How often does this simple question — “Will my insurance cover that?” — stand between treatment diagnosed and treatment accepted? Five words that mark the great divide between the care patients truly need and deserve and the bare minimum that they often settle for.

Here’s the typical scenario. You present the treatment plan. The patient is eager to proceed. Then the financial coordinator steps in and unveils the price tag. The patient swallows hard and asks the question that she intuitively knows the answer to. “Will my insurance pay for that?” Now what?

Everyone is just looking at each other, not sure how to explain the situation to the patient.

Educate and communicate

Don’t be caught stuttering and stammering through these tricky situations. I recommend you educate and communicate.

First, educate your patients about insurance limitations and other financial options just as you educate them about proper oral health care. Specifically, patients must fully understand that while standards of dental care have improved dramatically in the last 25 years, dental insurance coverage remains virtually unchanged. Most policies have a per calendar year cap that has not been increased in more than two decades — an important detail that patients often aren’t aware of.

Next, communicate. Your financial coordinator should sit down with the patient and review what’s covered in his/her dental plan according to a prepared script (more on this later) in which the situation and options are clearly articulated and the coordinator is well prepared with the answers to those frequently asked patient questions and concerns.

Discuss the calendar year cap, deductibles, co-pays, coverage for preventive care, etc.

Using scripts

For example, “According to the information you provided and additional information I gathered from the insurance company, your employer has purchased a package for you that includes the following benefits and coverage.” Explain those to the patient.

The plan your employer provides offers a small per calendar year balance of $1,000. This will help cover some of the care you need. In addition, your plan includes a deductible and co-payments.” Explain those to the patient.

The greatest benefit of a script is that it is clear how you will respond and you are prepared. Dentist and team can better manage the messages to ensure they are clear and professional. Scripts also are ideal for addressing patient financial issues. When insurance plans fall short, as they often do, scripts help staff to clearly educate patients on treatment financing options that can bridge the financial divide.

For example, your financial coordinator might script this approach: “Mrs. Patient, we offer four convenient payment options to help you obtain the care you need. The first is a patient financing program offered through CareCredit. It allows...”
MEDITORQUE All in One: Torque, speed, motor, and built-in nose cone.
2 or 4 hole 0-20,000 RPM Forward & Reverse
Price each $299

MEDITORQUE “E” Type Motor and Get Any Two Attachments Of Your Choice!

CERATORQUE H Hygienist Model
• Ultra lightweight
• Perfectly balanced in the hygienist’s hand.
• Swivel Design
• 5000 rpm
Price each $449

AIR KING
• Streamlined design
• Fine spray mist
• Fully autoclavable
• Up to 400,000 rpm

Regular
Price each $149

Push-Button
Price each $199

BLUE STREAK
• Available in Blue or Silver
• Featherweight - only 1.2oz
• Fully autoclavable
• 450,000 RPMs
• 2-hole, 4 Hole

Regular
Price each $149

Push-Button
Price each $199

DENTI-LAB
Torque compensation features afford maximum strength at all speeds 0-35,000 RPM
Also available with "E" Type Motor to accommodate all "E" Type Contra angles and Straight Handpieces.

The Kit Includes:
• Control Box
• Denti-Lab Motor
• Variable Foot Control
• Motor Stand

Precision Cutting
Ergonomic design (only 1.2 oz) Fully autoclavable
65 degree angle head

Regular
Price each $495

AIR KING SURGICAL
• Speeds up to 450,000 rpm
• High Powered Torque
• Economically priced
• Completely eliminates air to the surgical site

Regular
Price each $349

Push-Button
Price each $459

*May not be combined with any other offers except refining. Expires December 31, 2009. Use offer code DTD09. 112 offer term must be equal or less value to item purchased.

Don’t forget to send in your scrap for refining and get an extra 10% off!

BUY DIRECT AND SAVE!
Refining Direct Minus the Middleman = More money in your pocket!
• A trusted name in Dental for 65 years.
• Deal direct with the refiner and get top dollar, don’t just get your scrap ‘weighed and paid’.
• Multiple payout options are available!
• Refine with Medidenta and get a bonus 10% off all products and repairs including current promotions.

