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**Your "Business Partner" Could Be  
Cannibalizing Your Practice**

Cynthia M. Bollinger, Director IDIA

As a management and marketing consultant who have spend the past twenty years facilitating the expansion of implant dentistry in this country and abroad, I have several concerns about the current sales strategies being employed by several of the implant companies. First and foremost, I am concerned about reports of increased failures and complications resulting from the inadequate training the general dentists are receiving in company-sponsored courses. Additionally, I am concerned that this strategy could be eroding the referral base of surgical implant practices. The source of potential new surgical customers for some companies has become the data base of general dentists who purchase prosthetic components. Surgical specialists now see their best referring dentists being targeted by these implant companies – the general dentists that they spent years training - the ones that restore implants on a regular basis. When companies use incentive programs for obtaining new general dentists as surgical customers, it motivates the sales reps to court the referrals of their existing surgical customers. Personally, I find the tactics they are using to convince surgeons' referrals to place their own implants unprofessional and borderline unethical. For instance, I have actually had dentists tell me that reps made the following comments:

*“...you don't need the surgeon”, “you can bypass him and keep the entire fee and control the whole case”, surgery is more profitable than restoring implants”, surgery is so easy now with all the new technology”, your competition is going to be placing implants and you don't want to be left behind”, “we'll run commercials for you if you purchase our system”, we're running commercials in your area about ‘teeth in a day’ and you don't want to be left out”.*

Unfortunately, many company representatives will not admit to these tactics when directly confronted, so it is difficult to know who to trust. Therefore, I am making several recommendations to my consulting clients to protect their implant practices from being cannibalized.

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Ideally, surgeons should only work with companies that support the team concept so that their referrals are not the targets for new surgical kit sales. They should compare the types of practice building programs available for supporting surgeons and the team concept. They can also obtain shareholders' reports outlining the implant company's sales strategies to determine if the focus is on general dentists.

If surgeons work with companies that support the "weekend warrior" trend, they should write to the company president and voice their serious concerns about the impact this could have on implant dentistry long-term. The surgeons should purchase the prosthetic components themselves so that their referrals are no longer part of the company's data base. In addition, they should not provide referral lists, course participant's lists or any other information about referrals to their sales reps. They should utilize their own Implant Coordinators to do lunch and learn meetings with referring offices and to assist with impressions, components, etc. rather than the sale reps. If surgeons find out that sales reps are trying to convince their referrals to place their own implants with inadequate training, they should strongly consider demanding that the rep be replaced, or telling the company that they intend to work with another company. They should inform referrals about the risk management issues and consider presenting the IDIA Standard of Care program, which features Art Curley, to referring dentists and their staff. If they work with 3i, they should contact their local sales rep or the customer development department for more information, as 3i is participating in the dissemination of the standard of care message to the dental profession. In all of the continuing education programs provided for referrals there should be some discussion of the nuances and difficulty of surgery and how ideal placement directly impacts the esthetic outcome, the ease of restoration and the profitability. If referring dentists want to place their own implants, surgeons should provide recommendations regarding the minimum requirements for training programs and openly discuss the marketing hype and the problems that are inherent in following the implant companies' recommendations on abbreviated training courses. It is important to remind referrals that the standard of care for placing implants requires that not only should the doctor have training on the placement of implants, but more importantly have the training and experience to predict, diagnose and treat any and all complications that may result from the surgical placement of dental implants.

## **Is Implant Patient Safety & Treatment Integrity Being Sacrificed for Marketing?**

Implant companies are now directly selling implant surgical kits and implants to general dentists without the training required to comply with the Standard of Care. Shareholder reports from 2002 outline Nobel Biocare's strategy, which was established in 2001:

*“The priorities and objectives can be summarized as follows: Implementation for a new sales strategy targeting a new market segment i.e. General Practitioners.”*

The Shareholder reports from 2003 **are even more specific about the strategy:**

*“High volume of surgical starter kit sales confirms that the new strategy targeting general practitioners has been successfully implemented and accepted.”*

A Nobel Biocare Corporate Profile quotes President and CEO Heliao.Canepa as follows:

*“We care about specialists, of course. The input of specialists has helped to make Nobel Biocare the world leader in our industry. But it troubled me that at the dawn of the “21<sup>st</sup> Century, only six percent of general dentists were performing any kind of implant surgery.”*

The legal standard of care for performing surgery requires knowledge of the diagnosis and alternatives to treatment, experience and skill in performing the chosen surgery, and most importantly, knowledge, training and experience in addressing all the potential complications and failures of implant surgery.

