



# Advertiser

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OFFICIAL PUBLICATION OF  
THE ILLINOIS ACADEMY OF GENERAL DENTISTRY



## You Can Make a Difference!

By: Stephen Petras, DDS, MAGD

The Liberty Mutual Insurance commercial has to be one of my all time favorites. I'm sure we're all familiar with it by now. It begins with someone witnessing a simple act of kindness. That person then goes on to carry out a good deed, which is witnessed by yet someone else. This continues in succession until the end of the commercial, when someone gives a helping hand to the very first person we saw start the whole cycle. I'm not endorsing Liberty Mutual, but their commercial leaves me with a good feeling about humanity. Yes, there is an innate desire in all of us to want to help each other.

I think it strikes at the very heart of why most of us chose dentistry as our profession. Dentistry is a profession where we spend a large part of our day helping and serving the people in our community in a very direct and personal manner. It is a profession where we can go home from work feeling like we made a positive influence on the people around us.

Going one step further, I think it is this same feeling of service that brings many of our colleagues to the AGD. It is an organization where we not only show dedication and service to our families and communities, but also to our fellow professionals. The AGD not only works as our advocate in serious issues concerning general dentists, but also dedicates itself to providing the dental community with quality educational programs. These help us to better serve our patients, improve our practices and make an even greater positive impression of our profession on the very people we serve.

I encourage all of us to take a look at the programs and seminars offered by the AGD and its constituent groups. For those thinking of possibly contributing something to their profession and colleagues, I recommend getting involved in the AGD or one of its component groups. In the end, just like with the Liberty Mutual Insurance commercials, it's you that can make the difference.

Steve

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# 2010 Directory

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## Dr. Rick Winter on Upgradable Dentistry

The March AGD continuing education course took place on March 12<sup>th</sup>, 2010 in Oak Brook, Illinois. Rick Winter, DDS, MAGD talked about denture fabrication and different treatment options for partially edentulous patients. Dr. Winter currently practices in Milwaukee, Wisconsin and sees lower middle class patients which usually have extensive dental problems. His philosophy is: you don't need to have a "state of the art" dental facility and practice in a wealthy neighborhood to provide excellent dental care to patients. Dr. Winter believes in upgradable dentistry. That is a concept which allows people the dignity to choose their own treatment. Dr. Winter has found that having a dialog with the patients can result in most of them saying "yes" to implant dentistry.



The seminar's goal was to learn how to make beautiful dentures. We also learned why we don't want the dentures to be considered as a final prostheses, different options to treating edentulism, how to financially jumpstart your practice and how to use mini implants.

Seventy four million people are potential candidates for implant dentistry. Our goal is to stop the bone from resorbing. Upgradable dentistry is something our patients need to be engaged in throughout their life. These concepts apply to all areas of restorative dentistry. Dr. Winter also mentioned that our practices are reflections of our personalities. He asked the question, "Are we still set on delivering

rehabilitative dentistry?" Sometimes we need to be an advocate for our patients, showing them how we can improve their oral condition.

Dentures are the blue print and they represent a full mouth reconstruction opportunity without using a drill. Dentures are considered to last 3-5 years and

it's our responsibility to educate our patients up front about that. Dr. Winter finished the morning session with a discussion about the principles of denture design, preliminary impressions, branching techniques and duplicate dentures fabrication.

During the afternoon session, the main focus was mini implants and treatment planning for partially edentulous patients. Seminar participants were divided into groups and each group discussed

different treatment options for the given patient cases.

Dr. Winter explained how to determine the number of implants which are needed in different instances, and what are the key implant positions. He proposed that it is better sometimes for the patient if we maximize the number of implants we are placing to create more restorative options and cut down on the number of surgeries. He finished the lecture by expounding on the idea that we shouldn't be the ones who limit our patients' options. If we learn how to listen to our patients, the treatment plan acceptance rate can approach 100% which is all to the patients' benefit.

