Ep #39: Creating a Holistic Practice with Dr. Mike Robichaux

Full Episode Transcript

With Your Host

Allison Watts, DDS

Practicing with the Masters with Allison Watts, DDS

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Welcome to *Practicing with the Masters* for dentists with your host, Dr. Allison Watts. Allison believes that there are four pillars for a successful, fulfilling dental practice: clear leadership, sound business principles, well-developed communication skills, and clinical excellence. Allison enjoys helping dentists and teams excel in all of these areas. Each episode she brings you an inspiring conversation with another leading expert. If you desire to learn and grow and in the process take your practice to the next level, then this is the show for you. Now, here's your host, Dr. Allison Watts.

Allison: Welcome to *Practicing with the Masters* podcast. I'm your host, Allison Watts, and I'm dedicated to bringing you masters in the field of dentistry, leadership, and practice management to help you have a more fulfilling and successful practice and life.

I'm going to go ahead and officially introduce you, Mike, before we get started.

Mike: Okay.

Allison: I'll give you a proper introduction and then I'll let you tell us a little bit more about yourself as well. I just want to welcome everybody and say thank you for taking time out of your busy schedule to be with us tonight. This is fun to have a group of like-minded people and come together, people who love learning. My intention for this is just to make us all better. Make us better dentists and better leaders, better people in general. I appreciate you being here, Mike.

Mike: Thanks, Allison. I'm honored.

Allison: I know that's your intention as well and you're doing this out of the goodness of your heart, taking your time out as well. For those of you who don't know Mike, I'll go ahead and introduce him.

Ep #39: Creating a Holistic Practice with Dr. Mike Robichaux

Mike has been practicing dentistry in Slidell, Louisiana since 1974. He has a unique holistic biologic approach to dentistry, inviting his patients into all decisions that must be made to develop an appropriate treatment plan. After four decades of studying and observing his patients' journeys toward health, it is his opinion that the more control the patient has in this journey, the greater the chance they will achieve the outcomes that are most important to them.

Dr. Robichaux describes his practice as a holistically and biologically oriented, health-centered, patient-centered practice of dentistry. Dr. Robichaux is dedicated to learning and teaching. In 1999, he achieved mastership status in the AGD which is awarded to those dentists who have achieved fellowship status and have completed a challenging course of hands-on study in 16 dental disciplines, totaling 600 hours of continuing education.

Since 1994, he has been a board member and chairman of the curriculum committee for the Louisiana Academy of Continuing Dental Education. From 2009-2012 he was on the Board of Directors of the American Academy of Dental Practice Administration, an academy dedicated to leadership, life balance, and success comprised of dentists that are seeking cutting edge ways to deliver high quality dentistry within quality relationships with their teams and patients.

His hobbies include golf, golf and golf. I guess you like golf.

[Laughter]

Mike: That's about it. Pretty simple.

Allison: I think dentistry is probably a hobby for you as well in a way because it seems like you sure enjoy it.

Mike: Yes.

Allison: He and his wife Mae, who I've had the pleasure of meeting and she's lovely, lovely, lovely, have been married for—is it 42 years or has it been longer than that now?

Mike: 45.

Allison: 45 years. And have two sons, Myles and Hal, are your two sons. Welcome, Dr. Robichaux. Am I saying that right? Or do you like Robichaux?

Mike: Robichaux [Roe-bih-show].

Allison: Robichaux, since we're doing the proper Cajun thing. Do you want to tell us—I had some other information, a little bit about your practice and the holistic approach that you take. Want to tell us a little bit more about that? Also, I kind of want to know how you got to where you are today.

Mike: Okay. It all started back in, I guess it was '63, I saw this 15-year-old on a school bus and I said, "That's it. That was the one." It turned out to be. So we've been together now for going on 45 years. I was in the first class at LSU. There was 30 of us in 1968. We started, I graduated in '72 and went to the Navy and spent a little time there. Ended up in Slidell in 1974.

It was pretty easy back then to start a practice. I joined a guy and I rented some space from him. We shared and eventually built the building. I kind of stumbled on something early on. I couldn't understand it until I looked back. I knew that I wasn't technically competent to be able to do the things that I was seeing coming through. I was safe for the routine stuff but I was really technically challenged for the complex dentistry for sure.

I also knew that I needed some help in the behavioral side, how to talk to people. Thirdly, I knew I needed to do some personal development. In 1974, I was like 28 years old. I was still trying to find myself. I had a wife, a child, and another one coming. So

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I intuitively knew that I needed some personal growth. I don't know where that came from but I can remember while I just saw that Robert Schuller passed away, the Crystal Cathedral, are you familiar with him?

Allison: That name sounds familiar.

Mike: Yeah, he was a preacher. He created this ministry but he spoke like I never heard anybody speak like that. He ended up building his Crystal Cathedral is still there. He just passed away. So he was the first one that got me thinking about personal growth.

So I got ahold of Norman Vincent Peale's books and I read that and got a hold of M. Scott Peck's *The Road Less Traveled*, which is still one of my favorite books today. Of course, I don't remember who gave me, I think it was Harold Wirth gave me *As You Think* by James Allen. I read both of those books, those last two books, many, many times.

When I started, Dawson was at his prime. I got his book and I ended up going out to see him. Got introduced to Alvin [Falastri 00:06:24] whom I just loved and taught me a lot of different things. The person that taught me the most about occlusion was Bernie Williams out of Kansas City, he was with SOS. I know some of the people on this call know about Bernie and SOS, and how brilliant of a human being he is. He's retired now but how much he taught me.

