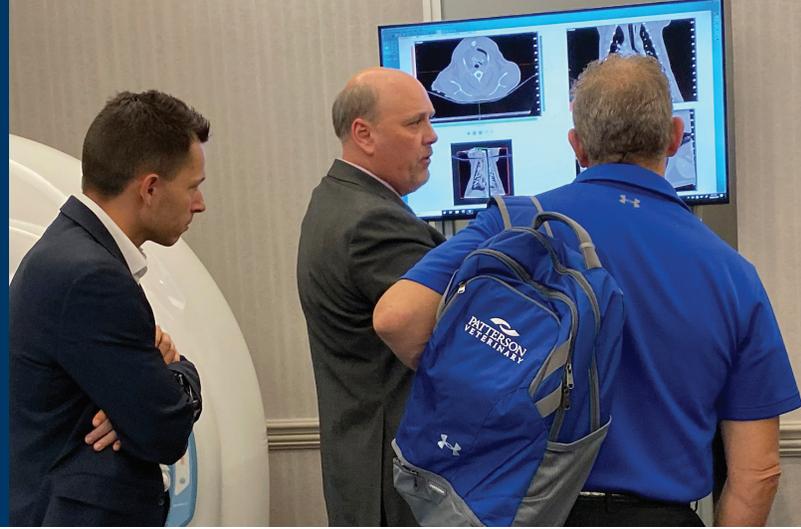


3D TECHNOLOGY IN PRACTICE

Dr. Shane Whitaker from Highway 58 Animal Hospital in Chattanooga, Tennessee



How does Dr. Whitaker educate clients about using CT for dentals? He doesn't.

When Dr. Shane Whitaker first heard about a new CT scanner from his Patterson rep, he couldn't wrap his head around it. The CT was the most expensive piece of equipment Patterson carried at the time. Could a client afford \$1,500 per scan? The answer was likely no. "I couldn't make the numbers work," he said.

Fast-forward three or four years. At a conference, Whitaker saw the NewTom 3D scanner up close and personal. It's then that the light bulb went off. He decided he would use it for every dental X-ray done at his practice. Charging just \$60 more per dental, it would pay for itself pretty quickly.



Whitaker remembered, "So in November of 2017, we purchased a NewTom CT unit and prior to that we were taking digital dental X-rays with an actual digital dental X-ray unit. When we bought the CT, I'd just converted all of my dentistry radiographs over to the CT. The CT is much faster, it's a lot more detailed and our clients think that it's better medicine, which it is."

"It's an easy sell for our clients because they think CT is a great technology and a newer technology. We don't have to tell them what it is; we don't have to explain it to them.

We just tell them we have a CAT scan machine and they automatically know that it's better medicine. As far as how we do it, I just raised the price of my dental package by \$60 and then I included it in all of my dentistry."

Does he have handouts and presentations to convince clients CT is the way to go? No. "We don't give anyone a choice *per se* about whether they get a CT with their dental. We just know it's better medicine. Our clients know it's better medicine and so we just do it that way."

"We've discovered we're finding more dental disease since we started using the CT."

Discoveries since 2017

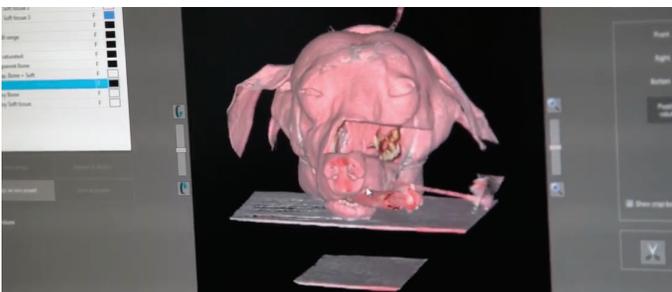
Whitaker expected that the NewTom would improve patient health and practice revenue. He hadn't anticipated how many ways it would do so, though.

"We've discovered we're finding more dental disease since we started using the CT. I think on average we're extracting about four and a half more teeth per dental than we did before. Now, you could look at that one of two ways. Either we weren't doing a good job before or we're doing a better job now. I think maybe it's a little bit of both, but the better the technology and the better the imaging is, the more things you can find and the more things you can do."



