

Buy a cone beam scanner: Create ROI

By Alan A. Winter, DDS, i-dontics president, chairman and founding partner

Just two short years ago, the leading manufacturer and seller of 3D cone beam scanners in the United States displayed a revolving marquis at their exhibit that read: “For The Convenience of Your Patients.”

Their message was clear: Why send your patient out of your office for a CT scan when you could buy your own a scanner? Naturally, there were discussions of lease payments and how many patients were needed to be scanned per month to break even. Rarely did one hear discussions on ROI (Return on Investment) or creating a “revenue stream.” Rather, the benefit of buying and owning a 3D cone beam scanner was to have scans taken just a few convenient steps down the dental office hallway.

So what changed? Did the manufacturers need to change their collective sales pitches to include the benefits and opportunities for outside referrals from other dentists to help defer the costs incumbent in installing and running a cone beam scanner in a dentist’s office? Or was it the other way around?

Had the dentists long considered the “early adopters” and the “low hanging fruit” – those dentists who had large practices that could support an expensive purchase, those dentist who were prominent national/international lecturers, or those dentists who prided themselves on always being the first (in their area) to embrace a new technology (and take advantage of first-marketing opportunities) – were already the proud owners of cone beam scanners and the next pool of candidates capable of buying and sustaining a scanner were not “easy” sells?

Most of the early dentists purchasing cone beam scanners were often busy implant surgeons or orthodontists who understood the myriad of benefits of 3D imaging. Now, many dentists currently in the market for a scanner are equally interested in creating a revenue stream to either make it easier for them to pay for the machine or to create a business opportunity for added income. As one of my sons often says, “the ocean for 3D imaging can float a lot of boats.” There is room for the dentists to use their scanners exclusively for their patients and room for dentists to take in outside referrals. There is also room for entrepreneurs to enter the dental teleradiology market and room for them all to succeed.

But what should dentists who buy a machine and are willing/glad to

take scans for their dental friends, dentists in their study club, dentists in their golf club, dentists who occupy offices in the same professional building or dentists in the local community, be concerned about? Are they at risk for taking scans on patients from outside dental referrals? What are their responsibilities for archiving these studies? Do they need to interpret them? Are they de facto radiologists by virtue of collecting payment for CT scans? If a clinical entity is not diagnosed by the referring dentist, should the CT owner bear that responsibility? And will your malpractice insurance cover a cone beam scanner owner

who takes outside referrals from a third-party lawsuit?

While I am not an attorney, I have needed the answers to these questions and more after purchasing my first cone beam scanner (with my partner, Dr. Alan Pollack) in 2002. At that time, there were only 20 cone beam scanners in the U.S. We were one of two new owners who were also surgeons, different from the other owners who were either maxillofacial radiologists, licensed dental radiological technicians (in California), or clinical researchers in one of the dental schools fortunate enough to get a machine in those

days. From the start, it was our goal to set up a radiological lab that marketed to the local dental community, concentrating on dentists inserting implants. To this end, we learned the following:

1. The dentist who owns the cone beam scanner and takes the scan for a referring dentist is responsible for following their state’s law for archiving and storing the scan for the proper length of time. Burning a CD and handing it to the patient for them to bring back to their dentist is

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3 columns

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not adequate. Nor is it the sole responsibility of the referring dentist to store his/her patient's 3D study; the center/dentist who took the scan is equally, if not more, responsible for proper storage.

2. Speaking of burning CDs, buying CDs in a discount store such as Staples, etc., and then storing patients' 3D studies on them runs the risk that the CDs may degrade. Studies should be stored on mirrored hard drives, external hard drives, tapes, toggled with offsite storage companies, and the like. The dentist taking scans for another dentist's patient has this storage responsibility.

3. Is the dentist taking the scan for a colleague responsible for interpreting it? No.

4. Is the dentist referring the patient for a scan responsible for interpreting the entire field of view, regardless of the reason the scan was taken? Yes.

5. Will a radiology report exonerate a dentist from interpreting their own patient's CT study? No. But it goes a long way in getting the best interpretation of the study that is possible.