He not only taught me about occlusion and physical medicine but I watched him interact with people. I watched his intensity in listening. He taught me behavioral things that I didn't even know at the time that he was doing that.

I was fortunate to meet and spend a little time with Bill Farrar. For those who don't know about Bill Farrar, he's the one that

said that the disc was in front of the jaw joint and we were popping onto it. Everybody else was saying we were popping off of it. So I spent time with him in Montgomery. Early 80s came long and [Qwest 00:07:20] came along, so that sounded pretty good. So I've taken my practice in all kinds of directions and I've never killed it.

[Laughter]

It's like I've tried, but it never died. It just recovered from everything. So I went to the Qwest route. Increased my employees to 12. Well it felt really good and all of a sudden it started feeling really bad. So I said, "This didn't feel right." So through attrition I just shrunk my staff to now I have like four and a half people.

I was fortunate also at the same time to go to an AADPA meeting, my first AADPA meeting at the Houstonian. Bob Frazer was there. So I'm sitting in this lecture and he's talking about he wouldn't hire anybody who brought no name brand products. I thought that was pretty interesting. At that same meeting, the keynote speaker was Wayne Dyer. I'd never heard of Wayne Dyer. So he's fascinating and still is. I've read almost all of his books. They've been a big help to me.

A turning point in my life came in 1987. I was at a dental meeting at the dental school at LSU. Harold Wirth was the moderator of our dental meetings. I won't go into all the details but he ended up dying that night. He collapsed in my arms.

There were 200 dentists there and of all the people's arms he fell in, he fell in mine. I figured that that was no accident. It bothered me for a long, long time. I really believe it's the reason I'm on this phone call right now because of the life choices I've made since then.

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In honor of Harold, they had a special lecture at the dental conference in 1988. It was Mike Schuster. I'd never heard of him. So I'm scouting, because I'm the program chairman the next year and I'm scouting and I'm in his room and he starts talking. I'm thinking he's talking directly at me. He's describing my life and why I'm struggling here and doing all this. So I became a client in 1992.

Also during that time, something I'm not very proud of but I tried a business outside of dentistry. Ironically, the word was going around that insurance companies were going to take over. There were going to be these closed panels. Some on this call may remember that. But closed panels that the people were going to assigned to dentists. Kind of like the talk that's going around today. In spite of all the mentors I had, I didn't listen and I tried something because I thought private practice wasn't going to be possible.

Well, I was wrong on both ends. But I learned a lot. I went on and I met through Frazer I met Lynn Carlisle and got exposed to the patient-centered practice and the health-centered practice. Got really fascinated and couldn't get enough information about it.

Then in 1998, I had a little health scare. I had a kidney failure. My kidneys were beginning to fail from heavy metals. I was mercury toxic. So I went through some things with that. In order to protect my health, first thing you know, I'm doing things that people are looking for. They were looking for dentists who would remove mercury safely, so that's how I got into the holistic side of dentistry because it was strictly by accident.

The other mentor I had, the other person that really helped me a lot was Bill Strupp, down in Florida. He taught me how to deliver excellence at a real easy pace. He taught me a lot.

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So I've ended up in the holistic realm, the oral systemic connection has been—and now it's becoming real popular. I've been in this about 10 or 12 years, maybe even a little longer than that, well since '98. I see a lot of sick people. People who have illnesses, who are not happy with the medicine is taking care of them.

They're tired of drugs so they start researching their problems and they start looking on the net, some of which is bad information. But they continually read that in order in for you to be healthy, you have to get your mouth healthy. No infected teeth. You have to get your mouth cleaned up. So that's who I see.

So they come and we tell them the whole story about their mouth. These people are health-oriented. They do everything. They value their oral health. They do everything that they can financially afford. Some takes time. We do a lot of staged dentistry, phased dentistry. I have developed through the years minimally invasive, progressively conservative, minimally invasive approach to dentistry. Which fits those people to a T. They don't want their teeth cut down. They want conservative dentistry. So I've done that.

I have an ad. Can I just read it to you?

Allison: Yeah.

Mike: Because it's really, this ad brings more people into me than anything that I have. It comes from Simon Sinek's book *Start With Why*. I said, "If you are a person who places a high value on your oral health, believes that the health of the mouth is intimately related to the health of the whole body, if looking for a dental practice that listens to you without judgment and will help you get what it is that's important to you and finally understands that excellence is a choice that's made each day. Then maybe

we are a fit for you. We help people move toward wellness. We are aggressively conservative and practice minimally invasive dentistry."

I get a lot of people from that ad. I never thought I'd get people from that.

Allison: Wonderful. Where do you put that ad, Mike?

Mike: I put it in, there's a magazine called *Natural Awakening*. It's across the nation. They have franchises. Like there's a local franchise in New Orleans. The woman that runs it, she just sold, she's retired, but she became a patient. She said, "That's the kind of dentist I'm looking for."

Allison: That's awesome. I never thought about doing that. Like that's almost like an ad you would look for a team member but you're describing the patient that you want.

Mike: Oh, without a doubt. Because Sinek, as most people know by now, people like to do business with people that believe what they do. And people like to work for people who believe what they do.

Allison: Yeah.