Since Whitaker's clients see it as better medicine, they seem to be more willing to go along with treatment recommendations. He finds that is true with other equipment, too.

"I found the same thing when we do laparoscopic surgery. When we added that to our practice, the ancillary things that people used to not choose, now they *do* choose because they think this is better medicine. We raised the price of our dentals by \$60, but on average I think our total dental package has gone up by about \$200 because not only do we have the CT cost in there, but we've also got the added cost of the extractions. People are more willing to do things."



"We think that doing CAT scans on our dentals is just better medicine, period."

Getting an entire scan improves patient health on many levels

Not only is Highway 58 Animal Hospital catching more dental disease, they're finding many other issues.

"When we do a CAT scan, we get the *entire* head in the CAT scan. We used to just get the teeth, so when we'd see dental disease, we would take care of that dental disease. But now we get to see the nose, we get to see the ears, we get to see the TMJ, we get to see the head. We get to see everything."

"We find masses in the nose, we find middle ear disease, we find TMJ disease. There are lots of things that we couldn't see before that now we can see, and we get to treat those things. So those things just generate more revenue."

"We think that doing CAT scans on our dentals is just better medicine, period. It's better at the time; it's better preventative medicine; it's better *retroactive* medicine. I mean, we got pre-existing dental disease that we

weren't taking care of before. We catch it now and we're able to catch up. The better the technology is, the better we can image it, the more we can do."

Calculating ROI before purchase

Taking a technology leap takes a little calculation to ensure it can pay for itself quickly. Whitaker runs the numbers under the assumption that the new equipment will be maximized in terms of use.

"Anytime that we approach the idea of buying a new piece of equipment for our hospital, we sort of think about it in terms of 1) simple math and then 2) medicine. So, is it better medicine and can we afford it? Not necessarily can we afford to write a check for it, but can we afford to keep the technology going? That covers a combination of 'Can we write a check for it? Is it going to generate enough revenue to pay for itself?'"

"Obviously we can't afford to pay for all of our equipment continually out of our pocket. It has to generate enough revenue to pay for itself. So, we think of things in terms of: How many things will this allow us to do that we couldn't do before? How much better can we do the things that we were already doing once we have the new technology?"

Whitaker continued, "Then we just put those things to some simple math. If we can do X, Y, Z and we can do it better and we can do more of it and then we can do these *new* things, we just put that in comparison to: How much is it going to cost? If we're going to lease it, how much is the lease payment and how long is that lease payment going to last? If we're going to buy it outright, then how long is it going to take us to recover that cost of equipment?"

Arthroscopy, myelograms and more

When first told about Patterson carrying the NewTom, Whitaker was interested.

"When my territory manager told me about it, I literally looked at him and I said, 'Oh, that's great. Everybody wants to have a CAT scan in their practice! How much does it cost?' I couldn't make the numbers work. Then we started talking about other things that we could do with it."

"Back surgeries, arthroscopy – imaging that I couldn't get before. And then I started to put those numbers together and then the training that goes along with that."



Whitaker knew that getting the NewTom would enable him to do a myelogram, or image a coronoid process. “But what do I do after that? Well, part of this whole purchase process comes with training. So, they sent a doctor to my hospital to teach me how to do back surgeries and teach me how to do arthroscopy and all of those added services.”

Whitaker shared his overall philosophy regarding equipment and technology. “I’m the kind of person that if I have a piece of equipment, the last thing I want to do is have it sit in a corner and not use it. I want to use it for *absolutely* everything that I can use it for.”



“We’re all in this together, and we all want things to work.”

“It’s one of my favorite things about the way Patterson does things. They know that if I make more money, they make more money. They don’t want to sell me a piece of equipment that I’m going to hate because then I’m going to send it back; they’re not going to be happy and I’m not going to be happy.”

Whitaker credits his whole team with upping the game when it comes to patient health – from territory manager to equipment specialist to installation, equipment training and surgical procedure training. At Patterson, we wouldn’t have it any other way.

“We’re all in this together, and we all want things to work. So, they put a tremendous amount of effort into training to make sure that when we buy a big piece of equipment like this, we’re going to have the training necessary to pay for it to help it generate enough revenue to cover the cost of it.”

