



**Schwartz Communications**



# Best Practices in Dental Implant Collaboration

## The Benefits of Improved Team Communication

BY VINCENT MENG, DDS

Special Feature  
**PRACTICE  
MANAGEMENT**

Placing and restoring dental implants is a collaborative process. In my 30 years of clinical experience, I have learned to appreciate the value of a team approach in implant dentistry. I began working with dental implants in 1989 and now restore approximately 100 to 150 single- and multi-unit implant cases each year. In order to achieve the optimal esthetic and clinical results, general dentists, specialists, and dental laboratories must be in synch every step of the way. Whether you are restoring a few implants a month or a few hundred implants a year, communication is critical to your success and your patients' satisfaction.

The roles and expectations of the general dentist, surgeon, and dental laboratory should be established at the outset of treatment. When all the members of the team are working together and consistently communicating, the results are quite rewarding for both providers and patients. A lapse in communication between the dentist, the surgeon, or the laboratory technician can result in frustration, lost time, and even an unfavorable result. The following are best practices in dental implant collaboration.

### Best practice No. 1: Start a study group

When all staff members and specialists become involved in the treatment planning process, the chances for success increase. When I first began incorporating implants into my practice, the planning phase of the process was quite time-consuming due to the inevitable learning curve and the limited prosthetic options. I realized that the best way to shorten the learning curve was to become involved in a study club format that included the perspectives of restorative dentists, specialists, and laboratory technicians.

In our Montana Study Club, we have valuable input from prosthodontists, periodontists, oral surgeons, orthodontists, general dentists, and laboratory technicians. As the treatment process evolves, it is typical for one member of the team to take a leadership role. While all members of

the team are capable of providing valuable insight into the process, each member has his or her own area of expertise. A skilled dentist may play the role of the "quarterback," coordinating treatment planning and sequencing office visits between specialists. The dentist also can provide a well-designed restorative plan to the surgeon and ensure that the laboratory follows the appropriate design during the fabrication stage of the process.

On the other hand, if the surgeon has extensive experience with implants, he or she can guide a newer practitioner through the process. An experienced laboratory also can help guide a new practitioner in a sound restorative design. Of course, the best results occur when all of the team members—including office staff—have been in the same room sharing their ideas and experience.

In my practice, I have found it useful, in terms of consistency and results, to create a clinical flowchart establishing a repeatable process for each case. The list below outlines a recommended workflow among the dentist, the surgeon, and the laboratory:

1. Dentist creates a treatment plan in conjunction with surgeon and specialist(s), which frequently includes an orthodontist.
2. Dental lab technician or dentist creates wax up and model for replication.
3. Dentist sends model to surgeon for surgical guide fabrication (or dentist may make guide).
4. Surgeon places implant based on plan.
5. Surgeon notifies dentist of the type of implant placed.
6. Dental office verifies parts needed in office for impression and transitional crown fabrication.
7. Lab or dentist orders necessary parts for final restoration or sends for scanning if using CAD/CAM technology.
8. Dentist provides the laboratory with all of the necessary guides and records to duplicate all of the functional and esthetic demands of the restoration.



### **Best practice No. 2: Keep an open mind**

It is important for both the dentist and the patient to understand that many times the long-term costs of implant care will be less than the long-term costs of conventional dentistry. Once a specific treatment plan is established, the next step is to present the plan to the patient. Many, if not most, patients often try to save money at the expense of their oral health. While the costs associated with implant care are usually higher initially than conventional restorative options, a detailed comparison of the benefits of the proposed restoration will show that the long-term benefits usually outweigh the cost.

Communicating effectively with your patients is as important as good communication between members of the implant team. You need to ensure that the patient understands the process from initial diagnosis to final restoration. Does he or she understand the options? Does the patient have specific concerns that should be relayed to the specialist? Are cost or insurance issues impacting the patient's treatment decisions?

### **Best practice No. 3: Dealing with the realities**

Photos, examples, and cost analysis are all effective techniques in educating patients about their treatment options.

In my experience, those patients who truly understand the benefits of the implant will, over time, using the above methods, have a higher rate of acceptance. In addition, it is important to educate your entire staff about the implant process as the harder questions tend to be asked when the dentist leaves the room.

In my practice, we try to give patients a general idea of the cost of treatment to prepare them for their surgical consultation. Obviously, the surgical fee can vary significantly depending on single- or multiple-stage requirements. It's important for the patient to understand that there are economic realities of high-quality care and that the dentist is striving for the best final long-term result. Even if it takes a long time for the entire procedure to be completed, an implant is usually in the patient's best interest. I would rather see a young person wear a flipper or transitional bonded retainer for many years than provide care that will compromise his or her long-term oral health.

In addition to understanding the treatment plan, it is important that staff members are familiar with the patient's expectations about insurance coverage, including predeterminations before starting any procedures. Unfortunately, many insurers do not make this information readily available. In my area, insurance benefits for a conventional procedure or an implant are very limited. Patients need to realize that any benefit they receive is akin to a coupon providing a discount on the cost of care. In spite of this, I find when patients are presented with a thoughtful comparison of treatment options, they will choose to receive the highest quality solution.

### **Best practice No. 4: The devil is in the details**

Achieving predictable and successful results with implant restorations requires seamless communication with the laboratory technician. If you provide your laboratory partner with as much detail as possible, he or she will consistently take this information into account and value the additional input.

The prosthesis that the lab produces is only as good as the esthetic treatment plan that the general dentist provides. The esthetic plan presented to the lab should include:

1. Transitional restorations that fit the esthetic and functional requirements of the case
2. Records and guides that communicate all critical aspects of the transitionals
3. Color-corrected photos in Microsoft® PowerPoint® that explain all aspects of commonly accepted esthetic principles, including tooth position and proportion, tissue level, arrangement, shape, texture, contour, and color

Addressing these esthetic issues is particularly important in single-unit restorations in order to guarantee a successful result.

Color technology can now be managed with reasonable ease using a photospectrometer to calibrate both the laboratory's and dentist's monitors. A color-aware program, such as Adobe® Photoshop®, also will correct the color rendition and brightness of each particular camera's interpretation. With color-accurate viewing, the laboratory has a better opportunity to produce a color-accurate restoration.

### **Practice makes perfect**

In the end, communication between providers and patients requires a commitment and it's a continually evolving process. When we dedicate ourselves to continued improvement, we open the doors to more rewarding opportunities for both patients and practices. In today's recessionary economy, greater communication among general dentists, specialists, and laboratories leads to greater patient satisfaction and healthier practices. ♦

---

Vincent Meng, DDS, is an Illinois native and has maintained a general dentistry practice in Missoula, Mont., for 30 years. He dedicates extensive time to continuing education with much emphasis on esthetic dentistry and utilization of dental implants. Dr. Meng is actively involved with the Montana Study Club and also presents lectures throughout the northwestern United States.