Mike: If you interviewed my staff and asked them to list five of the most important things in their life, I bet you we would all have pretty close to the same thing. We all have the same values. So everything that I do, they buy in. They say, "Yeah, that's right." It's not like I've got to convince them. So they buy into it.

That ad, I never thought I'd get people from the web but I get most patients now come from the web, come from that kind of ad. Pretty interesting.

Allison: I love that. Thank you for sharing that.

Mike: So that's where I am. I'm a little small practice in Slidell and we're still here. As I said, I've tried to kill it through the years and it hasn't died. It just keeps going.

Allison: You haven't tried hard enough.

Mike: Yeah, I don't know. I've done some crazy things.

Allison: I wanted to ask you. We talked a little bit when we were getting ready for this call about the path you take your new patients through. Can you walk us through—so obviously you're targeting who you want to come in. So they're already coming, or most of them, probably are coming wanting what you have and they know it's going to be different probably than what they're used to. Can you share a little bit about your new patient process?

Mike: Sure. Most of the patients who are coming for the holistic, what they think they're coming for, they keep reading about they want to get mercury out of their mouth. They just keep reading that and they know about it. So they come in to get the fillings out. So I don't like prescription dentistry. Just do this, this, and this, and that's all I want. I don't like that. That doesn't enrich me. It doesn't feel like I'm doing any good.

So we start a process, and I'll just tell you, we do a preclinical. I don't do like Bob Frazer. I took Bob Frazer's courses and I love what he has. It just didn't fit in me. So I don't do a three appointment. I do a two. I do a preclinical interview, a co-discovery exam, and then I do a review of findings at another visit. Does that make sense?

Allison: Yeah, but you're saying that the preclinical and the co-discovery are in the same appointment.

Mike: Correct.

Allison: Okay. Instead of three separate appointments, you have the preclinical and co-discovery together.

Mike: Correct. But it's a holy triad, I call it a holy triad. It's the one thing, if I could look back on my career, if people say, "What's the one thing that you think created the most leverage in your life with your practice?" It would be the holy triad: the preclinical interview, the co-discovery, and the review of findings. Nothing has come close to that in terms of building relationships, establishing trust. Well I'll just tell you about it if you want me to.

Allison: All right, Ryan, is that you?

Ryan: It's me. Dr. Robichaux, can you talk about the difference to you between your co-diagnosis and your review of findings appointment?

Mike: Yes, that's what I'm going to do right now.

Ryan: I try to do good segues.

[Laughter]

Allison: Thank you so much for that.

Mike: Yeah, I'm going to share that with you right now because that's important. After so many years of doing the preclinical interview at the chair because I never had any room in my office, my office was built in 1979. I don't have a consult room. So I had two hygiene rooms because I had two hygienists at one time.

Well nothing irritated me more than that with buzzers coming at me and I just thought, I converted one of the hygiene rooms, a part of the room into a consult room. I bought a table at Office Depot by myself. It had sloped glass on top. I put it together. I wanted a desk with nothing, no fingerprints on it, nothing but a monitor and a phone. Nothing on top of that desk. I got it. I did it.

So we go into this room and we're sitting and we're talking and the most powerful question I ask them at the beginning is, after we chitchat about the referral, how they got to me or whatever. I say, "Well how can I help you? How can I help you?" I don't know what it is about that question but it just sets the tone and then they start talking. "I got this. I want to do this. I've got this health issue."

So I'll say after they've finished, I know their chief concern and all that, I'll just say, like I told this young lady today, I said, "Becca, talk to me about your teeth." They'll say, "Well what do you mean?" I said, "Well if you lost your teeth, would you be upset?" They said, "Oh, yeah." They go on. So when you're 80 years old, she's 27, I said, "Becca, when you're 80, what do you want for your mouth? What do you want to be like?"

We could see them kind of thinking because that's a right brain exercise. A lot of people, especially dentists, or dental people, we're not good with the right brain. We're good on the left brain, you give the injection, you cut the tooth, you take the impression, you do all that. But the right brain, a lot of people struggle with that. They'll talk to me, "I want to be able to eat." This and that. So I ask them the most important question at that point, I said, "Well have you ever thought about why you want your teeth?"

Some people can't go there. They can't go to the right brain. But when they can, I literally can tell by looking at the movement of their head and the way they're doing. They're moving to the right brain and they're about to describe some emotional attachment to their teeth. One woman looked at me after she did that gyration with her head, she says, "My teeth are the diamonds of my body." I said, "Thank you very much."

Another woman said, “I saw my grandmother put her teeth in a glass of water on the window sill every time I went to her house. I never want to do that.” I said, “Thank you very much.”

Another woman said, “I have this fear I’m going to go into the hospital to have surgery and they're going to take my teeth from me and the door is going to be open and people are going to be walking by and coming in.” She says, “I just don’t ever want to do that.”

Another woman said, “My mother is 58 years old. I do not want to be like my mother.” Well I just want you to know, and everybody on this phone, once they make that emotional contact with themselves—I didn’t do it, they did it—once they connect to the emotional reasons about their teeth and why they want their teeth, they do everything. It’s just like, “I’ve got to get out of the way because I might talk too much and I might interfere with what they want to do.” I can talk them out of it if I’m not careful.

But once they do that, they will hear everything about from the gums to the teeth and everything. They will do everything to get their mouth healthy. The trust factor goes up. They start telling me things about, gee, some of them talk about their love life and I’m thinking oh my gosh. But they just start telling me. My wife says, “Why do they tell you all of these things?” I say, “I have no idea.” But they just all of a sudden feel trusted. They feel trust.

