

# Operator Computers

## *Expense or Investment?*



By Bruce Stephenson, DDS, FAGD

As soon as I get comfortable with something, it changes! Twenty-five years ago, I was happy with “self-curing” composites. Then UV curing came along. No sooner did I get one of those in each operator than I had to replace them with visible light-curing units. Now I need to switch to “ramped fast cure.” I’ve been around so long I remember when we couldn’t let the acid etch touch the dentin. Then we went to “total etch.” Now it seems we are “Generation 2004” of self-etching. Space dentistry in a weightless environment is right around the corner! (There is no way I’m going there. Saliva is hard enough to deal with when you have a little help from gravity. What is OSHA going to say about free-floating space slobber?)

As rapidly as all the other aspects of dentistry are changing, dental computing is changing even faster. Computing power continues to double every 18 months.<sup>1</sup> Dental computing expertise is becoming much more

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widely available. Operator computers are allowing much more accurate and faster data entry with fewer lost charges.<sup>2</sup> Decentralization is dramatically increasing office efficiency.<sup>3</sup>

As we invest in operator computers, we need to buy the best technology for our patients but also spend wisely so we get a financial return on that investment. Many consultants feel that a payback period of 3 years on a business investment makes sense. I disagree when it comes to dental computing. Although I love technology, I strongly recommend against purchasing any high-tech component that will not pay for itself in the first 12 months. With good design and monitoring, this is easy to do, even for a very sizable investment. We need to discern our dental computing “best practices” by looking at the major changes in the rest of the business world.



**Figure 1.** Mobile computing, wireless networks, and modern operating systems allow you to pick the computer size that best fits your needs ... and your operator. Because mobility and connectivity are components of the computing infrastructure, not the dental software, these devices can be used with any Windows-based dental programs, including imaging and radiography.

### MOBILE COMPUTERS INSTEAD OF DESKTOP COMPUTERS

Notebooks and Tablet PCs now outsell desktops. Notebooks used to be more expensive than desktops. Not today. If you add up the costs for desktop, flat panel monitor, and uninterruptible power supply (UPS), many notebooks cost less than comparable desktop systems. Included in the price of a Tablet PC is a built-in touch screen monitor, built-in handwriting recognition, and built-in speech recognition. You can hand write or speak your notes into any Windows-based dental management software, including your clinical notes! In the past, notebook computers could not capture intraoral images or digital x-rays. Times have changed, and this is no longer true. Notebooks and Tablets, because of their mobility, are now the preferred devices for these tasks (Figures 1 and 2).

### WIRELESS NETWORKS

Wireless networks using 802.11 (WiFi) tech-

nologies allow businesses to increase employee productivity quickly and inexpensively. Dentistry does not have many “road warriors” who travel outside their offices for business. But we have many “corridor warriors” who frequently move from room to room and need computers for their jobs. Not having to run computer cables all over the office is not the primary advantage of a wireless network. It is the mobility and versatility wirelessness allows that provide the greatest benefit.

In some cases, a single, wirelessly connected mobile computer can take the place of several bulky desktop computers. Digital radiography is a prime example. Instead of installing the software and capture device on 5 computers in 5 operatories, could you “share” one small, mobile notebook computer and simply move it into an operator where you needed to acquire an image? Many dental offices have saved a substantial amount of money by doing it this way. Of course, it

the images still need to be stored on the central file server and backed up at least daily with the rest of the vital office information. But with a wireless network, this is easy to set up so that it happens automatically. Do you really need to jump in the deep end of operatory computing by buying a computer for each operatory? Or could you just put your toe in the water first and try it with only one mobile, wireless notebook? (I sure wish I hadn't bought all those UV composite curing lights!)

**LOW MAINTENANCE WITH HIGH RELIABILITY**

The maintenance costs associated with dental computing can be minimized with a design that takes advantage of current computer capabilities. Other businesses are shifting to off-site support over the Internet. Instead of paying someone to travel clear across the city (or in some cases, the country), modern operating systems allow many problems to be corrected quickly and inexpensively using remote access. With your permission, every computer in your office can be seen and operated by a technician anywhere in the world. Because software, not hardware, causes most computer problems, minimizing the number of different programs installed on a dental system also minimizes support costs. Offices that try out nifty new programs on their office computer system often pay an unexpected price when the entire network crashes. All software on your business computer should have a business reason for being there. Experimentation is great, but do it on your home computer.

