The Digital Transformation

Digital imaging is changing the way dentists and their patients interact. Distributor reps need to be aware of the benefits, and potential questions, involved in the sales process.

When P. Gard Lorey, DDS, and his partner, Sean Smith, DDS, decided to implement digital imaging along with an electronic medical record system, they had a couple of concerns. First, would the staff be able to handle both changes at once? And second, wouldn't their patients think this was a bit extravagant, and worry that they might get stuck paying the bill in the form of higher fees? After all, this isn't Boston or New York we're talking about. It's Skaneateles, N.Y., a small town in the Finger Lakes region of Upstate New York.

Turns out their concerns were unfounded. “The staff really embraced it,” says Lorey. “They were quicker adapting to this than I thought.” And the patients? “Their reaction was exactly the opposite of what I had feared. They thought it was great. [Their response was], ‘I want a dentist who's progressive,’” and they appreciated being able to view on the monitor the issues their dentist had identified during the exam.

Digital imaging — X-ray, panoramic, intraoral cameras and cone beam technology — is part of today's dental landscape. And it’s likely it will only increase, particularly as the industry pushes ahead with electronic medical records. Distributor sales reps are — and will continue to be — an integral part of the transformation. While they have plenty of benefits to speak of, they also will continue to face their fair share of hurdles in the selling process.

Likes the whole process

“I like the whole process,” says Lorey. He likes being able to manipulate images — blow them up or color them, for clarity. “I like putting a big X-ray on the television monitor and showing it to the patient, rather than lifting up a piece of film they couldn't see anyway. And I like having everything at my disposal, including X-rays from six months or a year ago.” Lorey believes that showing his patients
images from his intraoral camera next to X-ray images is a powerful clinical and education tool. "They think that's great – a picture is worth a thousand words."

His digital panoramic system allows him to visualize things not possible with conventional X-ray, including lesions in the jaw and even calcification in the carotid arteries. "My physician loves it," he says, because Lorey can refer patients with calcification right away, before they suffer serious consequences, such as a stroke.

"I don't have cone beam, but that's the next place to go," he says. If he performed more implants or oral surgery, he might have a unit today. But for the past year and a half or so, the practice has had a CEREC unit. "That's a huge part of digital imaging," he says.

The distributor sales rep's job is to help the doctor understand the efficiencies that can be gained through digital technology, as well as the improvement in patient experience and clinical outcomes, says Michael Norton, director of equipment and technology, Burkhardt Dental Supply. Economics are important too. "You spend time on the return-on-investment that can be realized through digital technology," he says. "That all boils down to a better experience for the patient and a happier practice, because as you gain efficiencies – without compromising the patient's experience – you reduce some of the stress in the practice."

There are other points to stress, depending on the practice. "It's not uncommon for dentists to feel, I'm struggling with my patient base; I'm not getting the walk-ins I used to get," says Norton. Perhaps they have neglected to invest in their practice. "So sometimes the conversation is centered around the image and perception [the practice] is giving to patients.

What's more, the rep can point out to their customers that digital imaging can help them keep, protect and continually develop the trust of their patients, says Norton. Patients who might otherwise question the doctor's diagnosis – particularly if significant dollars are attached to it – can see for themselves what the doctor is talking about. "Digital technology allows the doctor to put in front of the patient, on the big screen, what the concern is," he says. Even if they don't totally understand what they're looking at, they become part of the decision-making process.

Impact on case acceptance
Among the benefits of digital imaging is reduced waste, points out Jon Newman, digital product manager, Air Techniques. "The practice no longer needs to purchase and then pay to dispose of chemistry and film. There's no need for a dark room or large filing cabinets." What's more, digital images are easy to transmit to payers for claims purposes.

Ease of use needs to be demonstrated, he says. "If it's easy to use, the staff will be open and willing to learn about it. If it's difficult to use, or if the staff isn't trained properly, they won't use it."

