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**DR. THOMAS
KAUFFMAN**

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INTERVIEW |||
STORY AND PHOTOS BY
SAMEER PURI, D.D.S.

THOMAS KAUFFMAN,

An Expert and a Leader With a Tell-it-like-it-is Style

Dr. Thomas Kauffman is one of those individuals who is truly passionate about what he does. One of dentistry's most respected experts on implants and radiology, he's also a valued member of our own community. His tell-it-like-it-is style has helped countless doctors on the ceredoctors.com message boards become better leaders in their practices.

It is our honor to profile him for this issue of the *ceredoctors.com* magazine.

HOW LONG HAVE YOU BEEN INVOLVED IN DENTISTRY?

Thirty-nine years. I graduated from Loyola University Dental School in Chicago in 1975, and proudly served in the U.S. Army Dental Corp for three years. The first year I was fortunate to be chosen to be a general practice resident at Reynolds Army Hospital, Ft. Sill, Okla. From there, I was stationed at Ft. McPherson, Ga., until I left active duty in 1978. I began my private practice in Atlanta while on active duty in 1977, and have practiced in downtown Atlanta continuously since then.

CAN YOU DESCRIBE YOUR PRACTICE AND WHAT THE FOCUS IS FOR THE TYPE OF TREATMENT THAT YOU DO?

Our practice is somewhat diverse and has evolved into a very interesting mix of complex care treatment, blended with a general family practice. CBVT imaging has led to a growing interest and expertise in the arena of odontogenic contributory non-resolving chronic sinus disease. I am fortunate to have a supportive, energetic and committed team that has enthusiastically supported the expansion of services offered to our patients. Being a resource to medical colleagues and their patients is a great source of personal satisfaction and pride. Incorporating the CEREC CAD/CAM system allowed further expansion possibilities with the patients who require IV conscious sedation for treatment.



WHAT ARE SOME OF THE TECHNOLOGIES THAT YOU HAVE INVESTED IN FOR YOUR PRACTICE? WHICH IS YOUR FAVORITE?

I purchased the Sirona Compact small FOV CBVT in 2009 when I made the decision to move into the arena of implant surgery. Within a year, I made the decision to purchase the CEREC Bluecam, MCXL lab milling unit and recently the Omnicam. I jumped in with both feet, and have continuously been involved in the process of integrating and utilizing both landmark purchases successfully. About a year ago, needing the larger expanded FOV to support the integration and coordination with my medical colleagues, I upgraded the Compact to the Comfort large field of view imaging. The decision to become trained in IV sedation was another big change.

YOU ARE HEAVILY INVOLVED WITH IMPLANTS. WHERE DID YOU RECEIVE YOUR TRAINING, AND WHAT KIND OF TREATMENTS DO YOU PERFORM?

My basic surgical training began as a part of my military hospital residency training, and my later training and certification for IV sedation was under Dr. Pat Louis at the Univ. of Alabama Dental School and University Hospital in Birmingham. Both programs were and are some of the best available anywhere in the world.

While on active duty, I was fortunate to spend a year working with some of the most talented dental and medical clinicians who all were marvelous

