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TECHNIQUES AND TECHNOLOGY FOR CLINICAL SUCCESS



DIGITAL PRACTICE

E-MAGINE THE possibilities

How I use digital imaging to improve patient education and case acceptance.

BY LORIN BERLAND, DDS

Digital radiography imaging software provides an excellent opportunity for what I like to call “extended communication.” Your patient’s education and case acceptance doesn’t need to stop at the end of the appointment. You can use e-mail to keep treatment in the forefront and to help build your practice.

Let’s face it: e-mail has become an integral part of our daily lives. From pictures and messages we exchange with our families, to the insurance claims we transmit from our offices, sending information electronically is easy, fast and inexpensive.

A few years ago, I couldn’t have conceived of how much I would be using the Internet in my practice. What I’ve really discovered about this technology is that it simply revolutionizes dental communication.

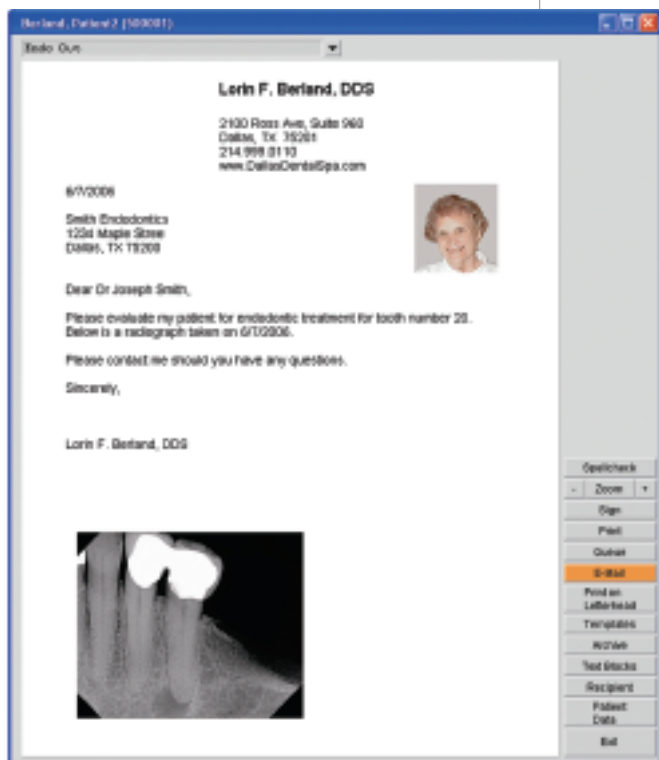
All in one

To make the most of in-office and

electronic communications, you need the proper tools. Digital imaging software programs, like the one I installed in my office seven years ago, allow you to store and use all your images in one place, what is referred to as an imaging hub. With this hub come features that make it easy to communicate.

It made sense to me to have all my images together, to be able to grab them easily to present, print and e-mail, without going into other programs. I simply open a patient's digital x-ray screen. I click one button to see thumbnail images of every digital image, whether it's an intraoral or extraoral x-ray or digital photograph, at the same time for this patient. With the images displayed, I can click on any one of them and view it full screen, or I can click on two images and have them side-by-side for comparison.

I also can quickly view the entire history of images to monitor changes over time. I can rapidly set apart images to discuss conditions and treatment options. Within seconds, I can e-mail images from anywhere within the software to the patient and/or a specialist.



GET MORE: Digital images help create a patient education experience that extends far beyond the operator.

Patients matter

I recently treated a patient, an 82-year-old woman, who complained that she had pain in a tooth that she felt was caused by her partial denture. I took an x-ray of the tooth in question. Clicking on one button, I compared it side-by-side with an x-ray that I took of the same tooth a year earlier. I could see the degenerative changes in the tooth. More importantly, the patient could see the changes for herself, and feel confident in my diagnosis, through this easy in-office communication.

This story has a neat twist to it. When I explained to her that she needed endodontic work on the tooth and that I was going to e-mail the image to the endodontist, the next thing she said was, "Don't forget to e-mail me, too." So, with a few clicks of the mouse, I e-mailed a letter with the image to the endodontist and copied her before she even left the room. Not only was this efficient, with this type of communication, there's little chance for a misunderstanding. Everybody's on the same page.

Here's another example of in-office and electronic communication. Of course, we take the necessary radiographs and a full series of photographs for every patient that comes in. If we need to refer the patient out for certain treatments, such as orthodontics or periodontics, we would typically print the images, put them in a nice folder and mail it to the patient and the specialist so they would have a hard copy presentation. I do believe an informed patient is a better patient; and this is good marketing.

Recently, a cosmetic patient gave me an idea for expanded communi-

I still print and mail images, however, more and more, I send my patients their images electronically.

tions that has greatly improved my practice and saved us time. The patient was in the chair for a follow-up visit. We had her “before” image displayed. We then took the “after” image, and the two were displayed side by side on the monitor for her to view. I explained to her that we would send her a hard-

copy folder with the before-and-after images.

“Hey, can you e-mail these to me?” she asked. “I want to send them to my friends.”

As she was sitting there, we did just that. After she received her e-mail, she jokingly replied, “Thanks. I sent the pictures to all my friends

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HOW TO...

