Implant Profitability and the Restorative Practice
Roger P. Levin, DDS, MBA

The Restorative-Driven Surgical Practice — Building Success by Creating Success
Stanton R. Canter, DDS

Implant Treatment — The “Best Option is the First Option”
Craig Ford, DDS
Dear Doctor:

In these uncertain economic times, maintaining practice profitability requires dental professionals to expand their restorative capabilities. One frequently overlooked option is the utilization of implants.

Many clinicians may be apprehensive about incorporating implant treatment into their practice, however, the Easy Abutment® system has transformed implant dentistry into a simpler, more profitable alternative. With the Easy Abutment System, dentists can develop a “comfort zone” for implant treatment. Given the high success rate of implants, this means greater satisfaction for your patients and more referrals for your practice. At Trident Dental Laboratories, fabrications of implant restorations are now as easy as crown and bridge work.

In this issue of Perspectives, prominent industry leader, Dr. Gordon Christensen discusses the selection and use of abutments in implant dentistry. Also presented are methods by which surgical practitioners can benefit from converting their practice into a “restorative-driven surgical practice.”

Enclosed please find a special coupon for $50.00 off your next Procera® case, as well as an offer for a free Procera display model for your office. If you have not yet taken advantage of our complementary practice development kits, please feel free to contact us at 1-800-221-4831 and one will be immediately sent to you.

We hope you enjoy Perspectives, and that you discover many useful products and techniques which will benefit not only your practice but also your patients.

As always we sincerely value and appreciate your business, and welcome your comments regarding how Trident might serve you even better.

Sincerely,

Laurence K. Fishman
Owner, President
Trident Dental Laboratories
Implant Profitability and the Restorative Practice

One area of dentistry that is intuitively understood, but rarely discussed, is implant profitability. It seems that most individuals promoting implants are discussing them strictly from a quality standpoint or from a case-acceptance perspective. Although both factors are important, one implication of adding implants to the service mix is often overlooked—profitability.

Implant dentistry is beneficial for both an implant surgical practice and a general practice. Over 98% of the implants placed utilize a team approach based on collaboration between a specialty practice and a restorative doctor. This column limits its focus to the impact of implants on the restorative practice.

In the last 25 years, restorative dental practices have experienced a gradual shift from a steady flow of patients to a higher volume model. Dentists today see more patients than their predecessors did 25 or 30 years ago. The increase in patient flow has resulted mainly from the need to accommodate growing demand and to maintain income. Statistically, income per patient has actually declined in the past decades. In order to maintain income levels, practices have had to compensate for this trend by increasing the volume of patients treated.

Over the past decade, there have been many improvements in dental materials and technologies. This stated, very few new categories of service have been added to dentistry during this period. For this reason, dental practices are not likely to increase their treatment volume or to improve their financial situation simply by waiting for new categories of service to come along. Instead, dentists must better utilize and expand services available today. Implant dentistry stands out as an ideal service to pursue more aggressively.

Standard of Care
While implants are not literally a “standard of care,” it could be argued that they should be. Based on today’s 98.3% success rate, dental implants should be offered as a treatment option to every patient with missing teeth. If every candidate for dental implants is simply presented with the opportunity to have a complete implant consultation and exam, practice case acceptance will grow significantly. Once patients learn about dental implants, many make the prudent choice of having them performed in order to achieve a better quality of life. As the number of cases begins to grow and patient referrals increase, an implant profit center can be developed.

Most dentists know that there is no comparison between a standard denture and an implant-retained denture. Along those same lines, most dentists would opt for an implant—rather than a 3-unit bridge—to avoid cutting down teeth on either side of an existing space. Therefore, dentists must give patients the opportunity to choose dental implants—the optimal treatment solution with a positive impact on their oral health and quality of life.

Perhaps the best feature of implant dentistry is patient satisfaction, which is usually extremely high due to the 98% success rate mentioned earlier. In the rare instances when an implant fails, the failure occurs prior to the restorative phase of treatment.