CALL NOW FOR FREE PICK-UP!

REPAIR
Send in a Handpiece for Repair and Get the Second Repair for Half Off!
• Repair must be $99.95 or greater on each handpiece.
• 1/2 off repair on equal or lesser items.
• Offer applies to full price and does not include special offers.
• Offer valid if any paid repairs are refunded or returned.
• Not valid with any other offer except 10% off with refining.

Don’t forget to send in your scrap for refining and get an extra 10% off your repair!

RECYCLING
Sharps Disposal
- Don’t toss out environmentally bad waste!
- Don’t be tied in to a long-term contract for sharps disposal!

Medidenta.com can take care of all your recycling needs.

RECLAMATION
Protect the Environment!

Amalgam Separator

Medidenta’s Liberty Ross Amalgam Separator offers up to three years of safe, convenient and regulatory compliance. This is the ultimate in protection for your staff, your practice and the environment.

Buy Direct and Save!
Visit Our Website or Call to Order
1-800-221-0750
Qualifying patients to secure zero-interest loans for up to 18 months.

“The second option provides a 5 percent reduction in the total fee if the procedure is paid in full. The third option would allow you to build a credit on your account and then begin treatment. And the fourth option would allow you to break your payments into equal installments.”

Script the ‘routine’

Scripts are tremendously helpful with insurance and treatment financing discussions, but they also make a huge difference in how staff handles those seemingly “routine” conversations.

They can curb no-shows and cancellations, boost patient retention and improve cash flow. Consider the schedule: one simple question can have a huge impact on whether you reach or fall short of production goals.

In many practices, the scheduling coordinator is charged with making sure patients are in the chair at the appointed time. Unfortunately, the individual is often left to figure out how to accomplish this by trial and error.

Here’s the typical scenario: Scheduling Coordinator Jane confirms appointments every day. She finds the process frustrating because it seems that more patients cancel or reschedule than actually confirm.

The problem is Jane’s approach, which usually goes something like this: “Good Morning, Mrs. Madison. This is Jane from Dr. Krager’s office. I was just checking to see if you’ll be in for your appointment on Thursday.”

Mrs. Madison responds with “No, I need to cancel that. I will call back to reschedule.” Jane wraps up the call with, “Thank you for letting me know,” and promptly goes on to the next person on the list.

However, if Jane had a script, she would know how to phrase the confirmation call so as not to encourage a cancellation. She would be prepared with communication techniques that emphasize the importance of keeping appointments.

She would be ready to politely encourage and redirect the patient to minimize the negative impact on practice production. However, even though effective communication is critical to Jane’s job, without a script she doesn’t have the necessary tools to ensure that she can succeed.

Staff acceptance of scripts

While the justification for scripts is obvious, the concept can be difficult for staff to accept.

Say the word “script” to the dental team you may well be greeted with a chorus of groans and “you must be kidding, right?” Somewhere along the way, the idea of the script became taboo.

The typical responses to the mere suggestion of scripting is, “We’ll sound ‘canned’; it won’t sound natural; what if I mess up my ‘lines’?” Scripts are often mistakenly viewed as barriers to natural conversation when, in reality, they are tools for effective discussion that build patient relationships and keep systems on track.

Scripts ensure that when it comes to day-to-day patient communication, everyone is on the same page and conveying the same messages.

For example, when new patients call the practice a script helps the team ensure that no matter who takes the call, he/she is prepared to gather necessary information.

When it comes to collections, a script enables even those most reticent to request payment from patients to do so more effectively.

The schedule has fewer gaping holes because team members understand how to consistently reinforce the value of care in day-to-day discussions with patients.

Patient retention is strong because team members know how to effectively communicate with patients whose payments are past due, with those who have unscheduled treatment and with those who have failed to cancel their appointments. They know what to say, how to say it and when to say it because they are prepared.

They aren’t in a situation in which they have to think on their feet, but the communication is as natural and comfortable as it would be if they were chatting with the patient over coffee.
To retire or not to retire?