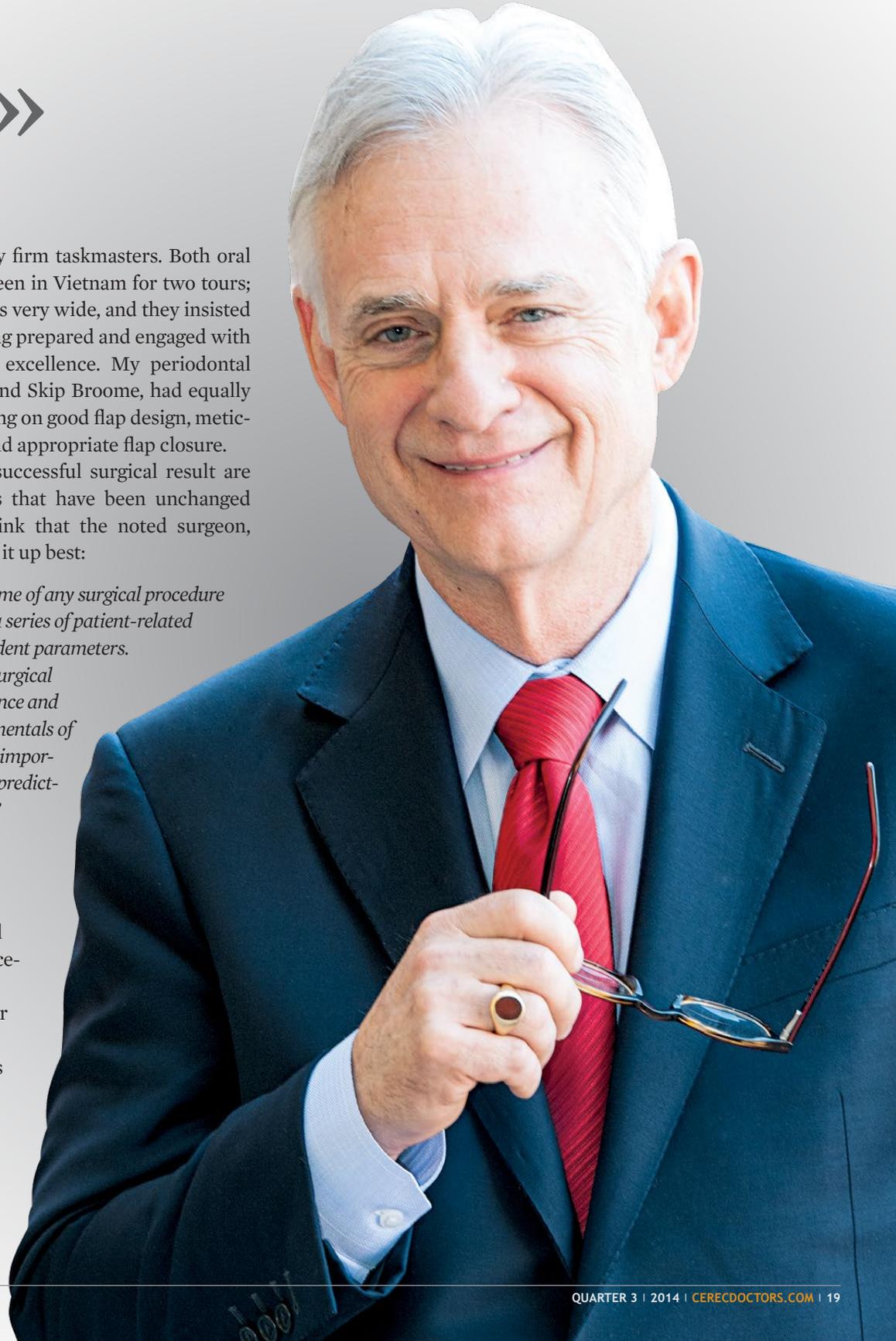
D.D.S. »

teachers, but also very firm taskmasters. Both oral surgeons at Sill had been in Vietnam for two tours; their comfort zone was very wide, and they insisted on their residents being prepared and engaged with high expectations of excellence. My periodontal mentors, Bill Parker and Skip Broome, had equally high standards, insisting on good flap design, meticulous tissue control and appropriate flap closure.

The basics of any successful surgical result are founded in principles that have been unchanged for many years. I think that the noted surgeon, Dr. Al-Faraje summed it up best:

“The successful outcome of any surgical procedure requires attention to a series of patient-related and procedure-dependent parameters. Sound knowledge of surgical anatomy, and experience and training in the fundamentals of internal medicine are important prerequisites for predictable implant surgery.”

I will attempt most implant procedures, including sinus lifts in conjunction with antral augmentation with placement or delayed placement all normally under IV conscious sedation. My most involved cases have been full-mouth extractions in conjunction with 16 implants (8/8) with placement of fixed interim



temporary dentures. The final restorations were fixed Prettau hybrids. These cases have all been very challenging, but fortunately have turned out well.

