Creating Awareness

The esthetic difference between all-ceramic crowns and porcelain-fused-to-metal (PFM) crowns is obvious to dental professionals but needs to be pointed out to patients. I've been surprised over the years how many patients know at least one person with "those black lines" at the gumline of their crowns. Many patients have even confessed putting off the restoration of their anterior teeth with porcelain because of their dislike of a PFM crown's metal facial margin.

When discussing all-ceramic crowns with patients, it is helpful to have a picture of a mouth with visible facial metal margins on PFM crowns so the patient understands what you are talking about. We use a picture taken with cheek retractors in place so the margins are easy for the patient to see. We then show a picture of the same mouth restored with all-ceramic crowns, and the patient's reaction is usually immediate and profound. We take this opportunity to explain that this type of esthetically superior crown is more time-consuming and more expensive to produce, and that all of our patients have found that the upgraded crowns were worth every penny. It is also helpful to have a spare PFM and an all-ceramic crown on a model so the patient can see each crown up close and better appreciate the esthetic difference.

Even though we place all-ceramic crowns on all anterior teeth in our practice, we find that by showing the difference between the two crowns, we not only create more value for our fees, but we have more patients who decide to restore their other teeth in addition to the one or two PFMs we may be replacing. In other words, the patient's base of thinking is switched from viewing a crown as merely a functional restoration to one that can actually give them the smile of their dreams.

Who is Interested?

The easiest way to identify which patients are interested in all-ceramic crowns is to put an open-ended esthetic question somewhere on your health history form. This form should not only be filled out by new patients, but by patients who are updating their health history. Without fail, most of our esthetic cases come not from new patients, but from existing patients who we never told about esthetic dentistry or a patient who has a newfound interest in their smile.

The question we use on our health history is: "If you could wave a magic wand and change one thing about your smile, what would it be?" Any response to this question (besides "nothing") is the perfect invitation to talk and show esthetic dentistry to the patient. In addition, any patients with existing PFM crowns on anterior teeth are asked if they like how their crowns look, of if they have seen the new generation of crowns. Any exposed metal margins are captured with our intraoral camera so that they may be discussed with the patient.

Fees

As with many other dental procedures, fees can play a large part in determining whether the dentist enjoys providing a certain service for the patient or loathes that service. One of the biggest areas in dentistry that I notice this is with porcelain veneers, but it holds true with all-ceramic crowns as well. The profit and well-being of many general dental practices are provided through their crown-and-bridge department. In many offices, there is a direct correlation between how many units of crown and bridge they did that month and how successful they were financially. In general, most offices tend to charge anywhere from six to eight times their lab bill for a single-unit crown. The problem occurs, however, when a dentist charges $625.00 for a crown and $545.00 for a veneer. I'm not sure how so many practitioners ended up charging less for a veneer than a crown, but the consensus (believe it or not) tends to be "because it is smaller than a full crown." A more accurate way of setting fees is based on both the lab fee and the time required to prep and cement a restoration, rather than using the size or weight of the restoration.

A veneer fee needs to be at least equal to your single-crown fee, and the fee for an all-ceramic crown should be approximately 10% more than your PFM crown fee. Some offices now charge 20% more for a single anterior crown to take into account the added time and skill necessary to blend it in with the surrounding dentition. Dr. Hornbrook charges more for a veneer than for a crown in his private practice, and it is my belief that if all dentists followed this philosophy, both the quality and the quantity of veneers done in this country would skyrocket. Because the porcelain veneer is nearly always an elective procedure, and patients rarely expect insurance coverage for elective esthetic procedures, the veneer fee is about the easiest fee to set at whatever level you want. Patients who are seriously interested in veneers would gladly pay 15% more to have the case sent to "the best lab in the state," proving that there is a strong relationship between higher quality and higher fees.

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Conventional Cementation

It takes more time to prep an all-ceramic crown than a PFM because it takes more time to accurately prep the necessary modified shoulder margin for the entire prep, as well as rounding all external and internal line angles. Cementing the restorations will usually take more time as well, especially if color correction needs to be done at this appointment.

Nearly all labs charge more per unit for all-ceramic restorations than they do for a standard PFM, which also raises the overhead for the procedure. My experience has been that most dentists love crown and bridge, not just because it is rewarding clinically, but because it is rewarding financially. If an office does not have proper fees in place for all-ceramic restorations, the chances are that both dentist and staff will become discouraged providing these services. Many dentists have been heard to comment during an eight veneer cementation, "If these were PFMs, we would have been done an hour ago!" If your veneer and all-ceramic crown fees correctly reflect this extra time investment, that sentiment disappears immediately.

For offices currently charging the same for an all-ceramic crown as a PFM, Dr. Hornbrook's conventional cementation technique makes a lot of sense. Not only are hybrid ionomer cements less expensive than composite resin cements, the time necessary to place the restorations is dramatically cut down because you are not required to go through all the bonding steps that are needed when using a resin cement. This technique is significant because it makes the placement of all-ceramic crowns nearly as easy as PFMs and is certainly less technique-sensitive than traditional resin cementation.

Readers are reminded that Dr. Hornbrook's conventional cementation technique will NOT work with most all-ceramic crowns and/or hybrid ionomer cements. If you want to implement this technique, use the same materials as Dr. Hornbrook to give yourself the greatest chance for success.

This technique is presented as an alternative to PFMs when use of a resin cement is contraindicated because of: (1) an inability to properly isolate or (2) the result of subgingival margins. This technique is not intended to replace the traditional resin bonding of all-porcelain restorations or to make up for the fact that the fee for an all-ceramic restoration is not as high as it should be to reflect the increase in lab fee, time, and skill that are necessary. ■