Dentistry’s Most Promising Service
Due to the enormous potential of implant dentistry, dentists are encouraged to evaluate its benefits more closely. Implant dentistry is advantageous to patients as well as productive and profitable for practices. Levin Group empirical analysis demonstrates that many restorative cases involving implant dentistry have a 30% to 40% higher production than the same case without dental implants. In other words, if your denture fee is $800, your implant fee should be $1,040 to $1,120. The higher fee represents a range of 30% to 40% increase in production. This increase in production guarantees that the practice maintains a 40% profit margin on the implant services without a complex analysis of the cost of every component in the implant case.

Restorative doctors do not have time to analyze every implant case individually and set commensurate fees. A 30% to 40% higher production per case will not only maintain the profit margin of most practices, but will actually significantly increase real profit. This ultimately translates into increased doctor income.

Summary
Dental implants provide an excellent quality service to patients and a lucrative profit center for restorative practices. This optimal treatment option needs to be supported by solid management systems and through proper patient education.
The Restorative-Driven Surgical Practice—Building Success by Creating Success

Converting to a Restorative-Driven Surgical Practice
Incorporate Efficient Solutions

To be successful as a restorative-driven surgical practice, efficient restorative solutions must be implemented into daily operations. Manufacturers such as Nobel Biocare provide solutions to successfully offer high-quality services to our referral network. This includes a complete line of implants and simple abutment solutions, as well as advanced esthetic solutions for restorations on implants and natural dentition. This is key to the success of a restorative-driven surgical practice.

The Easy Abutment™ (Figure) has enabled our practice to reach new levels of growth and to fulfill the building blocks of success for the restorative dentist. In many cases where adequate interocclusal space and good quality bone exist, an Easy Abutment and white healing cap are placed at the initial surgery appointment. The final restoration is made restorative simply by the Easy Abutment impression kit that is provided with the abutment. The restorative dentist gently places the impression coping, injects impression material, and obtains a standard crown-and-bridge impression. Once the model is poured, the laboratory also employs standard crown-and-bridge techniques to fabricate the crown. At the final appointment, the dentist uses conventional crown-and-bridge procedures to deliver the definitive restoration. For our referral network, the Easy Abutment is crown-and-bridge.

Commitment Beyond Easy Abutment Placement

To truly be a restorative-driven surgical practice, the commitment must go beyond the simple placement of an Easy Abutment. While the patient is anesthetized, any gingival contouring is performed to create the ideal gingival esthetics. When appropriate, an implant level impression is taken at the time of initial implant placement while there is direct visualization. Our office then works directly with the laboratory for the placement of the final abutment.

In these cases, Procera® custom abutments are chosen as a result of the personalized abutments in virtually any shape and material (alumina, zirconia, or titanium) required for the case. The final ceramic crown can also be delivered through the Procera® laboratory, if desired. Once the initial fixture-level impression is taken, the restorative dentist can choose to receive the final abutment in place and ready for temporization or to work with the laboratory to obtain the placement of the final abutment and a custom provisional crown. In reality, the restorative referral network is seldom more than a standard crown-and-bridge. In this case, the restorative dentist knows that economic value can be placed.

Stanton R. Canter, DDS, writes and lectures on the building of successful practices and maintains a private practice in periodontics in Woodland Hills, CA.

Figure. The Easy Abutment™ eliminates the difficulty of implant treatment.

Stanton R. Canter, DDS

Our practice has always striven to treat patients with the highest levels of professionalism and skills. Approximately five years ago, we recognized the need to continue our growth and differentiate our practice from other qualified oral surgeons and periodontists. In order to accomplish these goals, a unique core-operating model had to be developed based upon a key set of principles that created success for others as well as ourselves. The concept of the restorative-driven surgical practice was born. This philosophy of creating success for others first is based upon the following core principles:

- All energy is derived from the patient.
- Whoever comes in contact with the patient has an impact on that energy—in most cases, the restorative dentist.
- The restorative dentist should offer the Implant Treatment Option (ITO) whenever indicated.
- ITO is offered by practicing “Best Option/First Option” in every case presentation.