The learning curve has been continuous over the last 39 years and continues to this day. I sponsored a three-day surgical cadaveric dissection course in Atlanta in 2012, and also an advanced and accelerated CBVT imaging diagnosis course at my Kansas farm in 2013, designed to raise the knowledge of all participants. Both were great fun and inspirational experiences.

YOU RELY HEAVILY ON A GROUP OF SPECIALISTS WHEN TREATING PATIENTS WITH COMPREHENSIVE CARE. TELL US ABOUT THE TEAM.

My team is composed of some very talented, collaborative specialists. They include the following:

- Office administrator/dedicated “Director of Operations” Valerie, and administrator Doretha who coordinates the diagnosis, treatment planning/financial arrangements which are essential and foundational for any practice.
- Clinical assistants who coordinate the information gathering, diagnostic and treatment process: Aja, Adeline and Mai.
- Hygienists Lisa and Erica, who provide the preventive and basic periodontal procedures and patient compliance necessary to support long-term health.
- Georgia Dental Laboratory; this outstanding laboratory provides the model work and outstanding diagnostic wax-ups that are so critical and necessary in the planning process.
- Maxillofacial Radiologist Dr. Thomas Deahl, provides CBVT imaging interpretive support.
- Oral surgeons Drs. Andy Loetscher and Steven Rosser are my go-to experts when the needs of the patient warrant a greater level of surgical expertise or orthognathic/surgical considerations are present. Both are outstanding clinicians and diagnosticians. I have been the beneficiary of Andy’s one-on-one guidance when I observe the more complex procedures he routinely performs.
- ENT Drs. Kingsley Chin and John Jarboe, when sinus or throat disease/OSA or SDB is an issue.
- Internist Dr. Grattan Woodson is used when medical screening or metabolic bone disease is a question.
- Orthodontists Drs. Williams, Skafidas and Sebastian all have been involved in coordinating diagnosis and treatment.
- Periodontists Drs. Bruce Edelstein and Mark

Brunner have both been involved when warranted.

- Head and neck physical therapist Steve Kraus; his diagnostic experience as one of the best, if not THE best, expert in the country on cervical spine/TMJ dysfunction and disease is invaluable.

Together, this is an incredible team of very talented yet humble clinicians. We work together with the goal of a patient-centered approach to give them the best that we have. Our practice has been the lucky beneficiary of many people who trust us to coordinate their care. Our goal is to so thoroughly plan and coordinate their treatment that most often their experience is comfortable, seamless and exceeds their expectations.

HOW LONG HAVE YOU BEEN INVOLVED WITH THE CEREC?

I purchased the CEREC about four years ago.

WHAT IMPROVEMENTS WOULD YOU LIKE TO SEE IN THE CEREC SYSTEM?

The anterior imaging and design need some work, however the recent upgrades are quite good. I saw the digital articulator integrated with the Galileos demonstrated at the 2014 Hinman meeting by John Smithson, and it looks very impressive. The implant integration as we speak is the best that is available. The implant milling and coordination also need some work.

WHAT IS YOUR FAVORITE FEATURE OF THE CEREC SYSTEM?

My favorite integration is the ability to take a digital design, change the file format and integrate into the Galileos imaging for planning purposes. That, in my opinion, is pure magic!

HOW VALUABLE IS THE INTEGRATION OF THE CEREC AND THE GALILEOS SYSTEM FOR YOUR PRACTICE?

As the ad says, “priceless.”

IF YOU COULD WAVE A MAGIC WAND WITH REGARD TO YOUR PATIENTS, WHAT WOULD YOU WISH FOR?

Wow, great question. I would hypnotize them all and force them to send at least a dozen more of their friends and acquaintances. Seriously, I have some of the greatest and most appreciative people you could ever ask for. More than patients, I think of them all as family, which guides my journey that continues to be exciting and challenging, but satisfying beyond any words I could use to describe my experience as a dentist.

WHAT ADVICE DO YOU HAVE FOR THOSE CLINICIANS WHO WANT TO DO MORE COMPREHENSIVE CARE?