Support contracts for computer maintenance are now more common. Just like dental patient recare visits, regular computer recare and surveillance can catch problems in earlier and less expensive stages.

**AUTOMATIC BACKUP**

Automated backup routines are very cost-effective. Not only are they "I forgot" proof, but they are cheaper than paying someone to deal with this issue each day. Multiple on-site and off-site backups of all crucial office data done

at least daily are absolutely mandatory. Tape backup systems, like 8-track audiotapes, belong in museums. Speaking of museum pieces, when I was in elementary school we used to have several "fire

drills" every year. We would all practice what we were to do in the event of a real fire. A very good idea! Dental offices should also have fire drills to see that everyone knows what to do when the

system is down. Simply running in a circle drives the overhead through the roof. Even if your office completely burns to the ground, you should have an established, tested method of getting all

your critical data up and running on a new computer within 2 to 4 hours.

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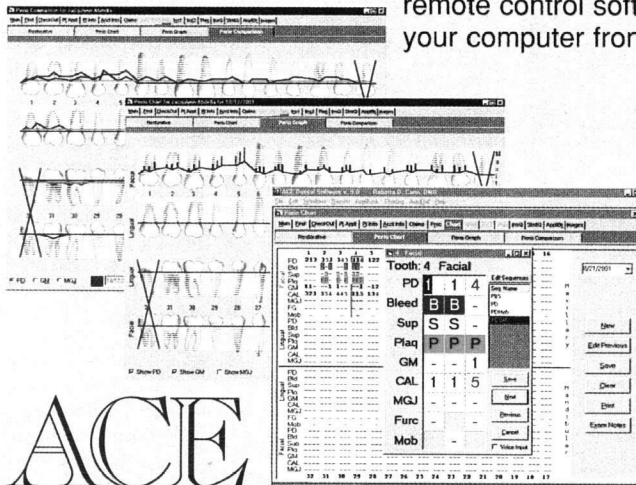
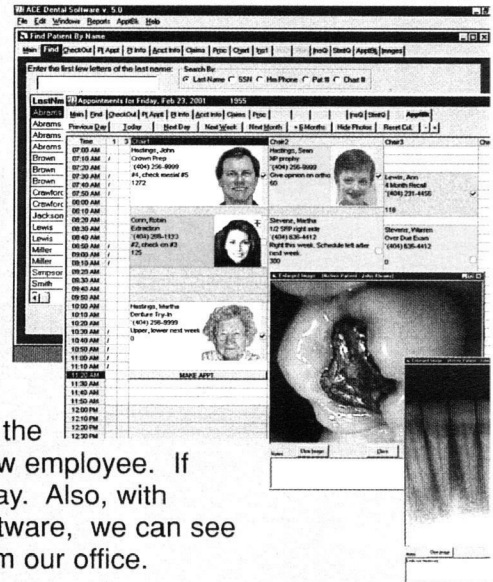
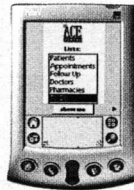
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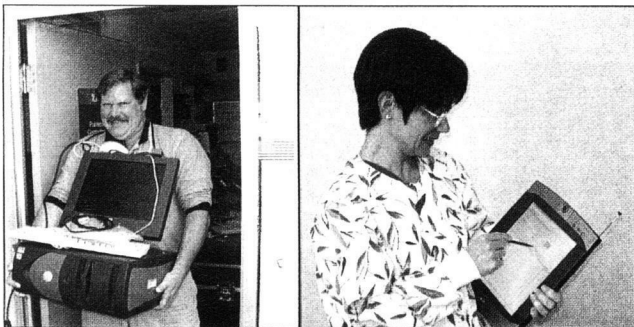


Figure 2. Do you need a bigger operator ... or just a smaller computer?