We’re about to go, the dental assistant is in there with me and she’s writing notes. I don’t write. Even though we’re digital, she takes notes and then enters them into the computer later. She leaves and we do what’s called the dreadful story. I was talking to somebody the other night from Pennsylvania. They thought

the dreadful story didn't really fit right here. Do you know what the dreadful story is, Allison?

Allison: No.

Mike: The dreadful story, and I could send it to anybody on this call. I could email it to you. It's a PowerPoint. It's a story that I've observed over 45 years in dentistry of how people lose their teeth. It's a story that we begin with the difference between a medical model and what they're in.

I'll tell them, I say, you go to medicine today with doctors, people go when they have a problem. If you asked the doctor, how would you know if you were healthy, the doctor wouldn't know that. They wouldn't know what to say. They say, "Well what's bothering you?" So physicians, medicine today, is not interested in healthy. They're interested in no disease. That's not the same thing.

Dentistry, I'll tell them that most dental care is delivered when something happens. They break a tooth. They get a filling or they get a crown. They get a root canal. They had a toothache, they get a root canal. They're shaking their head, yeah, yeah.

So this is my opportunity to tell them, I say, "Well what you've entered into is a health-centered practice of dentistry. We focus on wellness." I said, "We actually have a health model that if you ask me how would I know if I was healthy dentally, I can tell you." So I bring up this picture. I got it from Mike Malone, if everybody knows Mike Malone at AACD. Schuster said he gave it to Mike Malone, I don't know. I don't want to get into all of that.

[Laughter]

Anyway, I got this picture. It's a cross-section of a tooth: gum, bone, tooth, pulp, another tooth hitting it. I said, "If you could get

your gums and the bone around your teeth free of infection and inflammation…" Then I take my finger and I go across the tooth, I said, "If you could make sure there were no openings in any tooth. Thirdly, if you could dissipate the forces throughout all the teeth and control those forces, you would be healthy. That would be a dental health. You would be healthy."

I show pictures. I have two young people in their 30s, 35, that are pictures of health. They've got beautiful anatomy. The front tooth and the eye tooth are the same length. The lateral is a little shorter. The gums look like an orange peel. I'm showing it to them. I'm showing them what health is.

I said, "The good news is, you don't have to be like these people. You've just got to move that way." So the conversation is so different than anything they've ever had already. Then I go through it. I show them what plaque is. I show them decay. I show occlusal. I show an MOD and I show an MODFL. I show a root canal and a broken tooth. It's just this whole story on how we grind our teeth and then we lose back teeth. We lose all the teeth. I have a picture of somebody with no teeth.

I said at the end, like I told the lady today, I said, "Becca, what we're going to do now is you're in this story somewhere." She's shaking her head. "Yeah, I've had five root canals." She's 27 years old. Started crying by the way. She said that I was the first dentist that listened to her. I had to go get Kleenex. I told my staff, I said, "I did not make her cry." Because they look at me like I did that. I said, "I did not do that." But I had to go get a Kleenex.

I said, "Becca, we're going to go next door, we're going to go see, everybody I sit, sits where you are, is in this story. We're going to go see where you are. The game we're going to play is what would you be willing to do to stop the progression of this

story? How does that sound?" She says, "Great, let's go do it." So we go. That's where the preclinical interview is over. Ryan, that's the end of that.

Now we walk and the dental assistant is waiting at the door of the operatory. We go in. Before we lay them back—this is a big moment right here—I like it even before they put a bib on them because I want them to know what normal is. So I said, "Becca, look straight ahead." She looked straight ahead.

I said, "I want you to clinch your teeth as hard as you can but keep your face soft so I can't tell." She did that. I said, "How much time during the day are you like that?" She says, "All the time." I said, "That's not good. That's not going to help you get what you want." See I always go back to what it is that they want when they're 80 years old.

I said, "Let me show you what normal is." I get in front of her and I said, "Your lips are touching, right?" She said, "Yeah."

"You're teeth are apart?"

"Yeah."

I put my hand in front of her face and my hand is just kind of dangling there. I said, "Now the tongue is like a sailboat on a pond in south Louisiana when there's no wind. There's no sail on the boat. There's no motor. The boat has no energy. I want you to experience that right now." Some people cannot do it. So I said, "You've got homework."

I don't have time right now but there's a little exercise that we show them to help them do that. Maybe sometime if somebody wants to chat I could do it later. Then we go through the exam. We give them a mirror and we show them the gums. Show them what a probe looks like and how we're going to check the gums. I do the exam and bring them into it as much as we can.

At the end, I sit them up. I say, “As you can tell, you have some issues going on here. With your permission, I'd like to get a panoramic x-ray and maybe some few little close-ups.” So we’ll do that. I’ll leave the room and I’ll come back and we’ll look at the x-ray together. We’ll just chat a little bit.

Then I always try to have them have hope before they leave. I don’t want them to leave feeling bad or depressed. I said, “Becca, just so you know, there are a lot of people who would love to have your teeth. We tend to dwell on what’s wrong but you’ve got a lot of stuff that’s good here.” Oftentimes, I’ll tell them, “Your mouth is like an antebellum home. You're like an antebellum home, your mouth is. Cyprus beams, cedar here and there. But you may need some little wiring and some plumbing here but you’ve got good teeth.”