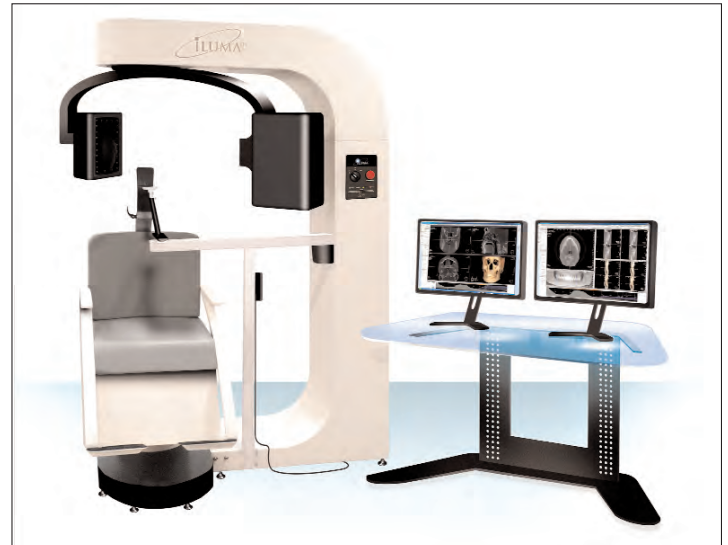
6. Is it okay for an entrepreneur to sell a turnkey operation that will enable you to run a dental radiological lab? Yes. Can they teach you how to market? They can, but both parties should become familiar with the franchise laws and the ramifications for not meeting stated or intended goals.

7. Will your malpractice carrier defend you in a third party action brought upon by a patient whose scan was taken at your facility but who is not a patient in your practice? Check with your carrier before you take outside referrals, but the most probable answer is a resounding, "No."

Malpractice can only be initiated by examining and treating a patient in your practice. In almost all cases, outside CT scans from referring dentists are NOT patients of record in the scanner owner's practice and therefore, immune from malpractice actions ... but not third-party suits. And should a third-party suit arise for any reason – like the surgeon hitting the mandibular nerve at 8 mm when the measurement on the scan indicated a safety factor of 12 mm – and the plaintiff's lawyer decides to sue the owner of the CT scanner for improper technique or some other reason, the CT owner will be without the protection of their malpractice carrier. Most know that defending a third-party suit can be quite costly and time consuming. Was taking the scan worth the risk?



There are a variety of scanners on the market, including, above, the NewTom VG from AFP Imaging Corporation, above right, the Iluma Ultra Cone Beam CT Scanner by Kodak Dental Systems, and, right, the Next Generation i-CAT by Imaging Sciences International.



So in the end, while it is attractive to buy a CT scanner and ask or oblige your dental colleagues to send their patients to you, are you fulfilling all the responsibilities incumbent on running a radiological lab including proper archiving? Do you have "Errors & Omissions" insurance to protect you in case that one-in-a-million suit occurs? Can you even get E & O insurance?

8. After five years and having taken thousands of scans, we receive weekly requests from lawyers requesting copies of scans for patients they are representing in malpractice cases. This didn't happen during the early years, but is increasing with greater frequency as our business matures. Dealing with lawyers is yet another responsibility for cone beam owners taking scans for outside referrals.

It should be evident that *i-dontics, llc* has gone to great lengths to address these issues. We archive all studies on tapes; provide E & O insurance for our Service Affiliates; and provide radiological reports by a board-certified oral and maxillofacial radiologist to give the best interpretation and greatest peace of mind to our vast number of referring dentists. As doctors contemplate the decision to purchase a CT scanner, and whether or not to provide scanning services for colleagues, it is imperative to evaluate all aspects associated with becoming a CT scanning center. IT

IT About the author

Dr. Alan Winter received his DDS degree from New York University College of Dentistry and completed his dental residency at Albert Einstein College of Medicine, also in New York. He received his certificate in periodontology from Columbia University School of Dental and Oral Surgery and is a Diplomate, American Board of Periodontology and a Fellow in the American College of Dentistry. Dr. Winter is Assistant Professor of Clinical Dentistry, Department of Periodontology and Implantology at NYU College of Dentistry. He lectures extensively and has been widely published in numerous journals on 3-D imaging and implant surgery.

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