

Implant Dentist on a Mission

Dr. J. Jerome Smith's passion extends not only to implant dentistry, but helping those in areas of Mexico where dentistry barely exists

**by Thomas Giacobbi,
DDS, FAGD,
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Welcome to the seventh installment of Office Visit, where we visit a Townie's office and profile his or her equipment, design or unique practice philosophy. If you would like to participate or nominate a colleague, please send me an e-mail at tom@dentaltown.com.

This month, we are pleased to introduce you to Dr. J. Jerome Smith and his successful dental practice in Lafayette, Louisiana. Dr. Smith talks about his father's guidance in helping him choose the right path, the logistics of mission dentistry and his fondness of implant dentistry.





Photos by Kevin F. Pyle Reproductions

Why did you choose dentistry as your career path?

I entered dental school after a last-minute decision not to apply for medical school back in 1976. Although I had “the grades,” after doing some serious soul searching and at the strong urging of my father, who was a family doctor, I decided that I might like practicing dentistry over medicine. My dad was a very wise man and seldomly wrong. I thanked him for urging me to go into dentistry up until the day he died.

What was the path you followed to your current practice situation? Did you buy the practice, start from scratch, etc.?

I went into practice as an associate with a dentist in my hometown who was 10 years my senior. He asked me to become a partner after a year together and we had a great relationship. He was an excellent practitioner and a great friend as well. Looking back, neither of us were well equipped enough or had the desire to try and manage a partnership at that point in time, so I decided to go on my own. I purchased a vacant physician’s office, renovated it under the direction of my wife, (part-time decorator/full-time mom), and the rest is history.

How do you market your practice? What is your biggest source of new patients?

Currently we have practically no marketing strategy in place other than to “take care of the patients who come in the front door as best we can.” We send out a DVD to all new patients who call the office for an appointment that introduces our office, our philosophy, our background and additional information that patients would want to know about before entering your front door for the first time. I do feel that this professionally produced video brochure has been a valuable tool in having our patients get to know us before they actually meet us. The majority of the patients that I treat are either established patients or new patients who have been referred from other offices for implant dentistry and/or conscious sedation. Most of these dentists provide the restorative phase of treatment and I really do enjoy the camaraderie of working with other dentists especially on those “challenging patients.” We started placing and restoring implants more than 22 years ago and I’ve really tried my level best to stay up on the latest surgical and restorative techniques to ensure that we are routinely able to achieve functional and aesthetic successes.

When/why did you decide to use Classic Practice Resources? Describe your experience and the impact on your practice.

About three years ago I figured that it might not be a bad idea just to have a consultant come in and “fine tune” some things in our office. I asked around and mentioned to Howard Farran that I might like to consider hiring Sandy Pardue of Classic Practice Resources (CPR) out of Baton Rouge. Howard told me that he’d never heard a single negative comment from any of Sandy’s clients and I

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Name: **J. Jerome Smith, DDS**

Graduate from: **Louisiana State University School of Dentistry**

Year graduated from dental school: **1980**

Practice Name: **J. Jerome Smith, DDS** Year when practice opened: **1990**

Practice Location: **Lafayette, Louisiana**

Practice Size: **3,500 square feet; Six operatories**

Staff: **13**

Family: **Married to wife, Germaine for 27 years, and two daughters**

Kathyne, 19 and Caroline, 18.



really liked the idea of having someone only an hour away from our office. It was very convenient for us to travel to Baton Rouge for our meetings and it was great to have her and some of her staff come to our office as well. The results that our office obtained from working with Sandy and CPR were far beyond our/my expectations. Her innovative approach to management by statistics using MS Excel was a huge eye-opener for my staff and me. Her upbeat, no-nonsense business approach to managing a dental practice is superb.

Describe your interest in mission trips? How did you get started with mission dentistry?

I was not able to go on the annual trip with some of my fellow classmates as a senior dental student at LSU because I had just gotten married, and I was flat broke. I had dreamed of doing something like that one day, and later on, one of my patients introduced me to the Rev. Larry Myers of Mexico Ministries back in the early 1990s. My wife and I, along with Dr. Carl Breaux (my roommate at LSU) and his wife Monica, made it down to Atoyac de Alvarez, Mexico, back in 1993. What started out there as a very humble dental clinic, offering “extractions only,” has evolved into a medical/dental complex with three medical surgical operating rooms along with a dental clinic that is capable of treating up to 100 patients per day. Physicians from Louisiana and elsewhere have performed numerous cleft palate and other assorted plastic surgical procedures along with hernia repairs, gall bladder operations, various orthopedic procedures. In addition, cataract removals and other ophthalmology procedures have been done in the operating rooms as well. The success of this clinic is largely due to countless people who have given their time, money and hard work. Senior dental students from LSU also help me out each summer.

What would you say to a dentist who wants to get involved in these charitable trips?

