Marketing Veterinary Dentistry

Brook A. Niemiec, DVM
Diplomate, American Veterinary Dental College
Fellow, Academy of Veterinary Dentistry
Southern California Veterinary Dental Specialties
San Diego Veterinary Dental Training Center
www.vetdentalrad.com
www.dogbeachdentistry.com

Why is marketing the dental department important?
1. Oral disease is by far the most common problem in veterinary medicine and there are generally only subtle to no clinical signs. However, patients afflicted with dental disease are quite often painful despite the lack of clinical signs. In addition, these disease processes cause significant localized and systemic medical problems. Ignorance abounds regarding dentistry both in the general public as well as in the veterinary field. This results in most patients being under treated. Therefore proper dental therapy is financially rewarding and good medicine.

2. Over the last decade or so, there has occurred a significant loss of traditional revenue streams due to many factors. Vaccine revenue has been markedly reduced by new studies. In addition, flea medication and other prescription revenue has been lost due to online prescriptions. Finally, increased reliance on the internet or other information decreases the client trips to the clinic.

How to Increase Dental Revenue
1. The first and most cost effective way to attain this goal is to increase the number of dental prophylaxis procedures performed.
   a. Client education: This is best performed by enlightening the population about dental disease. This should the veterinarian from AND the staff. By educating the veterinary staff, you educate the clients and sell more products. This can be in person, or via handouts and/or your website

   b. Superior, new equipment: Once the marketing plan is underway and the days are full, superior equipment will speed procedures. A new drill, ultrasonic scaler, elevator, or curette can markedly cut down on surgical time and increase the number of procedures performed a day. If a practice can do one more procedure a day 5 days a week at an average of say $400 it will pay off $8,000 worth of equipment in a month.

   c. Continuing education/training: By learning better techniques veterinarians and technicians can speed the dental procedures benefiting the practice and the staff. San Diego Veterinary Dental Training Center

2. The next way to increase income is by increasing the per dental procedure charge. Increase the number of treatment options for the clients. This does not mean doing things like root canals, jaw fracture repair and major oral surgery since what most DVM’s charge for these it is not efficient time usage. By spending that time doing office calls the practitioner will increase income with
less stress. A more efficient way to do this is by offering superior “basic” care. This should include: dental radiology, root planing/Doxirobe, Oravet, nerve blocks, proper pain management, composite bonding, and fluoride therapy. All of these will greatly increase income without a significant investment of time or money.

3. Clinics can markedly improve their dental and income by improving their pre-operative testing protocol.
   A. Complete blood panel (renal, hepatic, CBC, T4)
   B. Urinalysis
   C. Chest radiographs

   HCM is often not ausculted
   Over 50% of patients over 6 have significant findings on chest films

4. Provide superior (and necessary!) post-operative treatment
   a. Pain management: Opiates, NSAIDS, Local Anesthetics, Acupuncture?
   b. Maxiguard, Oravet, homecare kits
   c. Rechecks
   d.

5. Specific cases where income can be increased
   A. Persistent deciduous teeth are a very common problem in small animal patients, especially toy breeds. Most clinics will do this and charge for it, but in general they will way under charge and under treat. These are large teeth that are time consuming extractions. By keeping the teeth, the clients can understand why the extraction is expensive. In addition, proper pain medication and radiology will increase the fee to a reasonable level.
   B. Fractured teeth with pulp exposure are a very common occurrence in veterinary medicine (approximately 10% of dogs have a broken tooth with pulp exposure). All teeth that are fractured with pulp exposure are painful and should be considered abscessed. Therefore, all teeth need to be treated via root canal therapy or extraction. This does “bother the dog” and therapy is critical. If a minor tooth, extraction is a viable option. If it is a major tooth and the client is to be referred for root canal therapy, the patient should be placed on pain medications and/or antibiotics and a minimum database performed.
   C. Worn teeth with root canal exposure need to be treated with root canal therapy or extraction. Teeth without root canal involvement should be radiographed to ensure lack of endodontic infection and then treated with composite bonding if indicated.
   D. Discolored (intrinsically stained) teeth. A study by Hale in 2001 reported that only 40% of discolored teeth have radiographic signs of endodontic disease. However, when physically examined, it was discovered that 93% of the teeth were in fact non-vital. Therefore all discolored teeth should be treated as dead and infected.
   E. Feline tooth resorptive lesions are reported to be present in up to 60% of all cats greater than 6 years of age. These are VERY painful lesions and require therapy. These are diagnosed with an explorer along the gingival margin. Full
mouth dental radiographs are indicated when lesions are found as they will generally have additional lesions. These teeth need to be extracted.