By Stephen Safran, DDS

I am a 1965 graduate of NYU College of Dentistry, and I practiced until 2000. I was 58 at the time and was somehow bent on retiring in my late or middle 50s when most people thought that way.

Social security was available at age 62 then, and the average age men lived to was 66. My dad died at that age and so did most of my friends’ fathers. ‘Thus, I figured I could have a good 10 years to live the “really good life.” Boy has that changed.

‘Dad loves his work’

I was one of the few dentists I knew who really loved his profession. The reason I retired in 2000 was my wife had suffered from breast cancer for 15 years and I wanted to take her places and be with her full-time until her death, which was in 2003.

After her death, I had sufficient funds to live without working, but I had not really considered what I would do when I was alone and had so much free time on my hands.

For two years I was a hermit. I lost 25 percent of my body weight during those years and did not answer the telephone. Truthfully, I have little memory of those years.

Eventually, my dear brother and a lifelong friend convinced me to renew my dental license, go on JDate (an online Jewish dating service) and get back into the real world.

It was not easy, but I managed to shed my hermit life. I met a woman with whom I have become a partner in life. Although this new relationship can never be what a 50-year relationship was that began at the age of 16, it is good to have a romantic partner back in my life.

The result of renewing my dental license has translated into practicing the past two years as a dental consultant for two 600-bed nursing home facilities. This work has given me a raison d’être, and the ability to practice in a stress-free environment that also provides an income.

Do you ‘have to’ retire?

The answer to that question is, of course, no you don’t have to retire. If you truly enjoy dentistry but do not want as much stress in your life, I highly recommend you rethink the decision to retire completely from dentistry. Besides, why should you give up something you truly enjoy?

Personally, I used to have very little respect for any physician or dentist who worked in a nursing home. In my narrow view, I felt these practitioners were incapable of making a good living in private practice so that is why they must be working in a nursing home (don’t throw the tomatoes at me just yet please).

In this narrow view, those who worked in nursing homes were lumped into a heap along with instructors at dental schools.

I presumed these men and women also could not have a successful practice and likely worked at their practice only a day or two per week until they could build up referrals to do it full time (please, hold off on those tomatoes a little longer).

Maybe my narrow views are true for a few people, but now that I am looking at this picture from the other side of the fence, I can see how wrong I was to think the way I did.

By working as dental consultant I have not given up on all the skills I acquired through a lifetime of private practice: surgery, prosthetics, diagnosing and relating to others.

Instead, in my new position I also have the ability to respond to patients cordially, yet effectively, in every conversation from the most mundane to the most important. I certainly enjoy it.

Practice those scripts

The best scripts use words, phrases and questions that prompt patients to respond the way you want them to respond.

Those who are able to use scripts most effectively understand the message they need to convey. They know the information and material thoroughly and are able to adapt the scripts so they come across naturally.

What’s more, those teams that use scripts to their full advantage practice, practice, practice and regularly engage in role-playing.

Role-playing is essential in helping staff with average communication skills raise their level of performance. In addition, it enables the team to determine how to best phrase questions and determine the most appropriate sequence for statements and questions.

For example, you would carefully script where you place questions involving insurance or statements regarding the financial policy so as not to send unintended messages to patients.

What’s more, role-playing enables the team to pay close attention to their tone and how their words come across to others.

Are they perceived as being warm and caring yet still assertive?

Do they come across as timid and easily flustered or manipulated?

Alternatively, might they come across as abrupt and cold?

Listening to responses and coaching each other on how to improve those responses ensures that team members are well prepared to handle routine patient communication as well as the occasional difficult exchange.

Moreover, it enables the dentist to hear how staff would react in specific situations and to redirect that approach if it is inconsistent with practice protocol or policies.

Scripting and role-playing empower the team to respond cordially, yet effectively, in every conversation from the most mundane to the most important.