Ausrine

## CAGD Seminar Report

by Dr. Ausrine Schneider

# My Guatemalan Adventure by Kate Limardi

On March 12<sup>th</sup>, 2010, two of my classmates and I from UIC Dental School embarked on an adventure to Guatemala with the organization Hearts in Motion. The mission of Hearts in Motion since they began in 1990 is to provide medical care and treatment for the people of Guatemala and other countries in Central America. They have programs to address the lack of nutrition and pre-natal care, the ability to train volunteer firefighters, prosthetic limbs, day care, education and medical and dental care. These programs are sponsored by people from the United States, Central America, and South America. The trip that we participated in was geared towards providing a general medical and dental clinic along with offering cleft lip and palate surgeries for those afflicted.



Feeding a child at one of the Nutrition Centers that Hearts in Motion helps to fund.



My classmate, Tim Rogers, and his brave patient who was all smiles when he knew he would not have anymore tooth pain!

When we arrived at Guatemala City Airport, we jumped on a bus to Zacapa, Guatemala. It took about four hours through mountains and treacherous traffic to get to Hotel Atlantico where all 107 volunteers would be staying for the week. The first day we took a tour of all the Hearts in Motion run programs: the nutrition center, the orphanage, and the day care center. Most importantly for us, we were able to see the building being constructed that will be the new dental clinic! That same day we went to the “garbage dump” where hundreds of families live to feed them lunch.

On the second day we got to work! We drove to a town up in the mountains and set up our medical and dental clinic inside an open-air community center. Guatemalans had been lined up outside for hours to insure that they would be seen by the physicians and the dentists. The doctors and physicians assistants were distributing necessary medications. An area had been set up to provide



The children loved to take pictures and look at themselves on my camera. Anything to bring a smile to their beautiful faces!



Little girl who was not too happy after having four primary teeth extracted. I finally got a hug and a “gracias” after she stopped crying.



Children at the “garbage dump” asking for seconds on food -- truly heartbreaking

eyeglasses to those in need. Volunteers were distributing clothes and toys and the dental team was administering fluoride varnish and extracting teeth under the guidance of an oral surgeon. The first day alone we saw over 60 patients and extracted over 150 teeth. We received hugs and gratitude with every tooth pulled (even if there were tears during the procedure!)

We traveled all around Zacapa and beyond to help as many people as we could during our time there. Every day we worked outside in the 90 degrees (and above) heat without light or suction!

Aside from gaining a lot of oral surgery experience, we met incredible people and heard many amazing life stories.

The last day was spent in the Guatemalan hospital assisting the oral surgeons and plastic surgeon in their work. The surgical team brought all of their own equipment and sterilization materials because such resources were not available locally. Over the week they completed 55 surgeries ranging from cleft lip and palate repair to skin grafts for burn victims to removing a black bean that was lodged in a girl’s sinus.

This trip not only taught me how to extract teeth efficiently, but it made me so incredibly grateful for my life in the United States. After feeding hungry children at the “garbage dump” and seeing the effects of malnutrition on this population, it makes one realize how lucky we are to live in such a blessed country as we do. As dentists we are grateful that we were able to share our expertise with those in need. So I recommend trips like

this to anyone interested, because they definitely are life changing!

Kate

There are as many financial measurements and determinants as there are treatment plans. It seems like no two advisors agree on this topic, yet we all agree that having a greater amount in our pockets at the end of the year is the true measure of financial success.

### Understanding the basics – Income and Expenses

The first thing to do is to learn and understand where one is. For most, this is a meeting with the accountant. Before starting, one needs to know what is the cost of doing business (expenses). This can be determined by adding all the costs. These include:

- Total salaries and benefits ( include doctor salaries, staff salaries, bonuses, taxes, insurance and retirement)
- Facilities cost (rent/mortgage, repairs, maintenance, upkeep, property tax, utilities, insurance)
- Fixed operating expenses (marketing, give-aways, uniforms, computers/internet, phone, postage, license, bank charges, equipment purchase/ lease, bad debt expense, other fees/expenses)
- Variable Operating expenses (Professional supplies, office supplies, lab fees, other fees/ expenses)
- CE (professional dues, travel and course registration)

The next thing that you need to know is your income; this includes all the fees charged (FFS fees, managed care fees, PPO fees, etc) minus any adjustments. This should be equal to the money that was deposited in your account, i.e. your receipts.

The difference between these is your profit before depreciation and income taxes. Now that you know what your profit is, you can decide whether it is adequate or if you would like to increase it; and if so, by how much. This is done by taking the total amount

of fees and dividing it by the number of hours that you work per year – this is your charge per hour.