One woman told me yesterday, she said I was the first dentist, she’s 45, she said, “You’re the first dentist that ever told me I had good teeth.”

“Oh, you have great teeth. You need some attention but you have great teeth.”

It just changes the whole dynamics. So I tell them, “You’ve got a little gum issue and you’ve got some old stuff here. You’ve got some issues with your bite. We’re going to talk about that next time.” So they're leaving understanding that they have something. They don’t know what it all means but they have that.

I personally take the photographs and I tell them, “Look, I’m 68 years old. I don’t do anything that’s not important.” They look at me and I said, “Gets me in trouble at home, but over here, I don’t do anything that’s not important. This could be uncomfortable but it’s very important.” So we do that and they leave.

They always, always, always say, tell my dental assistant, “I’ve never been examined that way in my whole life.” So they come back. Ryan, I’m going on to something else now. I tell them that I’m going to take these photographs and I’m going to be alone with my notes and the x-rays and photographs. I said, “I’m going to get a sense of what’s going on and come up with some kind of idea of where you can go with your mouth.” They feel good about that. So they’re coming back.

In south Louisiana, if you want to have a meaningful conversation with somebody, you go in the kitchen and you sit down and you get a cup of coffee and you talk to them. So that’s my vision of when they're coming back, we’re going to have a talk. I bring coffee in there. I ask them if they want some, no, yes, or whatever, tea.

We sit and I tell them upfront that my intention today is to help you make good decisions. That’s my intention is to give you enough information so that you can make a good decision. I say, “I have no agenda here. One choice you’ll always have is to do nothing. That’s always a choice.”

So we have these conversations. I’m showing them and they're seeing. The photographs, I’m a big believer in photography. If anybody goes to my website, that’s the kind of pictures we take. I don’t like the intraoral camera. I like photography. It’s self-explanatory. At the end, I ask them if they have any questions. I’m kind of going through this real fast. I ask if they have any questions and they’ll ask them and we’ll talk. I said, “Do you want to talk about the fee?”

“Oh yeah, that would be good.”

“If you did everything I present in the review of findings…”

If anybody wants the template for the review of findings, along with the dreadful story, I'd be happy to share that with you. I have a path that they go on: nonsurgical perio, the closings of all the openings in the teeth. Oftentimes they have to make a decision about their bite. Do we accept it and sleep with an orthotic? Do they do splint therapy? Do we find CR? Do they see an orthodontist? There's a little choice there.

I give them choices about failing root canals. You can extract or you can have it retreated. What would you like to do? The decisions they've got to make. Then I give them a fee. I just give them an overall fee, a close guess as to what it would take. Just to close the openings and the periodontal part, the non-surgical perio, and the orthotic.

We get treatment plans anywhere from $4,000 to $8,000, $12,000. I had $12,000 the other day just doing minimally invasive—Allison, you and I talked about the adhesive dentistry that we're doing know that's revolutionary. People are just—and Dr. Wathen knows about that because they're doing it at Baylor. It's just unbelievable. I think it's the whole process. I think it's the trust that occurs at that preclinical interview.

I think it goes back to the phone call when they call in and they meet Maureen or Mae. They go to the website, it's all congruent. What they felt they keep feeling throughout the whole way. So they all have the same experience. That's my goal: that everybody has the same experience. So if they refer somebody, they're going to get the same experience. I think that's very important. So that's the holy triad. I hope that makes some sense.

Allison: That makes a lot of sense. Jill has a question.

Jill: Can you hear me?

Mike: Yes.

Jill: Hi. This is all great. I totally agree with everything you're saying. I just want to know what adhesion dentistry is. I'm not up on that.

Mike: Well, my friend down here in Thibodaux, his name is Bruce LeBlanc from Thibodaux. So Robichaux, Thibodaux, and LeBlanc. You know where we are. He's come up with his own version. Adhesive dentistry is bonded dentistry. He coined the phrase maximized adhesive dentistry.

He has developed a technique that is the best technique I have ever seen in the 45 years that I've been—well we haven't been doing bonding that long—but we started doing bonding in '72. We were using Nuva Light back then. So adhesive dentistry is minimally invasive dentistry is what it is.

Jill: Okay, rather than composite.

Mike: Correct. It's the adhesion part. You know how it is, you prepare the tooth. We bond, we prepare the tooth to receive the restoration.

Jill: Sure.

Mike: Well it's the adhesive dentistry, that first part, that adhesion to the tooth, then the restoration adheres to the tooth where there's no separation. So that's what it's called.

Jill: Okay. I guess I was just confused. I guess I've always heard it as resin or composite or bonding.

Mike: Correct. This is like another level that's never been achieved. To my knowledge, I don't think anybody has ever gotten it this tight and this powerful. You can go to my website and see some of the results that we're getting.

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Jill: All right.

Mike: Thanks.

Allison: Thanks, Jill. Thank you for asking. It is pretty incredible. I've been talking to Mike a little bit about this because this seems to be—I know in my life when something shows up—you know, like if someone recommends a book to me once, I go, "Oh, yeah, that's nice." Then if someone recommends a book again, this is how adhesive dentistry is coming up for me. Like I hear it and I go, "Oh, yeah, that's nice." Then I hear it again and then it's like, "Maybe I better pay attention."

Then I have another conversation and it's like, "Maybe I need to take some courses or learn how to do this" because now all of a sudden I have patients showing up who I'm going, "You know what? What Mike is talking about would work better for this patient." Or they can't afford to do a full mouth of crowns or whatever. There's just so many opportunities.