Where should they start?

If you're considering doing this on your own, my best advice would be to talk with someone who has done it before. Issues like getting materials and equipment through customs, what to bring and what not to bring, realistic timelines and timetables for clinic development, fundraising, avoiding getting sick from contaminated foods and water, portable equipment ideas, etc.; can best be addressed by those that have been there before and can help take the guesswork as well as frustration out of these trips.



Dr. J. Jerome Smith (left) hired Dr. Darah Fugetta (right) as his associate when Fugetta's father's practice sustained damage due to Hurricane Katrina. Her arrival at Dr. Smith's office was "perfect timing," says Smith.

How did you meet your current associate, Dr. Darah Fugetta?

I met Dr. Darah Fugetta as a senior dental student back in the summer of 2005 and was really impressed with her sincerity and compassion for her patients and her work ethic as a student. When I'd learned that her father's office had sustained flooding after Hurricane Katrina in New Orleans, I offered her a place to work. Although I'd never given much thought to taking in an associate or partner, our office was getting busier and busier to the point that her coming in seemed like perfect timing and I asked her to stay on for as long as she liked. I'm grateful that her father and mother encouraged her to stay with us.

Have you had associates in the past? What is the best arrangement for an owner dentist to employ an associate?

Although I'd never had an associate in the past, having been an associate and having walked in those shoes made me sensitive to the challenges of any young associate that comes into the established practice as the “new kid on the block.” Having Dr. Fugetta come into our office two years ago was definitely a blessing in disguise. I have to admit that it would be difficult for me to go back to practicing solo again. I think that the best arrangement for an owner-dentist to employ when considering an associate is one that is mutually beneficial to both parties. While the associate technically is an employee or contract labor, I do feel that it is important for the senior dentist to remember that this associate is a new doctor with many challenges that range from establishing meaningful relationships with established patients and staff alike, to acquiring self-

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Jerome's Top Six

	Zimmer Tapered Screwvent & Swissplus/ Blue Sky Bio Dental Implants	IV Conscious Sedation	Zap Diode Laser	Dent-X EVA Sensor/ DentalEye Software for Digital Radiography	TV Sets over Patients' Heads The TLC System	Compounded Pharmaceuticals
When you started to use	1985	1982	2005	1995	1993	1985
Why you cannot live without it	We can finally relinquish our dependency on patients' teeth to support our fixed and removable appliances.	Being able to put patients at ease and perform various types of simple to complex dental treatments really makes it nice for the patient and the dentist.	Magnificent with soft-tissue removal and management around dental implants.	We purchased a digital sensor back in 1995 and could never return to film again, especially during surgeries.	Without a doubt, the best "boredom breaker" for patients and the ultimate distraction for them before and during treatment.	The list goes on and on for products that compounding pharmacies can offer us for our patients as a solution to problems that we all face day in and day out.
When you use the item	Daily	Daily	Daily	Daily	During procedures	Daily
How you market it to your patients	New-patients DVD brochure goes out in the mail to all new patients who call the office or who are referred.	Little to no recollection of treatment certainly is a plus for patients, especially those with dental phobias.	n/a	It's awesome to be able to obtain enlarged views during implant surgery. It not only saves us a huge amount of time, it ensures safer and more accurate placement.	Used also for patient education.	n/a Painless injections, effective solutions for management of oral pain; bone grafting binder.
If you could change anything about the item what would it be?	I prefer implants with the Morse tapered fit for the abutment, which resembles a prepped tooth. These designs prevent screw loosening and allow for a simplified approach to implant dentistry.	n/a	I'm definitely considering purchasing one of the newer portable cordless models that are coming onto the market.	More comfortable and more durable sensors.	n/a	n/a

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assurance and self-confidence which is so vital, especially during those early years of practice. In addition, the young associate has a mountain of student debt to satisfy as well as all of the other financial demands and debt service that a senior doctor no longer has to deal with. Being able to offer meaningful advice in patient care, words of encouragement and moral support would seem to be among the things that I would hope to offer an associate. In turn, having another doctor on hand to handle emergencies as well as the numerous tasks at hand day in and day out in any busy dental practice is of huge benefit to me. That, in combination with someone to consult with, really is worth more than any amount of money, at least to me anyway.

What is your involvement with teaching implant dentistry? When and where are your courses?

Although I'd lecture from time to time for various study groups, at the Townie Meeting in Las Vegas and at a few state meetings, it wasn't until our company representatives from the Zimmer Corporation urged me to give an office course that I began to feel that we could really teach something worthwhile. Having



Dr. Smith's staff is made up of his associate, Dr. Darah Fugetta, two dental hygienists, four front-office personnel, one dental lab assistant/treatment coordinator, one sterilization assistant and five dental assistants.

