

Implant Treatment Planning: *The Communication Factor - The Success of Restorative Dentistry*



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The first issue in my series on restorative implant dentistry published in the summer 2009 issue of *Wisdom* detailed the necessity of the restorative dentist serving as the driving force in this aspect of patient care. If the feedback I received is any indication of a consensus on this topic, it would appear that most if not all restorative dentists are in agreement with the premise of the column. That being said, I in no way meant to assert the notion that restorative implant dentistry should be a one-ruler dictatorship; rather, it should be a team approach. As a “team leader”, so to speak, it is up to the restorative dentist to ensure that communication amongst all members of the team exists. You need to communicate to the surgeon and to the dental laboratory the results that you expect to achieve and any issues that you feel might keep you from achieving these results. For instance, do not hesitate to request that your surgeon use an internal connection as opposed to an external connection. Most of the systems on the market have both, so the surgeon does not need to purchase any additional equipment. The benefit of an internal connection to the restorative dentist is that it is far easier to insert components into the implant, thus making it a much stronger connection than an external connection. Again, the key here is communication. Many dentists are reluctant to discuss their cases with the surgeon.

The fact that you are just beginning to restore implants and may not be familiar with all the armamentarium should not prevent you from giving your patient the best possible care.

Communicating with an experienced laboratory is an excellent way to discuss and treatment plan your case. It is also a great way to better understand the implant system you are using. A quality laboratory should have experience working with most if not all of the implant systems available today, and can prove to be your biggest asset, providing help and support as you begin restoring implants. Not only can they explain to you which parts you will need, but an experienced laboratory can also provide you with different treatment options due to their wealth of experience. One of the ways our experience helps doctors is in our ability to properly prepare a straight abutment while avoiding the use of a custom abutment. While this reduces the cost to our doctors, in some scenarios it is also the optimal choice for the restoration.

Don't think the importance of communication starts and ends with only the clinical aspects of the case – because it doesn't. Communication with the surgeon to discuss the patient's expectations and to ensure the patient is on the same page with you and the surgeon is equally important. A perfect case in point was the time I

received a phone call from an extremely upset dentist who had just finished presenting a treatment plan to their patient to restore their implants with a three unit bridge. Everything was going smoothly until the doctor discussed what the cost to the patient was going to be. No sooner had the doctor finished discussing the cost when the patient looked at him rather strangely and said “What are you talking about? I already paid for my implant case”. Obviously the patient was under the impression that the surgeon's fee was the entire fee for their “implant case” as the patient called it. This was obviously a breakdown in communication and not necessarily the fault of the surgeon. Dentists are well aware that sometimes a patient only hears what he or she want to hear and can have unrealistic expectations regarding outcomes.

I work with some very successful implant teams where the surgeon, restorative dentist and our laboratory are in complete sync when working on implant cases. One goal we have as a team is to accurately predetermine the fee for the implant surgery and the ensuing restorative work the patient will receive. Once we calculate the fee, we present this to the patient so that a clear understanding exists from the outset as to what their financial responsibility will be.

Many problems can be averted if the patient's expectations are managed properly from the outset. Communication is a vital tool in helping manage your patient's expectations. Too often, I have consulted in situations where it seems the patient's expectation were unrealistic from the outset. If a patient has an unrealistic preconceived notion of what the outcome will be, the results will often be headaches for the dentist and an unhappy patient. A properly informed and educated patient is one who feels in control and is comfortable that this procedure—and more importantly this doctor—is the right one for them.

I have found that with an implant case, dentists often charge one and half times more than what they charge for a regular crown, and they feel this is more than enough to offset the cost of any components they have to purchase. While this may not seem like a very large profit margin, the price of the crown is not what makes restoring implants profitable. The dentist may be pleasantly surprised by the ease and speed in which they can restore an implant crown. Since fixed implant dentistry is easier and quicker than routine crown and bridge on natural teeth, the profit to the restorative dentist may be greater than actually realized. As you know, your chair time is the most valuable asset to your practice and anything you can do to expand that time or use it more efficiently will have a pronounced effect on your profitability and bottom line. In the next issue I will

expand upon the idea that fixed implant dentistry is not only easier and quicker than crown and bridge on natural teeth but it is more profitable to the dentist as well.

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