Based upon these core principles, our group adopted this operating belief: “As a restorative-driven surgical practice, we place the abutments and take fixture-level impressions. This allows our restorative referral base to achieve simple, esthetic crown-and-bridge solutions in the vast majority of cases.”
Implant Treatment—The “Best Option Is the First Option”

About five years ago at a study academy meeting (conducted by Drs. Robert Shuken and Jeffery Foltz), Dr. Stanton Canter introduced the concept of a “Restorative-Driven Surgical Practice.” In truth, very few at the meeting understood the concept or the impact it would have on our practices. Considered by many to be a visionary in creating successful practices, Dr. Canter predicted that one day the majority of implant cases would be sent to the dental laboratory for standard crown-and-bridge fees, not the implant case surcharges that were standard industry practice. It was doubtful that anyone in that lecture hall thought that day would ever come. He also presented the operating principle of the restorative-driven surgical practice by asking “How can we make your practice more successful?” and by observing the procedure performed first and foremost through the eyes of the restorative office—the crown and bridge.

The Easy Abutment™ Treatment Option

During the meeting, Dr. Canter stated that in 80% of the implant cases performed, there was no distinguishable difference between an implant abutment and a natural tooth erupting through the gingival tissue. In addition, the majority of these implant cases required a standard crown-and-bridge impression and could be forwarded to a standard crown-and-bridge laboratory. He explained that restoring the majority of implant cases was simply accomplishing what was performed daily in our restorative practices. With the plastic surgery model—one of the great benefits of implant dentistry, dental professionals will not be held captive to insurance-limited dentistry. The development of dental implants such as the Easy Abutment provided the opportunity to practice the “Implant Treatment Option” for every edentulous space, where indicated, as the “Best Option, First Option.”

Case acceptance of implant treatment in our practice now mirrors that of crown-and-bridge cases. Whereas clinicians had been hesitant or apprehensive to perform implant treatment, the simplicity of the Easy Abutment enables implant cases to be implemented every day without fixture-level impressions, gingival bleeding, tissue contouring, and the need to further anesthetize the patient. Since all of the components are included with the Easy Abutment, there is no rescheduling of patients due to unavailability of the proper component.

Since implant treatment is now as predictable as crown-and-bridge cases, treatment profitability, too, is more predictable. Implant treatment can be accomplished in nearly half the time with fewer patient appointments (Table). The acceptance of large, case treatment plans can be routine, and the truly complex implant cases will not be charged until consultation with the surgeon and the laboratory is complete.

With the implementation of the first stage of the restorative-driven surgical practice, we eagerly await the introduction of the second and third generations at the next study academy meeting.

Craig Ford, DDS, maintains a private practice in general dentistry in Woodland Hills, CA.

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**Conventional Implant Treatment**

- Restorative Dentist
- Healing abutment placed by surgeon
- Easy Abutment placed by surgeon

**Appointment #1 – 45 min**
- Remove healing abutment
- Place implant-level impression coping
- Take x-ray
- Take implant-level impression
- Replace healing abutment

**Appointment #2 – 45 min**
- Remove healing abutment
- Place final abutment for try-in
- Try on crown coping
- Remove final abutment
- Place healing abutment

**Appointment #3 – 45 min**
- Remove healing abutment
- Place final abutment
- Torque screw to 35Ncm
- Deliver crown

**Total Time**
- 2:15 hrs – 3 Appointments

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**Restorative-Driven Surgical Practice**

- Restorative Dentist
- Easy Abutment placed by surgeon

**Appointment #1 – 30 min**
- Remove cover cap
- Place plastic impression coping
- Take crown-and-bridge impression
- Replace cover cap

