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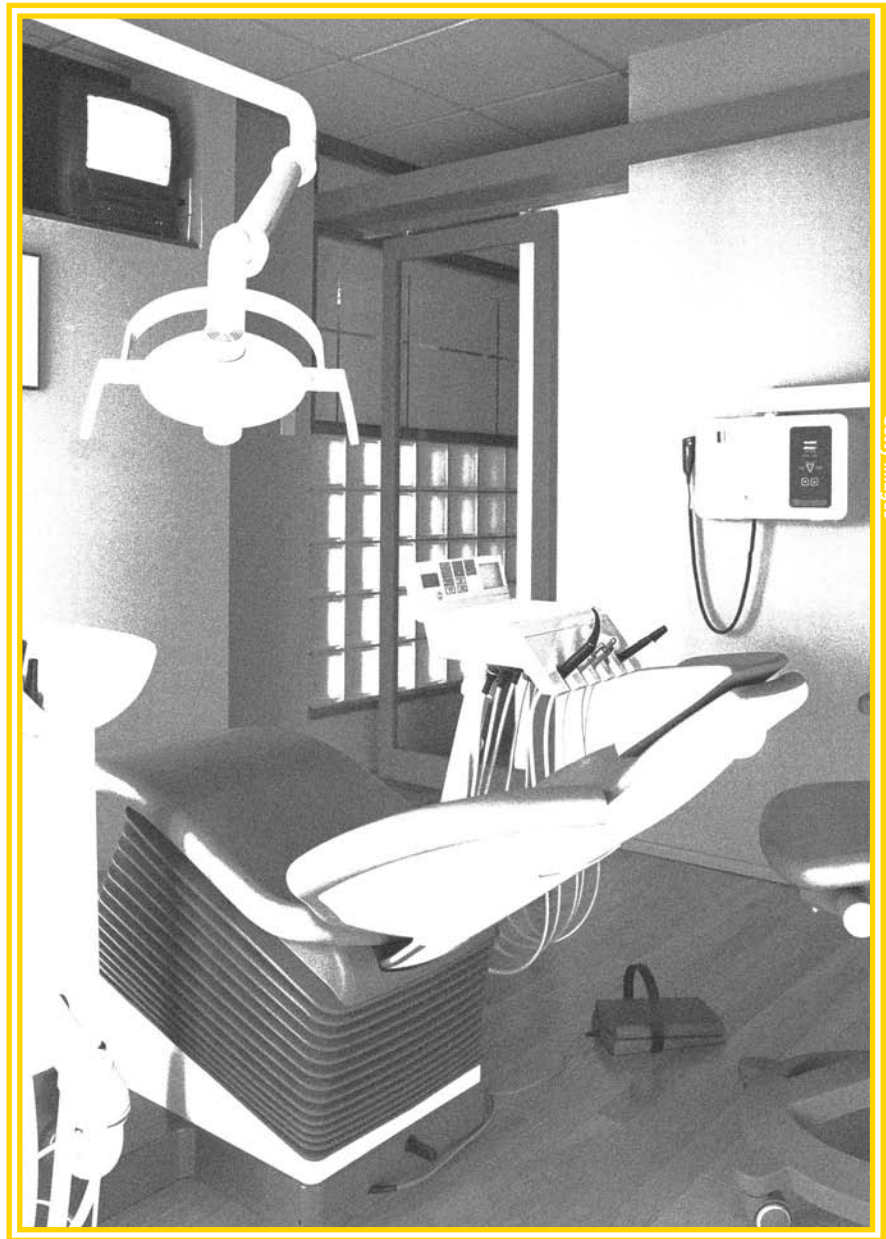
to

PROFIT

**A**bout 70 percent of the profits that Dr. Steven Tuttle personally generates for his successful family dental practice in suburban Richmond, Va. come from only 10 percent of his patient base. These patients pay Dr. Tuttle in full, in advance of treatment, which shrinks his accounts receivable to about one-third of typical practices his size.

Many of the 20-plus new patients Dr. Tuttle attracts each month sign up for treatment plans that generate as much as \$5,000, \$6,000, or even up to \$14,000 worth of treatment. What drives these high-margin clients to his practice, says Dr. Tuttle, is Oral Sedation Dentistry (OSD). His staff and his patients love this methodology, which has transformed his office into a vastly more profitable and satisfying practice.

“When you see these [OSD patients] come in and smile from ear-to-ear like they’ve never smiled, it just gets us pumped up on a daily basis,” says Dr. Tuttle. Dr. Tuttle’s financial results are amazing, but what is even more remarkable is that by his own admission, the 57-year-old general dentist is really no different than thousands of other general



by Michael Silverman, DMD

**Attracting high-anxiety patients can reap substantial benefits for your practice. In part two of his three-part series, the author shows how, with Oral Sedation Dentistry (OSD), the path to increased profits is a road any general dentist can easily navigate.**

dentists who are capable of transforming their practices. The bottom line is: If Dr. Tuttle can practice OSD successfully, then so can you.

