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SHELBY TOWNSHIP, MICHIGAN



DR. BAN R. BARBAT, DDS SHELBY TOWNSHIP SINCE 1997 • DDS, UNIVERSITY OF MICHIGAN • LVI FELLOWSHIP

THEY HAVE ALREADY DECIDED HOW BAD IT IS

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In her own Shelby Township practice since 1997, Dr. Ban Barbat spends much of her week on adults who arrive carrying a diagnosis they issued themselves — and rebuilding the bites, and the smiles, they had already written off.

Nobody is present for the decision. It gets made alone — a bathroom mirror, a phone light, some hour when the house is quiet.

By the time an adult who has not seen a dentist in ten or fifteen years finally calls an office, the appointment is not really a question. They have run the exam in their head already. They know what the X-rays will say. They have settled privately on the worst version of it, and what they want from the visit is not an opinion. It is confirmation.

Dr. Ban Barbat has been receiving people in that condition since 1997. What she has learned is that the teeth are the second problem.

One woman could not be talked through the door for a cleaning. She had not been examined. She had decided anyway.

“She thought they were going to all have to be pulled and dentures was all that she could do,” Barbat says.

She was wrong. The work took about a year, taken in pieces, with sedation each time, and the order of it mattered more than the dentistry did.

“We did a little bit at a time to start to gain her trust back in dentistry,” Barbat says.

Somewhere in that year the woman told her she was done with the sedation.

“She said, I don’t need that stuff anymore. I trust you.”

A verdict like the one she arrived with is rarely built out of nothing. It is usually assembled out of one bad appointment and then a decade of silence in which nobody is in a position to contradict it. Nobody was going to. The person had stopped going.

So the first thing that happens in Barbat’s office is not treatment. It is somebody disagreeing with them, and then disagreeing again, appointment after appointment, until the sentence they wrote for themselves stops sounding like a fact.

That is an unusual thing to be good at. It did not start in dental school. It started when she was the one in the chair.

> “When [patients] need to stop, we stop … When they have a question, we stop.

1997	520+	2	24
Practice Opened	Google Reviews	Doctors, One Office	Years of Scholarships

THE GIRL IN THE CHAIR

The patient who was never afraid: a childhood of crowns, a job as a dental assistant, then a DDS from the University of Michigan.

The origin story you expect from a dentist who specializes in frightened adults is the one where she was a frightened child. It is the standard version, and it is not hers.

“When I was a little girl, I had a lot of dental visits myself, many crowns as a child and lots of time at the dentist office,” Barbat says. “And they made it really great. I don’t remember crying. I don’t remember anything hurting. So it was a good experience.”

She kept going as a teenager — more time in the chair, still uneventful. That, she says, is what made her curious about the work in the first place. Before dental school she took a job as a dental assistant, and the view from that side of the room settled the question.

“When I became a dental assistant, it sort of cemented the road. Like, I think this is what I want to do. You know, I experienced dentistry as a patient. And I thought, when you experience dentistry as a patient, you look at it very, very differently — that person sitting in the chair, because you’ve been that person so many times.”

The rest of the résumé is conventional enough. She did her undergraduate work at Wayne State. Dr. Barbat earned her DDS from the University of Michigan School of

Dentistry, where she received an award for comprehensive care. Then something less conventional — a year of residency at a Veterans Affairs hospital, treating patients for whom cost was simply not part of the conversation.

"We were able to give them ultimate treatment plans the right way and not worry about cost," she says.

It is worth sitting with what a year like that does to a young dentist. She spent it learning what the correct answer looks like when nothing is negotiating with it — nothing to weigh it against, no patient doing math in their head while she talks. Every year since has been spent trying to get people as close to that answer as their actual lives allow.

Then an associateship at a busy practice, and then her own doors, in 1997, in Shelby Township. She is candid that the last step was the frightening one.

"When it came to actually owning my own practice, that was a lot of anxiety," she says. "But when it came to CE and learning, no — I jumped right into those."



The conversation comes before the chair.

WHAT SHE FOUND ON THE OTHER SIDE

Cost, time and pain — and sedation from nitrous oxide to oral, with IV sedation provided by Dr. Shakfa.

Here is the thing about having had a good childhood at the dentist: it makes the alternative visible.