Figure 3. Internet training allows a hygienist in California to mentor a hygienist in New York, and neither has to leave her operator. This "peer-to-peer" type of training can be done in shorter, more productive sessions. Remember, electrons can travel much faster and less expensively than people.

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### DELEGATING TASKS TO COMPUTERS

If you are having people do things that can be done by computers, you are paying too much. How much time does staff spend searching for, retrieving, and refiling patient charts? Some paper-based offices have resorted to "lost chart" contests. When a paper chart is missing or misfiled, the person who finally finds it gets to go home early. Good psychology, but terrible office efficiency! How about chasing, duplicating, and mailing x-rays? It's time to put those patient records in the computer. How about explaining over and over again to patients the need for perio or crowns or endo? Don't you really think a computer with good visuals could do a much better, more professional, and more thorough job? How much more effective would that be and how much time would that save?

How about computerized "before and after" color prints for the patient to take home at the end of the appointment? A well-trained staff person can do it in less than 5 minutes...and it's fun! How about you, doctor? How much time does it take to thumb through the PDR trying to look up that new medication your patient is taking? Is it safe to use that drug with the antibiotic you've chosen? Guessing is probably not a very safe choice. Trying to reach the patient's physician can be time-consuming, possibly futile, and you still may not get the correct answer.

On the other hand, a drug interaction software program that can be accessed instantly from any computer in your office costs less than \$100. Other businesses got the message: not only do computers increase employee productivity, but they lower overhead. These are critical factors in improving the return on your investment.

### TRAINING

Purchasing appropriate, cost-effective hardware, designing low-maintenance systems, and delegating tasks to computers are important factors in achieving your 1-year investment return. But without question, the single most important factor in getting this return is adequate training. The worst business mistake I can make is to spend a lot of money on something and then not use it. Unfortunately, this is exactly what has happened with computers in many dental offices. No matter how good the hardware and software, lack of computer training means it will not be used to its potential and may not be used at all. This is like the new, expensive car with no gas—it's not going very far. Software becomes shelfware if no one knows how to use it.

The way we actually run a dental practice with computers is a new and rapidly changing field. Everyone in the office (you too, Doc) needs to have regular, ongoing training. Many businesses are way ahead of us. They not only recognized the need for ongoing training, but the



now do training in shorter, more productive, more pleasant on-site sessions by using the Internet. I love computers, but my brain can't handle more than about 2 hours of training at a time. In the old days, especially in more remote areas, trainers would have to travel a considerable distance to get to an office, so they tended to encourage expensive full-day or even 2-day training marathons. No more! Webinars (seminars over the Internet) are more frequent. Dental computer training is available in 1- or 2-hour Internet sessions (Figure 3). Does your new receptionist need a little help with appointment scheduling? Does your chairside assistant need to be shown how to enter treatment plans in the operator? No hassle, no headache, no travel, no problem!

*Dental computer training is available in 1- or 2-hour Internet sessions.*

#### CONCLUSION

Changing your dentin bonding system may be better for your patients, but it is hard to see a financial return. But computer systems are both beneficial to patient care and provide a nice financial return for the dentist. We need to be a little more like our hardheaded business colleagues. We need to know where the technology is today and how it can be best applied to dentistry. We need to insist on modern, inexpensive, low-maintenance, reliable, automatically backed up computer systems, and then we need to make a concerted drive toward more efficient office management.

**Dr. Stephenson** practices in a paperless and wireless restorative dental practice in San Leandro, Calif. He also is president of Painless Computing, which provides seminars, training, educational materials, consulting, design, and an "in vivo" testing laboratory exclusively for dental computing. For seminar schedules and additional information, visit [PaperlessDentistry.com](http://PaperlessDentistry.com). Dr. Stephenson also can be reached at (510) 483-2164 or [Bruce@PainlessCom.com](mailto:Bruce@PainlessCom.com)

Dental staffs and dentists need to invest in more computer skills in order to harvest the tremendous benefits computer systems offer us.

Someday, some of us may need training in no-gravity

dentistry and free-floating space slobber. But right now, today, we need to concentrate on computers!+

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