The goal of the company-sponsored surgical training courses for general dentists is to make Implant surgery appear easy to as many new surgical customers as quickly as possible. Therefore, due to the fact that these are one and two-day courses there is not enough time to address risk management or how to handle complications. Indeed the limited formats Inherent in such constrained programs cannot provide in-depth training on the surgical procedures or exposure to treatment of complications.

The literature being used to promote these surgical training programs contains extensive marketing hype and questionable representations. For example, there are- course brochures stating that any dentist can start placing implants immediately following these courses. As part of Nobel Biocare's partnership with the AGD and the Perio Institute to provide surgical training to general dentists, a course was presented at the AGD meeting in July 2005. The following is an excerpt from the course description:

*“This course is designed to get you started placing some of your own implants. After taking the workshop you will be able to offer single tooth replacements where you have adequate width and height of bone or implants for patients with a fractured or a non-restorable tooth. The market for overdentures is huge. This two-day surgical implant workshop is a starting point to give you the skills to place implants in these types of cases.”*

The Alpha Omega Dental Fraternity in Los Angeles presented a one-day surgical training course sponsored by Innova in March, 2006 with only 90 minutes devoted to surgery. The brochure actually stated the following:

*“Above all, dental implant therapy is the best treatment value a patient can receive and one of the simplest, safest, easiest and most profitable a dentist can offer. This is especially true when a restorative dentist places the implants in the many routine ‘every day’ clinical situations seen in general practice.*

*Upon completion of this one day workshop, you will be ready to start your first implant placement on the following day. You will realize how simple it will be to incorporate both the surgical as well as the restorative aspects of implant dentistry into your practice.”*

These programs have been going on for over four years. AAOMS and AAP have stated that there is nothing they can do about this trend. Since they are considered "trade associations" an attempt on their part to address the issue could be viewed as ‘restraint of trade’ should one of the Implant companies decide to pursue litigation.

Dr. Jay Malmquist, President of AAOMS, tried to address the issue in his inaugural speech at the annual meeting in Boston in 2005 and again in the January/February 2006 issue of AAOMS Today. His editorial "In My View" stated the following:

*“Moreover, these companies never mention that professional liability legal standards require all practitioners providing a service to meet the highest standard of care expected of any other surgeon or face potential malpractice litigation.*

*Unhappily for their patients, course participants believing they are now trained to a level of competence after just one or two weekends return to their practice ready to perform their recently learned skill in the operatory. The results of their misconception may be seen in the case loads of the state boards where the number of complaints filed by patients, injured or otherwise harmed by dental professionals who lacked the necessary training to perform a particular procedure is increasing.”*

Since AAOMS and AAP are not prepared to provide guidelines for minimum standards for surgical training programs, the profession is faced with the overwhelming task of taking a grassroots approach to solving the problem. It is up to surgical specialists who want to maintain the integrity of implant dentistry to inform their referring dentists that a weekend course preparing them to place Implants is fraught with potential shortcomings as compared to the training and experience of specialists. The risk could be the demise of implant dentistry as we know it today.

The number of failures and complications will continue to increase, undermining the success rates and Standard of Care achieved over the past 20+ years. With the increased failures, the public will begin to perceive implant dentistry in a negative manner, adversely affecting patient acceptance. Specialists will not only lose referrals to their practice, they will also be forced to jeopardize referral relationships when asked to salvage, redo or treat Cases that have failed and the complications associated therewith. A growing concern is that if the companies taking this marketing approach over training integrity, are successful, then other companies will be forced to adopt the same strategies, regardless of concerns for patient safety. And if the profession and Industry do not address the situation, attorneys, juries and dental boards will.