



Professional Resources

Practice Efficiency Using Digital Radiography

By Jeffrey C. Hoos, DMD

In private practice, success is ensured when one balances the art, science, and business of dentistry. Advanced technology continues to expand the capabilities of the contemporary dental practice, providing tools that allow clinicians to achieve greater efficiencies and productivity. Digital radiography, as one such tool, conveys benefits such as patient safety, rapid image capture, and many others that have been well-described in the literature.¹ With multiple sizes of sensors and wire-less sensors (eg, CDR Wireless, Schick Technologies, NY) readily available to improve patient comfort and sensor positioning, this technology is ready for main-stream adoption into the clinical environment.



Diagnostic Acuity and Return on Investment

This author elected to convert to digital radiography first and foremost for the high-quality diagnostic data that digital images provide.^{1,2} Not only does this information allow documentation of the patient's existing oral health condition, which can be simply appended to his or her permanent record, but it stimulates a critical dialogue between patient and practitioner.³ This dialogue is critical in order for the patient to become part of the decision-making process when it is time to accept treatment recommendations.

Whereas conventional radiographs are difficult to show chairside due to their limited size and available display, digital radiographs can be manipulated and presented using a host of software applications for convenient viewing. This allows the practitioner to significantly increase the magnification, highlight areas of concern, and enroll the patient in the most effective treatment solution for the identified lesion.³ These images can also be used effectively to document patient findings for insurance payers and in treatment planning with related specialists.

In the author's experience, the aforementioned communication benefits afforded by digital radiography have had a direct correlation on increased case acceptance and thus practice revenues. Clearly, presenting an effective view of intraoral structures such as caries or tooth anatomy is powerful in motivating the patient to opt into the clinician's proposed treatment plan.

The initial expense associated with digital radiography can be offset in part by reduced spending on developer and film costs associated with conventional radiography. The speed at which images can be seen actually decreases treatment time for the patient and increases practice productivity in kind. Technical and software support as well ability to replace a digital sensor overnight has ensured the author is able to maintain productivity with digital radiography.

Conclusion

Combined with the health benefits (ie, reducing the use and storage of developing chemicals, decreased radiation exposure) of digital radiography, factors such as diagnostic accuracy and return on investment make a striking argument for one's conversion to digital radiography. When such resources support patient care and practice revenues so ably, the clinician has a win-win situation -- one that is much appreciated in today's practice.

References

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