Newman agrees with others that the opportunity to portray images on a monitor while the patient is in the chair is huge. That's true whether the image is generated by intraoral camera, X-ray, caries detection device, etc. "Usually, case acceptance goes through the roof, because you're
now able to show the patient what you see,” he says, speaking to the dentist. The dentist benefits through better diagnoses. With panoramic units, for example, he or she can detect impacted wisdom teeth, TMJ problems, abscesses, periodontal bone loss, etc.

Today’s patients “expect their dental visit to be technology-driven,” continues Newman. So do young dentists just coming into practice. A digital practice is a more attractive practice to potential buyers. “A dental student just graduating is in a huge amount of debt,” he says. “For them to have that debt, then having to buy a whole ream of capital equipment, is putting themselves in a tough situation.”

Software
With all these benefits, what objections could any practice possibly have? Not surprisingly, cost is at or near the top of the list. Outfitting the office with hardware and software isn’t cheap. “We’re in a tough time economically,” says Newman. “But at this moment in time, money is relatively cheap to borrow, so dealers are putting together some enticing financing programs.” Some practices also fear that the learning curve will be too steep. “Some people who aren’t computer-savvy get skittish when it comes to opening up a piece of software and learning about it,” he says. But companies such as Air Techniques and software vendors offer onsite training and Web-based training, which minimize that objection.

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— Phil Redmond, equipment and technology specialist, Benco Dental

Reps need to point out that patients are subjected to less radiation with digital X-ray than conventional X-ray, says Phil Redmond, equipment and technology specialist for Benco Dental in the state of Michigan. That’s true whether you’re talking about a phosphorous plate system or one with digital sensors, though sensor-based systems have the edge in this department, he says. Not to be forgotten is the “wow factor,” he says. “The ‘wow’ is having a 22- or 24-inch screen sitting in front of the patient, who’s saying, ‘Wow, that’s cool, I’ve only seen this in the hospital, not the local dentist’s office.’” The practitioner can generate another “wow” — as well as increased case acceptance — by displaying an X-ray image, intraoral camera image and caries detection image, side by side. “It helps the patient understand what the doctor is seeing, and lets them see how serious the lesion is.”

Most practice management software packages either have their own imaging modules, or they offer a bridge to another vendor’s imaging software, points out Newman. Most digital equipment vendors, meanwhile, either offer what’s called a TWAIN interface, that is, a standard protocol that allows the device to communicate openly with software packages; or they have directly integrated with a handful of software packages with whom they have chosen to do business.

Imaging software is one of the most important pieces of the puzzle, adds Redmond. Dentists will ask how the imaging software can be integrated into the practice’s practice management system. They will also ask how — and whether — other imaging devices will integrate with the software. Is the software a so-called “open architecture,” that is, compatible with many different types of imaging
devices, or is it proprietary, that is, compatible only with one manufacturer’s equipment? If the doctor is interested in picking out a variety of different manufacturers’ imaging equipment, “I’d steer him to open software,” he says.

Norton believes that software will be the primary driving force in digital technology in the future. True, hardware manufacturers continue to develop equipment with unique and exciting properties, he says. “But the doctor is buying software with algorithms that allow [him or her] to be more efficient and accurate in clinical diagnoses.” Can the software stitch images together? How easy is it to use? How much practice does it require on the part of the staff? “Sometimes we overcomplicate what the doctor is trying to accomplish,” he says. Vendors whose equipment is easy to integrate into the practice’s workflow, and that allow staff and patients to easily view images, will be the winners, he predicts.

An increasingly important consideration today is whether the software is DICOM compliant. DICOM, which stands for Digital Imaging and Communications in Medicine, is a standard digital format for handling, storing, printing and transmitting medical images.

DICOM has been embraced by the medical world, enabling providers to transmit radiographs and other images from one location to another, seamlessly, over the Internet, points out Newman. Not only is the image transmitted, but it is encoded so that unauthorized persons cannot extract it.

DICOM will be a major factor in the dental world as well, he adds. And in the not-too-distant future. In fact, Newman participates on the dental industry DICOM committee (DICOM WG-22), which is working toward implementing DICOM throughout the industry. Once established, DICOM will allow dentists to share images with colleagues in the dental and medical worlds.

