For you, your dental practices and the patient, what are the main benefits of the team approach? 
Reebye: Implant dentistry is rapidly evolving and its complexities require solid prosthetic and surgical knowledge. Working as a team allows us to make the most of our individual strengths and expertise. Sharing knowledge is essential for making advances in our field. Each member of the team is focused on his or her core competency, and this leads to better results. I should also mention that practice productivity has steadily increased. As our mutual caseload has grown, we have referrals and our reputation within the community. It is like a snowball gaining size and momentum going downhill. 

Agarwal: It is quite certain that the cases we did together were the cases that turned out best and had the fewest complications. I think it is the strategic collaboration and taking a holistic (surgical and restorative) approach to the cases that made the difference.

How did you begin working together? 
Dr. Tarun A. Agarwal: I first met Uday while he was a medical student at the University of North Carolina at Chapel Hill. Later, after he had completed his oral surgery residency and opened his practice here in North Carolina, I began referring him the surgical cases that I was not comfortable treating. Our professional relationship flourished when Uday encouraged me to collaborate on some of my surgical cases. He was very open to sharing tips and tricks, even allowing me to participate in the surgeries.

Dr. Uday Reebye: At the same time, Tarun taught me about prosthetic and implant advancements that had a great impact on my work. 

Agarwal: It became quite clear that the cases we did together were the cases that turned out best and had the fewest complications. I think it is the strategic collaboration and taking a holistic (surgical and restorative) approach to the cases that made the difference.

Would you say that you each bring different qualities to the partnership? 
Agarwal: Without question.

Reebye: And it usually works out that whoever wins the argument has thought through the issue at hand a little longer and harder.

Agarwal: I can give you an example. Uday was hesitant to begin using computer-guided implant surgery. Initially, it was slower than the traditional technique he was used to, but for me, it made the restorative component absolute more predictable and quicker. After our first case, he became aware that the extra 20-30 minutes of his time saved the patient multiple visits on the restorative side.

Reebye: It was an easy trade-off to make. At the end of the day, we resolve any differences of opinion guided by a single principle: do what is in the best interests of the patient.

Is the All-on-4 treatment concept especially appropriate for your team approach? 
Reebye: Yes, in my opinion, the All-on-4 treatment concept can only be successful as a team effort. It is a beautiful treatment concept that marries surgical and prosthetic philosophies. I have to tell you that teamwork brings a great deal of enjoyment to the clinician. If you are happy when working, patients are happier and assistants are happier, and somehow that combination results in great outcomes.

Agarwal: It really does! In our team approach, the restorative dentist creates the case blueprint, the surgical specialist serves as an engineer—by verifying the blueprint is surgically feasible—and the anesthesiologist is totally focused on patient comfort. Starting with the endpoint in mind and collaborating to make it possible has routinely led to great outcomes.

Agarwal: And because this treatment concept allows us to do things that only dentists can do, we have the opportunity to give hope to many patients who once had few or no encouraging options. Now we can dramatically change the lives of these patients for the better.

Reebye: And because this treatment concept is more affordable for patients, a greater number of patients become implant candidates. For us, the All-on-4 treatment concept has virtually created a new market.

What would you say to clinicians thinking about starting with the All-on-4 treatment concept? 
Agarwal: Go learn about it with an open mind. There are literally millions of patients who can benefit from this treatment. Nobel Biocare has a predictable workflow with a tremendous support system to make you successful.

Reebye: Before I took my first All-on-4 class, all I heard from many clinicians (none of whom had taken a class or performed All-on-4 surgery) was that the concept was flawed and a recipe for disaster. Seven years later, all I can say is that I am so happy we did not listen to them. My advice? Keep an open mind, take a course and see for yourselves what a great service you can provide for your patients.

For any clinicians considering adopting a team approach like yours, is there a secret to a successful partnership? 
Agarwal: You have to let go of your ego. We are all equals to the patient, after all, each bringing a different area of expertise to the team. 

Reebye: Let me add this: Listen to your patients. Be willing to talk to other clinicians, to share ideas and never be afraid to reach out when you need help. Most of us love to share what we know with each other—to be of help and to learn more at the same time. And, finally, enjoy! It is a wonderful journey.

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