Dr. Tuttle's foray into the profitable world of anxiolysis and oral conscious sedation, which are collectively referred to as oral sedation dentistry (OSD), began when he and I had a chance meeting at a dental management conference in late 1999. Dr. Tuttle perked up when I told him about OSD and the training offered through the Dental Organization for Oral Sedation (DOCS). As I recounted in part one of this series, I am the president and co-founder of DOCS, which since 1999 has trained more than 2,500 of my fellow general dentistry colleagues in the science, protocols, marketing, and practice-management steps necessary to provide safe, effective, and very profitable OSD treatment to dental patients.

OSD's greatest appeal is to the millions of high-anxiety patients who, due to their extreme fears, have avoided needed dental work for years, sometimes even decades. Members of DOCS have safely and successfully treated more than half a million fearful individuals who otherwise would have continued to avoid the dentist. Over the next several years, we predict that more than one million additional Americans will come to demand OSD as their preferred treatment method.

These new patients will be a financial windfall for dentists who are prepared to meet their needs. This article and the next

will clearly demonstrate that the time and resources required for general dentists to take advantage of the vast OSD opportunities are relatively small.

Back when Dr. Tuttle and I first met, neither of us was thinking in terms of millions of new patients or the resulting financial benefits. What we shared then, and continue to share, is the desire to better serve those high-need, high-fear dental patients who are going untreated. During his 26 years in practice, Dr. Tuttle has always taken pride in his gentle, caring approach to dentistry. Patient comfort and safety are his priorities. As such, Dr. Tuttle was already on a quest for a better method to handle high-fear patients when we met. His career-long preoccupation with comfort made him more responsive to becoming an "early adopter" of our DOCS methodology.

Dr. Tuttle's road from our first encounter through the transformation of his practice into its current highly successful and satisfying state is a journey readily accessible to any general dentist who wishes to follow in his footsteps. When I told Dr. Tuttle how I had developed a fresh approach to handling high-anxiety patients, drawing upon science and medicine that have been proven safe over decades, he immediately saw OSD as a way to better serve his patients.

Dr. Tuttle began his journey in February 2000. Planning ahead, he closed his Virginia office for two days and brought his five-person dental team — including the receptionist and

two hygienists — with him to Miami for our two-day introductory course. DOCS holds frequent Level One courses throughout the year in cities such as San Francisco, Dallas, St. Louis, Boston, and Atlanta, so interested dentists are never too far in time or distance from one of our classrooms.

Our courses emphasize teamwork as the key to conducting a highly successful OSD practice. The OSD clinical protocols that we cover are surprisingly easy to understand and safely implement. We also thoroughly train all participants in our proprietary methods of smoothly integrating OSD dentistry into an existing practice. Our extensive experience has proven that every team member plays a constructive and supportive role in the success of OSD. It is crucial, for example, that the receptionist who first gets a call from an OSD prospect understands how much fear that potential patient had to overcome just to initiate the call, not to mention how much pain the caller is experiencing because of chronic dental care neglect.

A caring, trained receptionist, such as Ruth Grimes, who is office manager for Dr. Mitchell Friedman's office in New Jersey, lets callers know immediately that this time their dental experience will be different; that is, much better. Ms. Grimes may take as much as 30 minutes with a prospective patient on the very first call. Often, the callers "just need you to listen to them," she observes. But Ms. Grimes knows her time is well invested. She says revenues at Dr. Friedman's practice have more than doubled

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since his team adopted the DOCS method.

Consistency throughout the dental office is of paramount importance, beginning with the receptionists and including those team members who handle financial arrangements, all hygienists, and all dentists.

Upon his return from the Miami course in February 2000, Dr. Tuttle purchased the specialized sedation equipment and supplies we recommended and began slowly to test his team's new-found skills. His first OSD candidates were several of his existing patients who, because of fear, had been avoiding more extensive work. Although Dr. Tuttle initially performed OSD on a very limited basis — about one patient a month — the results, he recalls, were instant and powerful. “We were getting such satisfaction with the patients we were treating ... we decided we wanted to take the next level course.”

Dr. Tuttle and two members of his team subsequently signed on for our three-day, 20-hour live course, “The Complex Sedation Patient.” The course offers both didactic and live-patient experiences with an emphasis on handling particularly challenging cases. Now fully committed, Dr. Tuttle returned a third time a few months later to take our Advanced Cardiac Life Support class. ACLS is a stimulating safety course that familiarizes dentists with how to handle most “worst-case” scenarios, including the operation of automated external defibrillators. The course is a major confidence builder for all dentists, whether or not they practice OSD.

To transform his practice from one that was not prepared to offer OSD into one that confidently provides safe, high-quality dentistry to high-anxiety patients, Dr. Tuttle

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estimates his investment to be about \$18,000 over a three-year period. This amount may seem steep at first, but it includes the initial training classes for his entire staff, the two subsequent optional courses, all travel for both doctor and team, and state-of-the-art sedation equipment and medications. By comparison, many of our DOCS-trained members — especially those with smaller staffs — are able to complete the training and buy the equipment for well under \$10,000.