Determine how much of an increase you would like to see; take that and divide it by the number of hours worked and add the resultant number to the current charge per hour. Be mindful that the variable costs will increase and thus you need to adjust your numbers for that.

Now that you have your desired charge per hour, you can determine your daily, monthly and yearly goal.

### Calculating daily and monthly goals:

At the beginning of each month, you should set a monthly goal for Total Practice Production, Doctor Production and Hygiene Production. The daily goal is the monthly goal divided by the number of working

days in that month. You will then need to figure out what needs to be done to reach that goal. Once the goal has been decided, you should track and record your efforts daily. After doing this for one year, you should be comfortable in setting up your next year's goal in December of the preceding year.

It is very important to understand and calculate the *daily production booked*- this is the amount that is needed on a daily basis in order to reach the monthly goal. You cannot get production or revenue if you do not have work scheduled or booked. To determine these figures, calculate the number of days you are scheduled to see patients. The total production goal for the month divided by the number of days worked will give you the daily goal needed.

For Example: June's monthly Production Goal is \$55,000.00 and the # of working days is 20

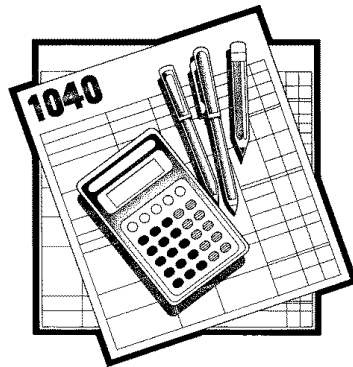
Daily Prod. Booked needed: \$2,750.00-

Dr. Production Goal is \$40,000 and the # of working days is 20

## Making Sense of the Numbers



by Dr. Mohamed Harunani



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...continued on page 6

Daily doctor production that needs to be booked is \$2,000.00

Hygiene production Goal is 15,000.00 and the # of working days is 20

Daily hygiene production that needs to be booked is \$750.00

Thus, you will need to book *at least* \$2750 (Dr/ and hygiene) production each working day to reach the goal for the month (\$2000 in the doctor's schedule and \$750 in the hygienists' schedule).

Understanding and tracking the daily, monthly and yearly *adjusted charge* is critical. These are the write offs or giveaways, whether they are as a result of the insurance plan involved or to the patients directly. The more you limit this, the more direct impact there is on the profits. By decreasing this number, your expenses do not increase, yet your revenue does.

For Example: July's monthly Production was \$50,000.00 and the Expenses (with Dr salary) was \$40,000.

There is a 100% collection rate and a 10% discount; thus, \$45,000 is collected. This would leave the practice owner a net profit of \$5000. Now assume that you only discount 5%, this would result in a 50% increase in profits for the practice owner, since there was no increase in the expenses.

### Moving to the next level.

Understanding and tracking the *production per patient* for the Doctor and the hygienist will help show how the charges for the services that are provided to the patients can have a huge impact on the total income. If you provide a crown for \$900 and it takes you 3 hours, than your production per hour will be \$300; if you can do it in 2 hours (at the same fee), the production per hour raises to \$450 — a 50% increase!

The *production per patient*, along with the number of patients seen, generally tells you the type of dentistry that you do, i.e. single tooth vs. quadrant, crowns vs. restorations, etc

Understanding and tracking *this-year-compared-to-last-year growth* of the practice should be a month by month and year-end by year-end exercise; so that apples are not being compared to oranges. April 2010 should be compared with April 2009, not with March 2010. Although this will establish the trend, it will not give us a true picture, since business is generally cyclical.

Understanding and tracking the *mix of services* for the practice. This is what procedures are actually performed on the patients that were seen. The more done "in house", the better the numbers will look. Especially procedures like endo and extractions. Generally, most successful practices have a 50/50 ratio of crowns and 2 or more surface restorations. One needs to determine what is their level of comfort and get more training if one feels that there is something lacking. Do what you can to serve your patients well and be more profitable.