F. Periapical Abscess can be treated by root canal therapy or extraction. If electing to perform an extraction, remember that they are surgical procedures and should be charged as such. By calling it oral surgery it changes client perception of the procedure. Dental Radiographs and pain management including local anesthetics should be administered.

G: Oral masses are incredibly common in small animal dentistry (especially dogs). All growths no matter how small and normal appearing should be sampled and submitted to the lab for histopathologic analysis. In my experience about 1% of these biopsies will turn out to be malignant and need additional therapy. In addition they should all be radiographed to evaluate for bony involvement. This will help the pathologist to determine level of aggressiveness.

H. Uncomplicated Crown Fractures are a very common finding in large breed dogs (at least 50%). This occurs when a piece of the crown is broken off, without pulp exposure. Occasionally, these teeth can become infected through the dentinal tubules which will go undiagnosed without dental radiology. However, teeth with no to small pulpal exposures tend to be the ones with clinical abscessation. Even if these are not infected, they are at least transiently sensitive and require restoration.

- Treatment
  - Dental radiographs are WNL
  - Bonded sealant (chemical or light cured)
  - Recheck radiographs in 9-12 months
  - Radiographic evidence of endodontic disease
  - Root canal therapy
  - Extraction

I: Periodontal disease is the number one diagnosed problem in small animal patients today. By the age of 2: 70% of cats and 80% of dogs have some degree of periodontal disease. This incidence increases with age. This has both local and systemic problems associated with it. By stressing these issues, the practitioner will greatly increase compliance with recommendations.

Severe local effects include: oronasal fistula, class II perio-endo abscess, pathologic fracture, osteomyelitis, and ocular problems.

Severe systemic effects include: renal disease, cardiovascular disease, hepatic Disease, Chronic Obstructive Pulmonary Disease, diabetes mellitus, adverse birth effects, osteoporosis, thromboembolic disease. In short, it is a state of chronic disease which the patient needs to deal with on a daily basis.

The majority of dental patients will have periodontal pockets greater than 3-mm. These pockets are pathogenic and need to be treated to control periodontal disease. This will not only increase the oral health of the patient, but also the overall health and practice income. These teeth should all be radiographed to rule out endodontic involvement and under diagnosed periodontal loss. If more than one or two teeth are involved, full mouth dental radiographs should be considered. Following this, all pockets between 3 and 6 mm are best treated with root planing and instillation of a sustained release doxycycline product.
CONCLUSIONS

Dogs
- 80% have periodontal disease
- 10% have fractured teeth with pulp exposure
- 25% (conservative) have uncomplicated crown fracture
- 5% have other dental problems (neoplasia, orthodontic problems, cares, etc)

Cats
- 70% have periodontal disease
- 40% have FORLs
- 10% have other problems (including fractures)

120% of veterinary patients have some type of dental disease!

There is no other area of veterinary medicine that has the potential that veterinary dentistry does. Just by doing proper and thorough dental work (do the basics well) practitioners can greatly increase dental income.

By educating the veterinarian as to the possibilities, you will increase their respect for veterinary dentistry and the profits (and good patient care) it will provide. This will in turn help you not only sell dental product, but the ancillary supplies and equipment. Finally, when they see their profit rise, they will see you as a practice partner.