E-mail images

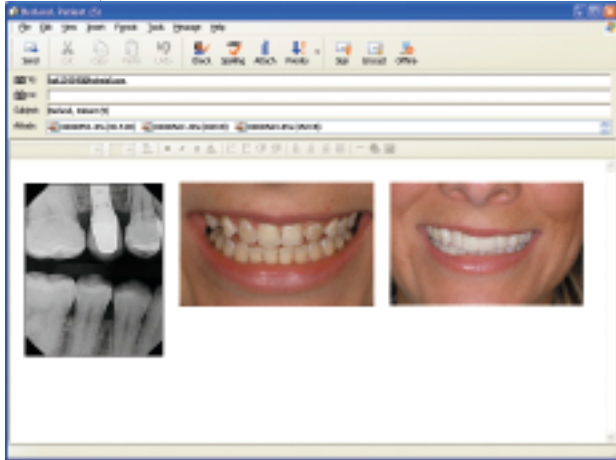
E-mailing digital images to patients is an easy and efficient way to educate patients and improve case acceptance. Here's how to ensure a smooth and safe transmission.

Try PDF. High-resolution images are very large files, which makes opening files very slow for patients who do not have high-speed Internet access. I convert most of my image and document files to a PDF. It becomes a single document that contains all the images and text, and is a greatly reduced file size. If your patient does not have Adobe, they can get it as a free download at www.adobe.com.

File size matters. If you want to send images as individual files, I suggest a J-PEG format. It is the most commonly accepted format for viewing pictures. Most folks these days have their favorite picture-viewing software.

Talking 'bout a resolution. Most e-mail programs insert the pictures you attach right into the body of the message. If the image's resolution is high (several MB per picture), your patient may become frustrated with how long it takes to open. I suggest that you lower the resolution to 640x480. This reduces the file size and the actual size of the image while still offering good image quality. Microsoft Outlook, a commonly used e-mail program, gives you the option to change the size (resolution) as you attach images.

On guard. Each office should set a security protocol in accordance with HIPAA. There are ways that you can encrypt messages, but short of that add a disclaimer to all your messages. You can use your e-mail options to automatically insert the disclaimer into each message. If your own HIPAA protocol does not allow for the copying or forwarding of e-mail messages that contain patient information, share your policy with patients. I've never had a patient fault me for making every effort to safeguard their privacy.



FAMILY MATTERS: E-mailing images makes it easier to discuss proposed treatment plans with loved ones.

and now they know what I spent all my money on!" I decided right then that this was a process we should implement immediately. And I'm glad I did. Today, nearly 50 percent of my patients request e-mail images.

Advanced benefits

I still print and mail images; however, more and more, I send my patients their images electronically. Nowadays, everyone has their own personal e-network of friends and family with whom they communicate and share all kinds of things. If they want to get some advice about something, they're going to e-mail these friends and family about it. If the advice is about dental treatment, my patients have images and information from me that they can readily share.

This e-mail communication actually serves two purposes. First, it helps my patients get feedback from the people who are important to them as they make decisions on dental treatment.

Second, this extended communication is serious market-

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DR RICHARD J DEPAUL JR
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Patient education and case acceptance don't stop at the end of the appointment. Use e-mail to keep treatment in the forefront and to help **build your practice.**

ing. That's why we use it for all cosmetic imaging cases!

All those who receive the e-mail images from my patients now know about my practice. These increasing numbers of prospective patients not only know about me and have seen my work, they also know that my practice is very up-to-date, that we're technologically sophisticated. They don't have to look further than their inbox to see evidence of that fact. It's a wonderful way to gain referrals.

E-mail can make it easy to receive images as well as send. A colleague in another part of the country recently mailed me a disk containing images. It took upwards of 10 days for the disk to finally arrive at my office. My first response was, "Well, why didn't he just e-mail the images to me?" The disk could have been lost in the mail, or damaged. It took days instead of minutes. It's just impractical not to take full advantage of electronic technology. Perhaps he didn't realize how easy the process could be.

I can understand the hesitation when it comes to new technology. We all went to dental school, not computer school. It has to be easy for us to make the leap to not only digital x-ray and imaging, but to the benefits of electronic communication.

While we can learn how to save images and letters to other folders

and then attach them to e-mail messages, it's so much better if we don't have to go through these actions.

That's why I am glad that my software bypasses all these steps. I only click on one button, pick the images to send them right on the patient's image screen. They are automatically placed into a message, ready for me to send to whomever I like. It's the same for letters that I write out of this same software. I click the images into the letter and hit the e-mail button and the message is on its way.

Bottom line, with the software I chose, communication of all kinds is made simple by the fact that I have all my images in one place and can select and send them with no effort.

I can communicate now and keep communicating long after the patient leaves the office. It's a beautiful thing, and it didn't take long to get up to speed. ■



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Dr. Berland, a Fellow of the American Academy of Cosmetic Dentistry, is the creator of the Lorin Library Smile Style Guide, www.denturewearers.com, and is the founder of Arts District Dentistry, a multi-doctor specialty practice in Dallas that pioneered the concept of spa dentistry.

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