Jill: It's nice to know as a hygienist. I mean, I have not been a dental assistant in 17 years. So it's nice to know as a hygienist so you can kind of get the idea of what to suggest to your hygiene patients for the doctor, know and understand that part. So I'm coming at it from a hygienist point of view. I'm not a dentist, but…

Mike: My hygienist is so proud to see people coming in and being able to talk to them because the resistance over 45 years of getting people to let me cut their teeth down inherently, intuitively they felt that they didn't want to do that. If you, once again, I hate to sound like a broken record, but if you go to my website, especially some of the anterior composites on this one lady that had bullet holes between her teeth. The way she looks now four and a half years later looks exactly the same as when we did it.

Jill: That's awesome.

Mike: It's life changing for the dentist, the staff, and the patients. It's just been a remarkable thing.

Jill: Amen. Thank you.

Mike: Thank you. Good question.

Allison: Thank you for the question. So how long do you schedule for your new patients to do the preclinical and the co-diagnosis both in one day?

Mike: We give them a little bit more than an hour. One of the things at this stage in my life because I really am practicing because I want to practice, but you have to make a living or your practice can't go. So I tend to be a little looser with time than my younger days where I just packed everything in. So I will spend maybe 30 to 40 minutes, sometimes 50 minutes, depends.

Like the preclinical interview today with the 27-year-old went on for a long time. She started crying because she was very ill and very ill as a young woman. She cried because I started connecting her symptoms and everything to the things that could be going on in her mouth and nutrition. We had a nice conversation. So we spent an inordinate about of time with her. But to me, if that's all we did, that would be fine. I mean if all we did was the preclinical. We give a little bit more than an hour.

Allison: You get a lot done in that time.

Mike: It flows beautifully. My staff, I mean, we don't take 24 x-rays like we used to do. We do a pan and bite wings, maybe some periapicals of root canaled teeth if I'm not sure. So we're not doing the full mouth like we used to. We're not spending a lot of time with that. We don't have to, DEXIS develops immediately, I mean it's digital.

Ep #39: Creating a Holistic Practice with Dr. Mike Robichaux

Allison: What is your thought about, tell me what your, like not doing an FMX or doing a pano instead. What is your philosophy there?

Mike: Well, the majority of my patients are very resistant to radiation. They're just very resistant. The Planmeca that we have is a pretty awesome machine. My periodontist still takes 24 periapicals. I just, I feel fine to be honest with you. Are we missing something? Possibly, yeah.

Sometimes we'll do periapicals of the upper, lower, and anteriors if the spine is in there. If there's some question on a tooth, we'll do a close-up. But the DEXIS software, it's pretty good. I mean, could we do both and do better? Probably. I just don't know, well, the patients just resist it so much. I mean, they really do. So I don't have a good answer for that.

Allison: That makes sense. It all makes sense. I mean, if you feel like you're seeing everything you need to and it's working for you.

Mike: We have not had any catastrophic misses. I have a hygienist, Jill, I have a hygienist, she cleans but she's looking for openings in teeth and she's feeling. We do, I don't want to say a lot, but we do significant amounts of i-CATs. We have an endodontist in our parish that allows us to use, they charge us $100 per patient. And BeamReaders is a group of radiologists across the country that reads it. They charge $100.

So for $200, if we're concerned there's a lot of root canals and we want to make sure there are no infections, somebody is going to have a knee replaced and the surgeon says, "We have to know if there's any infections," we do an i-CAT. The radiologist said, "I want to know if there's any infection in the maxilla or mandible or anywhere." They do that and they come back, say, "No, all root canals are working. The bones around." The lamina dura is there. You're all good to go. So that's what I do. That's where I've come to, I've evolved to here.

Ep #39: Creating a Holistic Practice with Dr. Mike Robichaux

Allison: I guess the part I have a question about was I really enjoyed your—and I would like, however you want to do it, Mike. If you want to send me a copy of the template and the dreadful story, I can distribute it if you guys want to email me.

Mike: That would be great because I wouldn't have to…

Allison: And you wouldn't have to do it, yeah.

Mike: Yeah. I send it by what's called Hightail. It's like Dropbox. It's the old YouSendIt, it goes real quick. I mean it just goes and you can download it and then you can send it to wherever you want.

Allison: Okay. So when you say no openings in teeth, no holes in teeth, are you talking about open margins and decay and…

Mike: I'm talking about when I do that—when you get that template you'll see that piece that came from Mike Malone. It's a tooth in there, two teeth hitting each other. The one tooth is dissected and bisected and I'm looking at the pulp and I run my finger and I said, "There are bacteria in our mouths who get up in the morning or get up at night, whenever they go to work. They get their lunch bucket and their job is to get inside this pulp. To this pulp."

I'll point to the pulp. I said, "They're trying to kill that pulp. That's what they do. They are relentless. They are looking for a crack, an opening." I said, "In the health model, there can be no way for bacteria to get into the pulp." That's my thought. So that means a crack. It means an old filling. It means a bonding, debonding. It means an open margin.

Today, I know I'm archaic, but Bill Strupp taught me 25 years ago that he felt that eugenol, and I'm not sure that I still don't believe that. I do believe it today. That it inhibits the set of the composite of the adhesion. So I still use zinc phosphate

cement. I have the patient come back from the endodontist, I take the plug out. I ask the endodontist to let me do that. We micro-etch it, we sterilize it, we bleach, and I put a little zinc phosphate plugs on the gutta-percha.

