

# Stop Wasting Time



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One of the most valuable assets in the dental practice is time. It's something we often run short of and something, unfortunately, we can't get any more of. We can choose, however, to be more efficient with our time, eliminating waste so we are able to spend more time on activities that positively impact our patients, practices and lives. For 15 years I enjoyed owning a busy private practice in Southern California. A few of my patients were employed at a local dental laboratory and one of them asked if I would be willing to work a few hours every Friday in their on-site dental office to help them create educational videos. I found I enjoyed this educational process so much that I jumped at the opportunity to move my practice inside the laboratory full-time. Each month we work with an average of 48,000 dentists. This has given me a unique perspective on dentistry, especially when it comes to crowns and other restorations. Based on my time in private practice and here at the lab, I have found there are two areas where the valuable resource of time is wasted. The first is crown remakes and adjustments and the second, chasing money for dentistry that's already been done.

## THE REAL COST OF REMAKES

When you are able to take the crown from your dental lab and, with very few adjustments, have it drop it into place, you are operating efficiently. If you don't have to make a lot of adjustments, you might not have to anesthetize the patient, which gives them a much better experience and gives you a healthier bottom line. In my experience speaking to practice management experts, the average US dental office has an annual overhead of approximately \$600,000 a year. The average dentist works about 200 days per year. That means the average practice has \$3,000 in overhead per day, which is about \$375 of overhead per hour to run the office. If the dentist and team have to remake a crown because it doesn't fit when it comes back from the laboratory, the patient may need to have a new impression made, which means it will cost you \$375 of overhead to see that patient again. However, it is more than the cost of an hour of overhead – the bigger impact to the practice is the lost opportunity cost of that hour. So, because the crown did

### REAL COST ESTIMATE

Annual overhead is approximately

**\$600,000** a year

→ Average dentist works

**200** days per year

→ Average practice has **\$3,000**  
in overhead per day

→ Overhead per hour lost **\$375**

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$\$600,000 \div 200 = \$3,000 \div 8 \text{ hours}$   
in a day = **\$375**

not fit, you had to reschedule a patient for next Thursday at 10:00 am when you may have had the opportunity to use that hour to do another crown or four class 2 composites for \$1,500. Now, instead, you're redoing a crown for free. The lost opportunity cost for that particular Thursday from 10:00 am to 11:00 am when you could have been doing something productive but instead were doing something for free is not only the \$375 in overhead but also the \$1,500 in lost potential revenue.

## FIRST, MEASURE TO MANAGE

The vast majority of dentists do not measure their remake percentage, so most are unaware of how it is impacting their practice. I practice within the lab, and my remake rate averages about 7 percent, but we work with dentists with remake rates anywhere from zero to 85 percent. As it turns out, both of those numbers are a bit crazy, which may be counterintuitive. Most dentists would believe a zero remake rate is the ideal, but consider my unique perspective and experience. I practice inside the laboratory and have about 850 technicians in the building at my disposal if I need them, and my remake rate is 7 percent. What that means is out of every 100 crowns I do, 93 are going to go into place with very little or no adjustments. The remaining six of them will need to be remade for various reasons. In our quest to provide doctors with practical information, we've identified that there are 66 steps from the time you prepare the crown to when you receive it. Considering there are humans involved, things just go wrong sometimes. Understanding this, dentists should be tracking remakes and targeting a remake rate from 6 percent to 9 percent. Zero percent remake rates typically indicate a willingness to cement anything.

## THEN, MONITOR GOOD INTENTIONS

As I mentioned, a few remakes are always going to happen because humans are involved in the process. When our team sought to understand the most common reason practices were experiencing excessive adjustments and remakes, we found an unexpected answer: the dental assistant. These are well-meaning dental assistants who are placing temporary crowns that are going to be in place for two weeks, so they try to polish them and make them as smooth as possible for patients. These are good intentions, but the more they polish the temporary crown, the higher the chance it will be out of occlusion, often 300 to 500 microns. Unfortunately, we know two weeks is plenty of time for the opposing tooth to supererupt into contact with the temporary.

When the crown arrives from the lab and the doctor tries it in the mouth, the occlusion is high, even though the occlusion is perfect on the model. So, either the crown has to be remade, or the patient has to endure a lot of grinding to make it fit. The same thing goes for the contacts, the mesial and distal side of that temporary. If that gets over-polished as well, the teeth in front and in back of the one that was prepared for a crown will drift over. Now when the crown is tried on, it'll appear too wide because the space is now too narrow from when the impression was taken two weeks ago. The good news is these good intentions are easy to fix. Of course we want the patient to be comfortable in their temporary, but we don't want to polish the temporary to the

point that the crown does not fit and the patient has to experience the discomfort of a remake. Next week in your practice let your assistant know you'd like to take a quick look at all temporary crowns when they are done. Then take a piece of AccuFilm, which is 21 microns thick, and check the temporary your assistant just cemented to make sure it's got a centric stop with the opposing tooth. If it doesn't, be assured the crown will be high when you try it two weeks later. If it's got a centric stop with the opposing tooth, you won't have any problems seating that crown in two weeks. This not only saves you time and money, it also gives the patient a much better experience. When a cementation procedure takes just a few minutes, the patient thinks, and possibly tells their friends, "Wow, my dentist really knows what he or she is doing," instead of, "I had to go back four times for this one crown." Yes, time is valuable and by tracking remake rates and checking your temporaries, you can eliminate wasted time. Just as valuable, you create patient goodwill, which can result in word-of-mouth referrals and long-term patient retention.

## AND ALWAYS, COLLECT AT TIME OF TREATMENT

The other easy-to-fix area where dentists and their teams waste time is when they've chosen to extend credit to patients instead of collecting all fees as care is delivered. When there is a risk of non-payment it increases and the dental team spends time trying to collect for care already delivered is a waste. Just like remaking crowns, collections cost the practice real money. There's the cost of the team member's salary, the hard costs of billing and sending statements and the lost opportunity costs of that person investing the time in activities that build patient relationships and the practice. As with remakes, the solution is simple. Limit billing and instead make financing available through a healthcare credit card like CareCredit. The last thing you want to have happen is to do brilliant dentistry and then damage the patient relationship because an account becomes past due and collection calls have to be made.

Don't waste anymore time than you have to remaking crowns and chasing money. Instead, create a crown prep system that delivers reliable and consistent outcomes. And when it comes to providing payment options, reduce your risk and cost of billing and collections by partnering with a financing company like CareCredit. It will be time well saved and well spent.



**Mike DiTolla** was in private practice for 15 years before becoming Director of Clinical Education for Glidewell Labs. In 2011 he received the "Most Effective Dentist Educator" award in a nationwide survey of dentists. From 2012-2015 he lectured on behalf of CR, presenting their iconic "Dentistry Update" lectures, the longest running CE program in dentistry. In 2015 he became Director of Clinical Affairs for Sirona Dental, where he is also Director of SIROWORLD, Sirona's official community for owners and fans of their digital technologies.

Mike DiTolla collaborates with CareCredit to develop educational materials for the dental industry.

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