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— Jerome Smith, DDS, Lafayette, Louisiana

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an in office course with “live” surgeries followed by lecture has offered attendees to get the feel for what it’s like in a general practice setting. With hundreds of documented cases, techniques, and thousands of digital photos to present following morning surgeries, we cover the ground fairly well in this two-day marathon. Additional information on our courses can be found at www.jeromesmithdds.com/implantcourse.pdf.

In your current practice situation, what is a typical day’s schedule? Are you seeing implant patients only? What kinds of cases are you doing?

Effective this summer, Dr. Fugetta has taken over the general dentistry part of our practice. This frees us up to do implant surgeries in the mornings back to back with implant restorative care visits, follow-up visits, new patient exams, and consultations in the afternoons. Our cases range from single-tooth replacement to full-arch removable implant supported overdentures, to full-arch fixed implant supported bridgework. We do a fair number of extractions with socket preservation surgeries along with other various types of bone augmentation, including sinus bone grafting. I still do some conventional crown and bridge cases especially on referred patients who require IV conscious sedation.

How did you develop your referral network? Do you think your focus on implants is a cause for jealousy from other specialists?

Our referral network probably developed just like any other business. By consistently producing results, which made it easy for referral doctors to restore their patients with predictable results, has had much to do with our success in that arena. I tried to take the confusion and chaos out of dental implants by taking care of inserting the abutments myself at the time of loading as well as fabricating and delivering the provisional restorations. Most of these patients return to their referral offices for simple crown and bridge impressions. If any restorative parts are required, we furnish them as part of the case. I have many friends in our area who have entrusted me with the care of their patients and it is because of them that our practice has developed the way that it has.



Dr. Smith and other dentists in his area opened up an imaging center to provide patients with state-of-the-art care.

What is your favorite procedure/specialty to perform?

I have two favorite procedures when it comes to implant dentistry. The first is single anterior tooth replacement. Just knowing that we can either remove the hopeless anterior tooth or replace the congenitally missing anterior tooth with a replacement that won’t involve the adjacent teeth and that will be nearly perfect in appearance to me is nothing short of amazing! Secondly, to take a patient who has “been through the drill, fill and bill mill” and is still losing the game and offer that person a long-term, predictable alternative that will restore their confidence, aesthetics and function. Many patients have grown weary of doing the same thing over and over again expecting different results, yet they want to avoid conventional denture treatment. More often than not, in consultation visits, I see that look of relief and hope on their faces after showing them cases similar to theirs.

Tell me about your new cone beam CT imaging center. How is this set up?

Our new cone beam CT imaging center is iMagDent of Acadiana. Although I knew that having this technology was essential to providing state-of-the-art care, especially for dental implant patients, the sheer cost involved was going to be ominous. Several specialists/friends of mine felt the same way and I brought up the

idea of opening a dental imaging center in our area so that we could share in the costs and benefits of this technology. Based on several models throughout the United States, we came together after several meetings with a managing partner and the assistance and expertise of iMagDent of Texas and established this center that opened on August 2, 2007. We have 10 dentists who have invested in this enterprise and are very enthused about having this available for their patients. We have several orthodontists, periodontists, oral surgeons, a TMJ specialist and several general practitioners. We purchased the iCat machine from Imaging Sciences. It has been around quite a while and is the machine that seems to be the most widely used and most often referenced in the literature at meetings. We are very happy with the quality of the images as well as the ability to use this data for creating implant surgical placement guides.

How has Dentaltown impacted your practice? Give examples of something that you now do differently because of Dentaltown.

Dentaltown has impacted my practice in so many ways. First, getting to know Dr. Farran and embracing his bold new philosophy back in the early 1990s about “looking at dentistry through the eyes of the consumer” was a huge eye-opener for me. This young, humorous, brazen “dental prophet” was getting dentists to think

way outside of the box and it was a message that was embraced fervently by practically everyone that heard it. Having the opportunity to spend time with him was a real motivator for me personally and inspires me to this day. Secondly, having the opportunity to meet so many caring, skilled, and motivated dentists online, who are as passionate about dentistry as I am has been very uplifting. Right off the top I can think of things like the Isolite, the digital panorex, and a high-speed bone cutting drill from Schein that Neil Milikin told me about, Scott Perkins and his Simple Dental Company and the list goes on and on. I’ve enjoyed meeting dentists at the annual Townie meeting in Las Vegas as well as sharing ideas and information either online or via e-mail. I’ve taken my entire office staff to this meeting twice so far.

Tell me something that nobody knows about you/ something people would be surprised to know.

I failed my state board exam after graduation from LSU in the summer of 1980 due to a pulp exposure on the onlay portion of the exam, which, back then was on a live patient. I had to sit out that summer and found work at a local dental lab waxing crowns and finishing metalwork for a few bucks above minimum wage. I not only learned some humility, but also learned a lot about dental laboratory technology and it really gave me immense respect for dental lab technicians and what they can do for us and our patients. ■

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