**Appointment #2 – 30 min**
- Remove cover cap
- Deliver crown

**Total Time**
- 1:00 hr – 2 Appointments
To some degree, most dentists have become involved with dental implants. However, many may feel that the concept is too difficult and/or expensive and have resisted incorporating implants into their practices. Those general dentists involved with implants usually have accomplished the prosthodontic aspects of implant dentistry; some have even become proficient with the surgical portion of implant dentistry. Although I am a prosthodontist, I accomplish both prosthodontic and some surgical portions of the procedure. This decision has enhanced my ability to diagnose and plan treatment for implant dentistry and has increased my referrals to surgical specialists for some of the procedures. I suggest a similar orientation for any practitioners interested in broadening the service provided to their patients and introducing a high level of excitement and satisfaction into their practices.

One of the most frustrating challenges in implant dentistry has been selection and use of abutments when replacing a single tooth and restoring multiple missing teeth. The selection of abutments has been both perplexing and difficult; hence, some laboratories have ceased to construct implant prostheses. Questions about abutments were less frequent in the early development of dental implants, since most of the restorations were provided for edentulous patients. Esthetic acceptability was much less critical when oral reconstruction was performed with modified complete dentures. Currently, many implant restorations are fabricated for single teeth, and abutment type is essential for acceptable esthetics, and strength, and long-term function (Figure 1).

Clinical Research Associates has conducted research in CAD/CAM restorations for many years. What was once an interesting novelty or hobby has progressed into a remarkably useful tool for quality dentistry. The custom Procera® Abutment, whether alloy or ceramic, allows optimum esthetic acceptability (Figure 2). Upon placement of an all-ceramic Procera® crown or a precision-fitting porcelain-fused-to-metal crown, the results can be excellent. Additionally, the greatly simplified Crown & Bridge & Implant (C&B&I) concept from Nobel Biocare has made implant dentistry faster, easier, and better. Any new technique requires a learning period, but once mastered, both laboratory technicians and dentists can readily comprehend this technique.

Some laboratories infrequently accomplish implant prosthodontics or only construct fixed or removable portions. For high-quality laboratory service, it is desirable to work with full-service laboratories that can follow a specific case from start to finish.

Many dentists are hesitant to offer implant dentistry to patients who may be perceived as unable to afford such treatment. In many of these situations, upon presentation of the treatment plan, implant therapy may be accepted without reservation. Every patient who could benefit from the significant advantages of implants should be offered this opportunity. If treatment plans are presented honestly and thoroughly, many patients will obtain the financial resources to afford the treatment.

Implant prosthodontics has improved significantly over the past several years. For any dentist who had been previously discouraged about incorporating implant dentistry or who does not perform this important part of dentistry due to past technique frustrations, it is time for reevaluation and the addition of this invaluable service into daily practice.

Gordon J. Christensen, DDS, MSD, PhD, is the Director, Practical Clinical Courses and co-founder and senior consultant, Clinical Research Associates. He maintains a prosthodontic practice in Provo, Utah.
Many years ago, a highly revered professor of operative dentistry repeatedly lectured our dental class on how dentists were artists as well as scientists. Art had never been my strong suit, hence, throughout my 40-year career, I strived to maintain procedures that were as routine and mechanical as possible.

Since shade taking is basically an art form, this was one procedure that defied a mechanical approach. However, with contemporary advancements in technology, precise tooth shade can be measured electronically. In addition, this measurement tool eliminates guesswork and improves communication between the dentist and laboratory.

With due diligence, I opted for the Shade Vision™ System from X-Rite®. Using the detailed training video, the system was easy to install on my computer. The shade-taking process is also simple; just point the cordless, handheld instrument at the tooth and shoot to calculate the shade values. The images can then be forwarded to the laboratory via e-mail or saved to a disk. The Shade Vision System provides the laboratory with objective color information to fabricate the restoration.

The Shade Vision System enabled me to transform the art of shade taking into a science. For more information, contact X-Rite at 866-617-4233 or via e-mail at info@shadevision.com.

David Fishman, DDS