So there's no eugenol in that chamber at all. Then I go through with adhesive dentistry. I put the things in and then I fill that chamber and I close that chamber. I tell the patient, "If the crown is good," I said, "I don't want to meet the bug that's going to get through all this." I said, "I don't want to meet him."

Like I did today, I actually bonded the restoration to the all porcelain crown. I used hydrofluoric acid and that tooth is sealed. I said, "The number one reason this root canal will fail is if bacteria get under this crown and through this hole." I said, "It ain't coming through this hole. I'm just telling you." They know when I'm finished it's not coming through because we take our time. Any crown, anything, if there's a crown with like a red ring around it, I'm thinking, and it's been in there a while. I'm thinking the margin is probably failing and the bacteria is getting underneath there.

So I may replace things quicker than other people but the adhesive dentistry protocol that we're using now, if we're not too late, teeth don't die. The number of root canals over the last 20 years when I started with Bill Strupp with scrubbing and sterilizing, we've reduced the number of root canals in my practice 90 percent. I bought all that equipment to do them and I hardly do a root canal. I refer now molars because I can't find the fourth canal in those upper molars.

The number of, I mean, we take teeth that I promise you 90 percent of the dentists would say, maybe 95 would say, "You need to do a root canal here." As long as they're not having to walk on the floor with a toothache, that's a little late. But if

they're just sensitive or they can't chew on it. I mean, we've had pulp exposures, we've opened them up a little bit. Ultradent has what's called Ultra-Blend Plus. We cap the pulps with that and then do that adhesive dentistry. Teeth are not dying.

We don't crown root canal teeth anymore. I don't crown root canal teeth. We can cusp but we do not cut teeth down to make them stronger any more. The endodontists, they get nervous, I said, "Just trust me on this one. It's going to be okay. This stuff works." We don't crown teeth. I mean, how many root canaled teeth do you see come in with the crown in their hand and the tooth is in the crown and broken off at the gum line. I don't do that anymore. There's a lot of stuff I don't do but that's just where we are.

Allison: So interesting.

Mike: I'm sure a lot of people are saying, "This guy has lost it."

Allison: I think it's very interesting. We have a guy in our study club, I told you that I might invite him to come be on the forum but he's definitely thinking along these lines.

Mike: Good.

Allison: I think I shared with you, we just got back from Spear.

Mike: Right.

Allison: Frank is a perio prof guy. Greg Kinzer took over his practice probably close to 20 years ago now and Greg was talking about, he called it "minimally destructive dentistry."

Mike: Correct. Yeah, I heard you say that the other day.

Allison: Yeah. He was talking about doing a lot of stuff in composite.

Mike: What's his name? From South America? I think he was from South America. One of the great composite guys. I mean,

magical. He said that the greater the tooth structure remaining, the better the prognosis. I really believe that. Especially if you go to my website and you see that woman that had the punched holes between the mesial and the distals and all the centrals, laterals. Thinking about cutting that beautiful enamel away. We saved that. Prognosis just incredible. It's just incredible. So I feel real good about that.

Allison: I know the Mone brothers. I saw them a couple years ago.

Mike: Maybe that's who I'm thinking about. I forget who told me about them, they quoted them.

Allison: They were doing a lot of composite and a lot of—I mean, it was very interesting and very beautiful. Do you do any indirect or is it all direct?

Mike: The only crowns I do pretty much are teeth that have crowns that have failed and implant crowns. But in terms of restoring teeth, we're in Louisiana. We're one of the poorest states, if not the poorest state in the nation. The odds of me doing 28 teeth so small, I spent my whole career frustrated that I wasn't doing what I was learning. The full mouth reconstructions and whatnot. Patients just couldn't.

I felt I had the behavioral skills but when you start talking about something that's half of their income for a year to fix their teeth or equal to their income, it doesn't work very well. So I've been frustrated most of my career but now if I could just share one thing what I've come to in terms of the most important thing that I think we can do for another human being, as a dentist, is to help them stop their mouth from deteriorating.

Forget about reconstruction and all of that. When we look at people and I've got slides of—I've got two, a husband and a wife, they probably spent $150,000 of repaired dentistry in their

mouth. And their mouths are wrecks right now. Implants failing. Root canals failing. It's just, something happened over here, somebody did that. Somebody over here, they did that. They never experienced a disease free, stable mouth. How do you get that? So that's what I take the most complex cases and I said, "We have to stop this mouth from deteriorating. We don't need to call the carpenter. We need to call the fireman."

So we begin with no inflammation, no infection in the gums or bone. So we extract teeth that can't be saved. We retreat them if they have to be retreated. We do periodontal root planing or whatever it takes, grafting, I refer almost everything now. But whatever it takes to get those gums healthy and free of disease. The bone, free of disease. That's number one.

The second thing is we go through the mouth and we close all the openings. If they have a bunch of crowns and they can't afford to do a lot, we might put temporaries on there. We make nice temporaries. But most of what we're doing is adhesive dentistry. We're just building teeth from the inside out. We call them a build out. We're building them.

So when we finish, we go through by quadrants. We might spend a whole morning and do four or five teeth. May take an hour per tooth. The fees are good. We're getting really good fees. We tell them, "It's a whole lot less than a crown." Although our fees are approaching a crown. But I said, "It's not as cheap as a filling or if you just had a filling down. It's not a filling and it's not a crown, it's in between."