Barbat came into the profession assuming the chair was survivable, because for her it always had been. What she met instead were adults who had been away for a decade, sometimes two, and who arrived carrying a very specific inventory of reasons. She names them in the same order every time, without being prompted, which is what happens when you have heard something a few thousand times.

“For some people, they’re worried about the cost. For some people, they’re worried about the time it’s going to take. And for some people, they’re worried about the pain. How much is it going to hurt?”

Cost, time, pain. Not one problem — three, arriving in different combinations, in a person who has usually already lost an argument with a previous dentist about at least one of them.

Barbat’s answer to each is a method rather than a promise, which is the detail worth noticing. She does not tell you it will not hurt. She tells you what happens if it does.

For pain, the practice offers several options to help patients feel more comfortable during treatment, including nitrous oxide, oral sedation and medication to help manage anxiety. For patients who require IV sedation, that service is provided by Dr. Shakfa.

“I focus a lot on that as far as comfort,” she says, “ where that wasn’t the case maybe thirty years ago. They didn’t have those tools thirty years ago.”

For cost and for the sheer scale of a treatment plan that has been accumulating for fifteen years, the answer is sequencing.

“Make sure I offer them time to do the work. Like, break it down over time. You don’t need to do everything all at once, so they don’t get scared.”

And for the fear that shows up before any of it — the fear of simply being told — she edits herself.

“So I don’t present too much and scare them away, but still tell them what’s going on.”

That is a harder discipline than it sounds. Telling somebody less than you know, deliberately, because the whole of it would send them back out the door — that runs against every instinct to be thorough. Barbat’s approach takes more time initially, but it helps build relationships that can last for years.

"That way they trust that I'm doing something for their benefit, not just to make money," she says. "Because that's what a lot of patients think when you present treatment."

> When I was a little girl, I had a lot of dental visits myself, many crowns as a child ... I don't remember crying. I don't remember anything hurting.



An exam in one of the practice's treatment rooms.

THE RULE THAT RUNS THE ROOM

"When they need to stop, we stop." Pacing, consent, and an exam that starts with the patient's goals.

Ask Barbat what she wants the practice known for and she does not reach for anything that would look good on a billboard. She describes a rule.

"When they need to stop, we stop," she says. "When they have a question, we stop."

That is the whole positioning, and it costs the practice chair time every day it is honored. What makes it land is what she says next — not a competitor by name, just the ordinary experience of being processed.

“A lot of them just rush you. They just want to get in and out. And you don’t feel like you’re heard.”

She returns to it later, unprompted, when asked what she has always wanted to be known for.

“I’ve always wanted to be known for quality care that is going to be done at a high level of comfort and patience, because we are very patient with our patients,” she says. “I want everyone to know we really listen. We go out of our way to listen and we go out of our way to treat you like we’d want to be treated.”

The stopping rule is also, quietly, the reason the sedation works the way it does. A patient who has been told the work will stop the moment she says so is being handed something no medication provides, which is a functioning brake. Sedation makes the appointment tolerable. The brake is what makes the next appointment possible.

Which is also why the measure of the sedation is not how much of it gets used. It is whether it eventually stops being needed. In Barbat’s office sedation is scaffolding rather than a fixture — the thing that holds a patient steady while the trust is being built, and that comes down when it is no longer holding anything up.

It has a mirror on the front end of the visit. Barbat opens a new-patient exam by asking what the patient wants, not by announcing what they need.

“I usually like to start with finding out what the patient’s goals are. Once they tell me their goals and what they’re looking for, I can then be able to provide a treatment plan that fits that goal.”

And her stated preference, given the choice, is to do less rather than more.

“My philosophy is when you come in, let’s see what we can do to help you prevent future problems,” she says. “That way, you’re not having a lot of dentistry if you don’t have to.”



Nothing gets decided until she has walked the patient through it.

A DENTIST WHO STOPS WHEN YOU ASK.

"We really listen," says Dr. Barbat. Serving Shelby Township since 1997.

DR. BAN R. BARBAT, DDS
Where Lasting Smiles Begin
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TWO OTHER ROOMS WHERE THIS SHOWS UP

Cosmetic transformation and full-mouth reconstruction: two cases that had nothing to do with fear.

The frightened patient is the one Barbat talks about first, but she volunteers two more cases when asked what has kept her in the work, and both are about something other than fear.

The first is a woman who rarely smiled.