Seek training and education from the best clinicians



Be the leader
your practices
and families
deserve. Surround
yourself with the
best quality people
you can find, and
separate yourself from
those who bring you
down. In business and
life you cannot change
people, but you can
change the people with
whom you associate.

you can find. Fortunately, the sky is the limit in this age of instant information. The resources are there for any practitioner seeking to elevate their knowledge and scope of practice.

WHAT'S THE BEST WAY FOR CLINICIANS TO GET STARTED WITH IMPLANT DENTISTRY?

Find a good resource that begins with the foundational knowledge necessary for any surgical discipline: anatomy and internal medicine. A comprehensive return to basic anatomy utilizing cadaver dissection is very important. The course I sponsored was taught by Dr. Mohammed Shawary, professor emeritus of anatomy at Georgia Health Sciences University. Practitioners should seek a course heavily grounded in the scientific basis of implant dentistry before they ever pick up a scalpel or osteotomy drill. The resources are available for those interested.

Secondly, they should partner with a mentor who will assist them one-on-one to improve and raise their skill set. Getting certified and comfortable with IV sedation will open many treatment doors.

THE CEREC SYSTEM NOW ALLOWS CLINICIANS TO FABRICATE CHAIRSIDE ABUTMENTS. IS THIS SOMETHING YOU UTILIZE IN YOUR PRACTICE? WHY OR WHY NOT?

My integration of milled CEREC abutments with the superimposed crowns has not been a smooth transition or without frustration. The limitations of the system have been discussed on cerectoctors.com. Notable has been the large size of the connecting sprue of the abutment. However, the changes that have been initiated recently have made improvements in the process, and I am sure the changes to come with manufacturer involvement will overcome some of the current limitations. The use of non-manufactured components in the restorative phase of implant restoration can risk the elimination of the manufacturer's warranty of the implant, which is certainly concerning. Like everything else in the world of digital CAD/CAM dentistry, it will continue to improve and become more and more seamless.

WHAT DOES THE FUTURE HOLD FOR THOMAS KAUFFMAN?

The future for me, personally? I am noticing lately that more and more patients are asking me if I plan to retire. Since I have never had more fun and fulfillment professionally, I have no reason to stop doing what I love and what is my passion. I will continue to engage, learn,

share my successes and failures, and continue to share in the journey with my friends and colleagues to change the world as long as I am able physically, and able to contribute. A part of my personal mission is to share information and reach out to our ENT and pulmonologist colleagues. Most are unaware of the knowledge and perspective a dentist can bring to their team. Most of them are unaware of the information we can share for the benefit of their patients.

IF YOU COULD GIVE ADVICE TO NEW GRADUATES COMING OUT OF DENTAL SCHOOL, WHAT WOULD IT BE?

Support and get involved with your state and local constituent branch of the ADA. Our national professional organization is worthy of your support. Strive and commit to become perpetual students and to continue to learn from every resource you can find. Choose these resources carefully, and try to find the best out there, like the Spear Campus. Get IV sedation certified and incorporate it into your practice. This will set you apart and lead to great opportunities caring for fearful patients who consistently avoid routine dental care and need our help the most. Get technologically current, and maintain that edge.

The ROI for both the Comfort and CEREC has been incredible. I ran the numbers, and just in imaging fees generated with the Comfort, we produced enough treatment to pay for both purchases in three years.

Look for the good in all your patients, develop a bone-deep, ethically centered value system that puts the best interests and health of your patients first — always. And try to find that balance so difficult to manage between work, play, family and worship.

Be the leader your practices and families deserve. Surround yourself with the best quality people you can find, and separate yourself from those who bring you down. In business and life you cannot change people, but you can change the people with whom you associate.

Have a sense of humor running through your life and learn to regularly laugh at yourself. Laughter makes the constant changes we all face easier to embrace.

Acknowledge your mistakes and learn from them, but more importantly celebrate your many successes personally and with your team members collectively.

This is truly the golden age of dentistry. Jump in and enjoy the ride. ■