Understanding and tracking the *number of active patients* for the practice. One generally hears dentists saying how many "new" patients they get per month. If a practice gets 25 "new" patients a month and the patient count is only up 100 from last year, that means that 200 patients were lost. Be more mindful about the total count than you are of "new" patients. It is really interesting to see how much more dentistry is diagnosed on "new" patients than the "old" ones. Are these "new" patient not someone else's "old" patients? It is a great boost to your practice to treat all patients like "new" patients every 3-5 years. The general definition of an active patient is one that has been to your practice in the last 18 months.

Understanding and tracking your *percentage of recall success* for the practice. This is a number that is derived by dividing the number of patients from last month that have a re-care (3, 4 or 6 month) appointment scheduled by the total number of patients that were actually seen in Hygiene.

If you track and manage these numbers, it will force you into being actively involved in the management of your practice and you will see your practice starting to move in the direction that you want it to go. If you have any questions, please feel free to contact me for a personal visit or a phone conversation.

Mohamed

## Why take blood pressures in a dental practice... by Dr. Mohamed Harunani

As healthcare providers, it is our responsibility to help our patients maintain their health. Our patients come to see us more often than other health care providers. Today, we are keenly aware that simple lifestyle modifications—such as weight loss, reduced sodium intake, adoption of the Dietary Approaches to Stop Hypertension (DASH) diet, regular aerobic physical activity, and limited alcohol intake—are beneficial for both prevention and treatment of hypertension. Thus taking a patient's blood pressure on a regular basis and detecting hypertension at the earliest possible time is priceless. Also, delivering or prescribing medicines to patients with uncontrolled hypertension can have potential adverse consequences; these patients look no different than those with a normal blood pressure.

Some facts on hypertension are:

- The risk of dying of ischemic heart disease and stroke increases progressively and linearly when blood pressure exceeds 115/75 mmHg.
- The risk of developing cardiovascular disease doubles for every increment of 20mm Hg of systolic blood pressure or 10 mm Hg of diastolic blood pressure.
- Systolic blood pressure higher than 140 mm Hg in people older than 50 years of age is a more important risk factor than diastolic blood pressure.
- People with normal blood pressure at age 55 to 65 years have an 80 to 90 percent risk of developing hypertension by the age of 80 to 85 years.

When taking a patient's blood pressure, take two or more readings separated by 2 minutes and average them. If the first two readings differ by more than 5 mm Hg, additional readings should be obtained and averaged. These guidelines for adults (older than 18) are intended

to inform the patient of concerns regarding their hypertension that is evident when vitals are taken at the start of the visit and to guide you in your treatment decisions.

### **Normal: Systolic 139 or lower or Diastolic 89 or lower**

- No contraindications to elective dental treatment.

### **Prehypertension: Systolic 130 to 139 or lower or Diastolic 80 to 89 or lower**

- No contraindications to elective dental treatment.

### **Stage 1 HTN: Systolic 140 - 159 or Diastolic 90 - 99**

- Retake and confirm blood pressure.
- Proceed with elective dental treatment.
- Monitor blood pressure during appointment.

### **Stage 2 HTN: Systolic 160 or higher or Diastolic 100 or higher**

- Retake and confirm blood pressure.
- Emergency or non-invasive elective treatment only.
- Monitor blood pressure during appointment.
- Refer patient to physician for medical evaluation.

### **Medical consult required prior to elective dental treatment. Systolic >210 or Diastolic >120**

- Retake and confirm blood pressure with alternate device, such as mercury-manometer type sphygmomanometer.
- If blood pressure is unchanged, consider immediate referral of the patient to a physician or emergency room for evaluation.
- No treatment of any type should be undertaken.
- **Medical consult required prior to any dental treatment.**



Save the dates:  
**July 6 -11, 2010**

  
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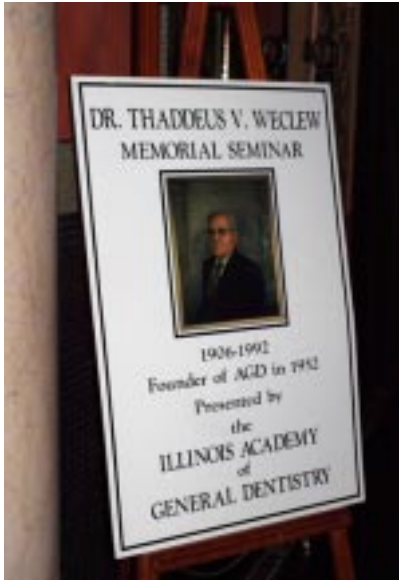
# IAGD and CAGD in Action...