We're doing most of the build ups or build outs of the teeth. All of a sudden, their gums get healthy. The teeth are closed. They're tough too, these composites. I've never had a catastrophic failure. I've had chips, little chips come out of it. But I've never had a catastrophic failure.

Allison: You don't get like decay getting underneath them or anything like that?

Mike: No, well, I am a human being, so I'm not perfect. But with the use of the technology, the bands that we use, we're getting adhesion to the tooth like we've never gotten it before. So a lot of what we're seeing where composites are catastrophically failing or teeth are abscessing because there's no bond, we don't even come close to that. But we're not getting any catastrophic failures like fractures of these huge composites.

Once again, on my website, with teeth flat to the gum line we can build them. We can build them up and they've still been in there. I must have 15 of those and the oldest one is like two years. There's been no signs of any leakage, or breakage, or anything on those things. I feel very confident.

Anyway, so we go through, the gums get real pink and healthy, as best we can do and they can do. There's no infections. The teeth are all closed and we make them a bite appliance. We just stay. And we stay with them. We check in on them at a recare visit. We tell them, "You may need more dentistry later on. You may need to deal with the bite or whatnot." But what we're finding is that the mouths have stopped deteriorating.

They're coming in recare visits and some of these people are a little older. I said, "Are you aware that you're not going to lose your teeth?" They look at me, they said, "I am, I'm not?" I said, "No, you're not going to lose your teeth. Your mouth is younger than you are." I said, "When we met you, your mouth was older than you are. We have some very young people who have elderly mouths. We have some very elderly people who have youthful mouths."

I said, "Your mouth is younger than you. Your mouth is not deteriorating. You have no disease. All your investment is

paying off. You should see their face, it's almost like they're floating out of the chair.

Allison: It's making me float right now.

Mike: They're so excited.

Allison: I love that.

Mike: It's just like a burden off their shoulders. I said, "No, all that time and energy and money you spent, you're getting the dividends now. You may get something that might have to be replaced. You might get some cavities." I tell them on those composites. I said, "If we can just hold your teeth together for 10, 15, 20 years," I think they'll last 20 years, maybe longer.

I said, "And something starts to fail, you can replace this. There will be some better materials. Better than what we have and your teeth will still be alive and you'll have teeth to work with." So that's where we are right now. I know it's kind of crazy. But it's the most fun I've had in a long time in dentistry because it's just…

Allison: Do you think what's allowing that is the number one, it's the adhesion techniques. I know that Dr. LeBlanc's technique is different. I don't know it. I can't wait to learn it. Is it the composite material?

Mike: Well the nanohybrids combined with the adhesion now we're getting is just off the chart. I'm telling you, I got teeth that just as far as virtually no tooth left, we're adhering to what's left. Some of them I use pins, I still use pins occasionally on the real flat ones. But there's a band, I think I told you about the Greater Curve Band. It's called greatercurve.com that this guy from Indiana—if I ever met him, I'm going to kiss him on the mouth. I'm probably going to get punched in the face but I'm going to kiss him on the mouth because he has just made my life.

It's a band. It's the Tofflemire holder with a band that is tapered. When it's put around the tooth, the tighter the band goes, the more it grabs the neck of the tooth. So more often than not, we're not using wedges. Then the top part of the band is flaring out towards the contact area. But as I mentioned to you, if anybody tries that, you have to turn the Tofflemire upside down.

It's the exact opposite of the way we used to do it. Because when it's upside down, it tightens the neck of the tooth even better. Then the techniques that we're using—there's no voids anymore. We don't have any voids. We don't have any openings anywhere. It's just one solid bonded tooth restoration with no separation at all. It's remarkable, just remarkable.

Allison: Thank you so much.

Mike: Guess we're running out of time.

Allison: We are running out of time.

Mike: I thought we weren't going to have enough to talk about.

Allison: Oh yeah, we could go on for a little bit longer. Do you want to give, I don't know if anybody might want to contact you to ask questions about the courses. I know that you and Dr. LeBlanc teach some courses about the adhesion. I am happy to have you send me, I can send you an email. If we can get it to go through. We were having trouble last night. But the template, the dreadful story, and there was something else that you mentioned that I actually wanted to get from you.

Mike: I definitely can send you that.

Allison: You can send that to me and then I can distribute it with your permission which you've already given.

Mike: Oh, absolutely. The template, I have one that I have as a gift. It doesn't have my name on it or anything. You can put your

name on each. I created a little logo at the bottom of my slides I use in my lecture but I put it on my—I give it to them to take home. I created some little flash drives and I copy it. I give it to them with their x-rays on, so they have their records and they have their photographs. They go home and they talk to their spouse or whatever. But I could send, I have the template and the dreadful story. It's a gift because it's not my name on it. You don't have to go through taking all that off of there.

You know, anybody that uses it might say, "Look I can get better slides than these" and make your own. The dreadful story is one of the most powerful things to get people to understand what we're trying to do here and what's happening to them. I don't know how I could say it enough but if you think of that third thing, just let me know. I'll send you anything. Everything I got I got from somebody else, that fellow Wathen.

Allison: I think I've heard the fire and the carpenter story from Wathen.

Mike: That's where I got it from. I have pictures of fireman and carpenters. So I don't call the carpenters first, I call the fireman.

Allison: Yes, I like that. Thank you so much, Mike. We've enjoyed you thoroughly.

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