Indeed, Dr. Tuttle, who is by nature very conservative in his thinking and actions, was willing to make optional investments of time and money to be absolutely certain that OSD is safe, effective, and workable. His prudence has been extremely well rewarded. To date, Dr. Tuttle has performed about 150 oral conscious sedation appointments and is averaging 12 OSD procedures a month. Moreover, his average treatment plan for a new patient has more than doubled to over \$5,000. As for his patient accounts receivable (something no dentist relishes), by mid-year, his had happily fallen from an average of about \$72,000 to \$28,000. He adds that even that low number is “dropping all the time”

thanks to the prepaid nature of OSD.

While some oral surgeons view the OSD empowerment of general dentists as a threat to their turf and livelihood, Dr. Tuttle's experience (and that of hundreds of other general dentists like him) has demonstrated quite the opposite. Dr. Tuttle regularly refers his new OSD patients to an oral surgeon when the treatment plan calls for procedures that he is less comfortable performing. “We're not real interested in replacing oral surgeons,” Dr. Tuttle says, who stresses that his relationships with oral surgeons in his area are actually very good.

A recent example is an oral sedation case worth \$14,000 that Dr. Tuttle shared with a local oral surgeon. The treatment plan called for a female patient with high dental anxiety to have a cleaning under sedation in Dr. Tuttle's office, a second sedation visit for crowns in the lower right quadrant, followed by an appointment with the oral surgeon to remove three upper teeth and to prepare for implants. Finally, the patient would return for a third sedation visit to allow Dr. Tuttle to load the implants and do additional crown work on the upper surrounding teeth.

Keep in mind that the patients Dr. Tuttle refers to oral surgeons, such as the woman above, are individuals who would not be seeing any dentist had Dr. Tuttle not brought them back into the fold by offering OSD.

Dr. Tuttle refers all patients whose medical conditions or medical histories make their treatment high-risk. All DOCS-trained dentists are taught to establish extensive medical histories *before* accepting a patient for treatment and to refer any patient who falls outside carefully designed safety param-

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ters. (DOCS does not recommend using OSD on children, nor do we provide training for it.)

Perhaps because some oral surgeons and dental anesthesiologists fear that OSD will rob them of patients — which is patently false — a few have strongly questioned the safety of OSD and called for stricter regulation. Others have spread false, and frankly, malicious rumors about children and patients who died while being treated by our trained members.

These mistruths anger me not only because of the malice demonstrated by those who spread them, but because they put doubts into the minds of some dedicated general dentists who otherwise would be providing this valuable service to their patients.

Dr. Tuttle had to fully satisfy himself as to the safety of OSD

before he would even remotely consider offering it to his patients. Indeed, I, and virtually every DOCS member I know, have dedicated our entire careers to safe dentistry.

Dr. Tuttle doesn't hesitate to contact the physician of any patient when a question arises over medications or a medical-related issue. Sometimes a physician recommends that a patient be taken off a certain medication for a day or two to avoid a possible interaction. All patients are instructed to avoid caffeine, alcohol, herbal medicines, and grapefruit juice beginning 24 hours before their dental appointment.

To add an extra measure of security, Dr. Tuttle and all DOCS members are well trained on what to do in the rare event that a patient has an adverse reaction to the sedation medication. Thus far, about the most serious reaction Dr. Tuttle has

had to grapple with are two cases of hiccups.

Although it is barely three and a half years since Dr. Tuttle took his first OSD steps, the journey has transformed him, his practice, and the lives of his patients. Thanks to the success of his OSD practice, Dr. Tuttle says he had the confidence to reinvest heavily in his practice. That includes upgrading to a new location and adding digital radiology to his array of equipment.

Most promising, Dr. Tuttle is bringing an associate on board. It is Dr. Tuttle's goal to mentor the younger dentist and then, in seven years when Dr. Tuttle plans to retire, to allow the new associate to take over his practice.

In the third and final installment of this series next month, I'll elaborate on the financial opportunities and get you thinking about what you might do with the extra money and time that OSD will afford you.

I'll also tell you about the excellent strategies that so many DOCS members use to drive new, highly profitable patients to their practices. Indeed, before DOCS exposed him to these marketing powerhouses, Dr. Tuttle's entire advertising strategy consisted of a yellow pages ad. But, convinced that he had to get the word out on how great OSD really is, Dr. Tuttle stepped up and adopted one of our more aggressive and far more effective marketing strategies.

"I felt so strongly that this was the right thing to do for people," he recalls. "I just had to let people know that I was doing this." Within the first week of his new campaign, Dr. Tuttle and his team were fielding 10 to 15 calls a day. On one day, the office logged 20 calls from new prospects.

If Dr. Tuttle can get results like that, so can you.

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