. I think that's a dramatic turnaround, 180-degrees over what dentistry used to be in terms of dictating treatment to patients.

Evan: Yeah. I agree with you.

David: So Evan, with close to 25% of the dentists in some areas owning CEREC CAD/CAM technology, how can dentists get even more return on their investment with this kind of technology?

Evan: Sure. Well, like we were talking about, having that team member begin to share the benefits with the patient from the moment they walk in, and whether they have the milling chamber in the front desk or in the back, just introducing it to the patient when they're walking back. By the way, just want to let you know – at this one office, they'll tell a story. They'll say, "By the way, if you or your friends ever chip or break a tooth, you now, because of the doctor's investment in a really special technology, you now can have it restored with precision in one visit." I said, "Really? That makes a difference?" The doctor said, "I am now known as the 'chip' or 'the broken tooth fixer'." And here's why. Everyone knows someone sometime that's chipped a tooth, and they want it fixed right away, especially if it's in the anterior smile region, and they said, "By the way, we now have a technology that can fix that if that ever



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happens. Let's say you break something in either the smile line, or even one of the cusps breaks off, and then the back posterior, not to worry. We've got a technology that can take a picture of your tooth and be able to make a perfect copy that goes right where your tooth was and be able to do that all in one visit. Not to worry if you or your friends, if you're out anywhere or anything happens, and they break a tooth or chip something, or they just thing something is not right, we can fix it in one visit." And that story has gone viral.

They've got patients calling up saying, "Hey, I've heard about that you're the tooth fixers. You're the chip repairers." And it certainly doesn't sound really that sexy, but the doctor is just happy that people are coming to the office, and it creates a story that the patients can tell. And kind of in thinking about this, of a story, I also have a doctor that takes pictures, loves taking before and afters, but the afters, they put in a small, little, inexpensive picture frame. I think it's like a dollar, and on the bottom, it says, "Thank you for choosing us to bring out the best in your smile." And then it says the doctor's office and phone number and address. They do this when a patient has gotten any kind of restoration that looks like something you want to photograph. Even if it's in the posterior, they'll take the picture with the intraoral camera, print it out, put it in the little frame, because they know that a patient is going to do typically one of two things. They're either going to go back to work, or they're going to go home. And a lot of times, they display it. They put it in their cubicle. They put it on the fridge, whatever it is. Sometimes the spouse wants to show the other spouse what their money went for. Take a look at this. I really like my doctor, because I got this restoration, I got this kind of work done.

Then for some patients, let's say the CEREC was used, they give this special little – they call it a "sprew", but it's just the holder of the material, whether it be imprints or e.Max. It's a little metal stem, and after the patient has watched the fabrication or the restoration, which I always encourage – a big picture just real quick, I've got to

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make sure I remember – please invite your patients to video or take pictures. If you have any cool technology, say, “By the way, if you want to share this with your friends, feel free to take any pictures or videos. We can post it on Facebook, whatever you’d like.” And that has gotten major leverage, like above some of the CEREC milling chambers, there will even be a sign, “Feel free to share with your friends on Facebook. Take videos or pictures.” And they do. They’ll put their phone right to that little window, viewing window. Check this out. I have my tooth being custom made for me right now. They don’t know what it’s called. They’ll even call it a robot, but they’re really excited about it, and they want to tell other people about it. So yes, I would encourage – send people home with things. Give them the little spew if you have a CEREC. If you have an intraoral camera, take pictures. Even if you have an extraoral photo, if you have a standard camera, take a picture. Print it. Give it to them in a little frame. Give them a memento to be able to share the experience they had with their friends and coworkers.

David: That’s very cool, Evan, because it is today, it’s all about the story and the experience, and you put those two together, and you’ve got something that’s going to just continue to produce for you over and over again in patient referrals and just the whole conversation about what you do and how you position yourself. So with the time we have left, let’s go to kind of that final question I’ve posed at the very beginning. Now that we have identified technology that we know that we can use, then what are some of the options for financing, Evan? Do we finance it? Do we pay cash? How are we going to look at that?

Evan: Sure. I would probably go back to my father being a financial planner, and he would probably say, “What is your money currently doing?” If your money is returning – let’s say you’re stating that you’re returning at a 10% to 12% rate, which it should, especially in our world, David, when we’re investing in real estate or doing first trust deeds, that’s a pretty common ability to deliver that. If you’re

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getting that kind of money on your savings and financing is being offered to you, say at 5.5%, well, then run the numbers. Let's say it another way. Let's say you've purchased something that's \$100,000. Well, a 5% spread on \$100,000 would be \$5,000. So is it worth it to finance and save \$5,000? Now, some doctors, they don't want to pay – or some practicing professionals – they don't want to pay anything via financing.

Maybe they got in debt and had some serious issues in the past, and they want to pay things cash. I respect that. They can write a check, but that would be money that wouldn't be working for them. So if they're able to get that return of 10-plus%, and their financing is only, let's say 5% to 6%, run the numbers. I would encourage them to take a look at what that would bring to them. In addition to that, I've had doctors say what would it cost for them not to purchase a technology? For example, it could be a treatment room that they're holding off on equipping, and it just means they can't quite see as many patients. Or if it is technology like CEREC, I had a doctor that was a newer doctor that definitely didn't have the capital to purchase CEREC outright, but they ran the numbers on what the savings per year would be after all of his expenses. That counted lab bill, counted time, and just on the new practice, the savings was \$55,000 per year. So for them, the financing made more sense absolutely to capture the savings now, get the full write-off, and be able to have this thing working for them, and I can say as soon as it was installed, it was producing for them, but they've got to know one, that they're going to use it. Two, what their value of money and time are, and how they feel about that. Most doctors finance. They'd rather have their money working harder in their investments, but I purely respect whatever decision they make, just as long as they've really run the numbers.

David: I think it's a perfect answer, Evan. Well, listen. Great information today. Great topic to cover. I know that there's probably questions that people have on this, but folks, you have been listening to

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