Backup and maintenance
Another software-related issue that reps might touch on with customers is how they intend to back up their data, according to experts.

With film, there usually exists just one copy of the image, notes Redmond. Not so with digital images. “The computer network is a much safer way to store patient images,” he says. But that’s only true if the data itself is backed up. And practices have a number of options. One is a storage technology referred to as RAID, or Redundant Array of Independent Disks, which distributes data across multiple disk drives. Another option is a remote backup service, which are offered by several imaging and practice management companies. “This is the safest option,” he believes. “Practices should consider a remote backup for their practice management and digital X-rays. The source of backup is 100 percent protected from any disaster, as the information is stored in a site in a secure environment.”

Another important consideration for the dentist is service, according to those with whom First Impressions spoke. Dentists and their staff want to be assured that someone will stand behind the practice long after the sale. Depending on what software is selected, the practice will likely buy into a software support contract with the dealer or software vendor, says Newman. For an annual fee, the practice will receive updates and support.

Hardware is pretty durable, he says. “[Equipment] is designed to last for years. But as with anything, there is the potential for problems and breakdowns.” Manufacturers such as Air Techniques make sure that the dealers’ service
representatives are well trained on their equipment.

“Support and maintenance are very important,” adds Redmond. The practice should consider purchasing a support contract for the computer network, the practice management software (including updates on CDT codes), and the imaging software (though some vendors offer free lifetime support for imaging software).

The sale
As with any big-ticket acquisition, the relationship between manufacturer, distributor and customer can spell the difference between a sale and rejection.

The manufacturer’s role, first and foremost, is to produce a high-quality product, says Newman. “The next step [for the manufacturer] is to go out and deliver the marketing message directly to the people interacting with the doctor – the sales and service reps. This is what the equipment is, this is what it’s capable of doing, and this is how you properly install and use it.”

“As the equipment specialist, I am the consultant to the customer,” says Redmond. “It is my job to make sure the customer understands all of the options available to them. Then I help them evaluate the various options. We accomplish this by scheduling live product demos, presenting independent studies, and providing references. At the end of this process, it is necessary for me to present pricing on the options.” As a Benco rep, he is able to present financing options through Clarion Financial. “After the evaluation of these products, I help the customer decide which system will be the best fit for their practice.

The manufacturer rep plays an important role throughout the process as well, says Redmond. “The manufacturer completes product demos and answers questions specific to their company, product features and benefits, warranties, etc,” he says. “They also assist the equipment specialist in making sure that their systems are properly quoted.” The manufacturer is onsite when the office goes live with the new technology, and he or she helps with in-services and training sessions.

When distributor and manufacturer reps get on the same page in the sales process, “we enjoy greater success,” says Norton. “[Both] have to understand that the end goal is to do the right thing for the customer. You have to look at it on a case-by-case basis on how that opportunity presents itself.”

Doctors expect their dealer rep to bring to the practice understanding and knowledge, in the form of articles, literature, a representative from the manufacturer, etc., adds Norton. Most doctors don’t want to feel like they’re being sold to by a manufacturer, particularly if they have yet to narrow down their search to one piece of equipment. But once the customer has selected the equipment he or she wants, then it’s appropriate for the manufacturer rep to step in and discuss how he or she can help the dealer sell the product.

“If there’s one thing we could all do better – dealer as well as manufacturer reps – it’s going out and promoting return on investment,” he continues. “After the sale, we don’t follow through to help the doctor see that they have realized what they were told they would. We’ve taken a very powerful tool, which helps a doctor make a decision for their practice, and made it so that the next time we use that tool, it’s not as meaningful.”

Once the practice has implemented digital radiography, savings can get lost in the system, he says. It’s up to the dealer rep to point out to the doctor the dollars the practice has avoided in terms of chemicals, film, and staff time. The rep has to go back and point out, “Last year, you spent this much on film. This year, you didn’t,” he says. “We have to do a better job of that.” [Fl]