*IAGD and CAGD in Action...*



# IAGD and CAGD in Action...



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# UPCOMING EVENTS AND MEETINGS

## AGD

### National-Annual Meetings

2010	July 5-11	New Orleans, LA	2011	July 25-Aug.1	San Diego, CA
2012	Jun 16-24	Philadelphia, PA	2013	June 23-30	Nashville, TN

## IAGD

2011	Feb. 23	<b>Practice Management</b> -Dr. Roger Levin-Chicago, IL
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## CAGD

2010	Nov. 5	<b>Prosthodontics</b> -Dr. Anthony LaVacca-Maggiano's Oakbrook
2011	Mar. 11	<b>Lasers</b> -Dr. Robert Convissar- Marriott OakBrook Hills
	May 13	<b>Sleep Apnea</b> -Dr. Ira Shapira-Maggiano's Schaumburg

(For CAGD info contact Dr. Maryam Hafezi -630-836-8995, hmaryam@yahoo.com)

## CIAGD

2010	June 11,12	<b>Oral Surgery</b> —Dr. Karl Koerner (Lecture & Participation) SIUSDM-Alton, IL
	Nov. 12	<b>Pharmacology</b> -Dr. Karen Baker-SIUSDM-Alton, IL
	Nov. 13	<b>Emergency Medicine</b> -Dr. Larry Williams-Alton, IL

## Mastertrack

2010	Sept. 24-25	<b>Fixed Prosthodontics</b> -Dr. John Dzakovich-Hootman Lab-Rockford, IL.
	Oct. 22-23	<b>Endodontics</b> – Drs. George Zehak and Robert Kozelka-Hootman Lab-Rockford, IL
2011	Apr. 15-16	<b>Orthodontics</b> – Dr. Neil Warshawsky-Hi Point Dental Lab-Rolling Meadows, IL

Protocol reporting sessions start at 1:00 pm on Thursday preceding the listed courses.  
[Contacts for all Mastertrack programming: Dr. S. Wachtenheim 847-858-1927, [tzaner2@aol.com](mailto:tzaner2@aol.com) or Dr. G. Zehak 708-484-0235]

## ADA Annual Meetings

2010	Oct. 9-13	Orlando, FL
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## ISDS

2010	Sept. 16-18	Annual Meeting-Oakbrook Hills, IL
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## CDS

### **Regional Meetings** (All meetings at Drury Lane, Oakbrook Terrace)

2010	Sept. 15	Oral Medicine in 2010-Dr. Denis Lynch
	Nov. 10	Dental Fear-Dr. Larry Sangrik

### **Midwinter Meetings** (All meetings at McCormick Place – Chicago, IL)

2011	Feb. 24-26	
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# Make Time for Meetings

**See details about upcoming meetings inside!**

**APPLICATION FOR MEMBERSHIP (Please type or print)**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ADA No. (if available) \_\_\_\_\_  
Bus. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Res. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DENTAL SCHOOL ATTENDED:**

Name \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Degree \_\_\_\_\_  
Name \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Degree \_\_\_\_\_  
Are you a general dentist? Yes No Do you limit your practice? Yes No  
If yes, what specialty? \_\_\_\_\_

Are you in private practice? Yes No  
If not, explain (Armed Services, Public Health, Education, Etc.)  
\_\_\_\_\_

Are you a member of a state dental association? Yes No  
If so, which association? \_\_\_\_\_

I promise to abide by the Constitution and By-laws as well as the Principles of Ethics of the Academy of General Dentistry.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Fill in Our Ranks!

An investment in the Academy of General Dentistry is an investment in the future of family dentistry!

**AGD FEES AND DUES:**

**Regular Members**

- Registration Fee \$15.00
- Annual National Dues \$334.00
- State Dues \$ 29.00
- Component Dues: \$5.00

- 2nd Yr. Graduate \$112.00
- 3rd Yr. Graduate \$167.00

*Return application and remittance to:*



**Academy of General Dentistry**  
211 East Chicago Ave.  
Chicago, IL 60611