Sally Mckenzie is CEO of Mckenzie Management, which provides success-proven management solutions to dental practitioners nationwide. She is also editor of The Dentist’s Network Newsletter at www.thedentistnetwork.net; the e-Management Newsletter from www.mckenzienetgsm.com; and The New Dentist™ magazine, www.thenewdentist.net. She can be reached at (877) 777-6151 or sal@mckenzienetgsm.com.
California as a model for regulated medical waste disposal

By Burton J. Kunik, DDS, Sharps Compliance Corporation

California ranks first in the United States for the number of dental services provided. A survey released in 2009 by the UCLA Center for Health Policy Research showed that the state has more than 51,000 licensed dentists, or approximately 14 percent of the nationwide total. In addition to its size, the dental community in California has another distinction — compliance requirements with some of the most comprehensive state laws in the country regulating medical waste disposal.

Regulatory policy in California is often a model for other states, and increasing nationwide concern over the environmental implications of medical waste disposal suggests that dental professionals should be familiar with California requirements and solutions.

California provisions

All dentists realize that their practices deal in materials and tools that must be properly managed for staff and patient safety, but too many do not understand the dental office specifics of regulated materials.

Treatment byproducts such as used gloves, masks, gowns, patient bibs, lightly soiled gauze or cotton rolls and plastic barriers are actually not regulated medical waste. Treatment byproducts can be placed on the wall.

According to the Centers for Disease Control and Prevention, only 1 to 2 percent of dental office waste is actually regulated medical waste, with needles and other medical sharps composing the bulk of that material. Regulated medical waste is defined by the California Division of Occupational Safety & Health (Cal/OSHA) as:

- liquid or semi-liquid blood or other potentially infectious materials (OPIM), such as bloody saliva;
- contaminated items that would release blood or OPIM in a liquid or semi-liquid state if handled or compressed;
- items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;
- pathological and microbiological waste containing blood or OPIM;
- contaminated sharps;
- waste regulated by the California Health and Safety Code that includes pharmaceuticals that are not hazardous.

Disposal issues

In California, as in other states, many dental offices pay for standard monthly or quarterly collection of regulated medical waste by medical waste pickup services. However, this is generally expensive because dental offices generate minimal medical waste, and it is disruptive when pickups are missed or the collection process interrupts office workflow. For a small office, this is just not cost-effective.

Effective option

Disposal by mail is an alternative disposal option that can save the dental money and free up staff for patient care.

Disposal by mail systems include a sharps container specially designed to be mailed through the U.S. Postal Service and a pre-paid return-by-mail package. All costs of the container, packaging, return postage, destruction and documentation are included in one purchase price. Systems are ordered on an as-needed basis without required contracts. Once filled, they are simply handed to the postal carrier. Proof of destruction is available through an online manifest-tracking program.

Various sizes of disposal by mail systems are available. Included sharps containers can be placed on a counter or mounted and locked on the wall.

There are even disposal by mail options allowing dentists to use their own current sharps containers.

Besides the cost savings of the disposal by mail, there are no calls for pickups, no interruptions during patient care, no monthly fees, no contracts, no keeping up with waste manifests because they are maintained online and no extra costs beyond the basic system components.

The requirements for adherence to the California Medical Waste Management Act waste segregation and storage limits are easily met with the disposal by mail systems, eliminating unnecessary pickups, often required by some medical waste disposal services.

Disposal by mail is also extremely safe and can reduce liability and the risk of non-compliance often encountered by using other methods of medical waste management such as encapsulation (which must also disinfect the waste). It is important to note that disposal by mail companies, like all other forms of regulated medical waste disposal, must be approved by the state.

Disposal by mail is an effective solution in any state, no matter what the regulatory requirements.

Contact information

Former dentist Burton J. Kunik, DDS, is chairman and CEO of Sharp Compliance Corp., a provider of cost-effective disposal solutions for medical and pharmaceutical waste generated outside the hospital setting, www.sharpsinc.com. Kunik can be reached at (713) 452-0500 or bkunik@sharpsinc.com.

Dr. Stephen J. Safran
994 East End
Woodmere, N.Y. 11598
(516) 241-3787
sjs1942@optonline.net

Contact information

Dr. Stephen J. Safran
994 East End
Woodmere, N.Y. 11598
(516) 241-3787
sjs1942@optonline.net

California as a model for regulated medical waste disposal

‘Only 1 to 2 percent of dental office waste is actually regulated medical waste, and sharps are the bulk of that material.’

AD