"A patient who never smiled," Barbat recalls. It was not until Barbat got to know her that she understood why: she was embarrassed by her teeth. She was not dating. She was not getting the job she wanted. "So we were able to take her and cosmet-

ically transform everything. And she's a different person. Like, she's not even the same. Confidence just radiates."

The second had nothing to do with appearance at all. A patient with missing teeth, unable to chew properly, with digestive problems downstream of it — kept away, again, by the familiar combination.

"Again, combination of cost and fear kept them away," Barbat says. Full-mouth reconstruction rebuilt the bite. "So that now all of their teeth not only function, but also look nice."

Then, flatly, in the same register she uses for everything else:

"These are the transformations. This is what keeps me doing what I do."

> "I've always wanted to be known for quality care that is going to be done at a high level of comfort and patience.

TWO DOCTORS, ONE ADDRESS

Implants, oral surgery, extractions and IV sedation with Dr. Shakfa — with cosmetic, restorative and TMJ care in the same building.

There is a structural reason Barbat can take a case like that from the first nervous phone call to the finished bite without handing the patient off, and it is standing about twenty feet away.

Dr. Abdul-Sattar Shakfa — "Dr. S" to patients and staff — practices in the same office. He completed an oral surgery internship at Indiana University–Purdue in 2005, earned his DDS from the University of Detroit Mercy in 2006, holds the Michigan Dental Association's Ambassador Peer Review Award, and trained further in pain management and IV sedation at Miami Valley Hospital. He handles implant placement, bone grafting — rebuilding jawbone so an implant has something solid to anchor into — wisdom teeth, extractions, root canals and IV sedation.

At many general dental practices, that work — implants, bone grafting, wisdom teeth, extractions, root canals and IV sedation — is referred to another office.

At Barbat's office the surgical phase and the restorative phase are planned between two doctors who share a hallway and a chart.

What that adds up to is a very short list of what leaves the building. Between them, the two doctors handle nearly everything a general dental office would ordinarily refer out. Traditional braces are the single exception — orthodontics with brackets and wires goes elsewhere. Clear aligners do not; those are done here.

Her own range covers the ground you would expect from nearly three decades and an unusual appetite for continuing education: cleanings and exams, fillings, crowns, bridges, dentures, implant restorations, veneers and cosmetic work, clear aligners, whitening, nightguards, sleep apnea appliances, and neuromuscular dentistry for TMD — jaw-joint problems, the ones that present as headaches, jaw pain, or a bite that has never felt right. She holds a fellowship from the Las Vegas Institute for Advanced Dental Studies and has put more than 300 hours into TMJ, bite function and neuromuscular training specifically.

That appetite showed up early, and she is unsentimental about why it mattered.

"I took a lot of CE very early in my career. And I think that helped me get where I am quickly, because I did a lot of that kind of stuff. I was able to offer what other people couldn't offer in our area."



One office, one chart: the surgical and restorative phases planned together.

NERVOUS ABOUT THE DENTIST? LET'S TALK.

Comfort options include nitrous oxide and oral sedation, with IV sedation available through Dr. Shakfa.

DR. BAN R. BARBAT, DDS

Where Lasting Smiles Begin

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THE TEAM IS THE DELIVERY SYSTEM

Hiring for fit, six weeks of training, and why the handoffs are where a nervous patient gets lost.

None of the above survives contact with a bad front desk, and Barbat knows exactly where the weak point is.

"The other key is the staff — finding the right people to treat the patient the way I want them to be treated is really critical. And I can tell you there's no way I could have done it without them."

The system she landed on starts with being upfront. In the interview she tells candidates exactly what kind of practice this is, because what she wants is people who fit the way it cares for patients.

"I try to be very transparent as to what my goals are and what I'm looking for. And I tell them right off the bat: if this isn't for you, it's okay. It's not for everyone. We have a special kind of practice. We really take our time with every patient."

Anyone who stays goes through six weeks of training covering every aspect of the role, followed by scheduled check-ins — not performance reviews, but conversations about how the person is finding the work. She keeps an open door, and makes sure there is a second person to talk to if she is not the right one. She runs team-building. And she sends her staff to continuing education on the managerial side, not only the clinical side, so that the philosophy is a shared document rather than something living in the owner's head.

"It's shared every meeting. We talk about it. We talk about how we can do better. So throughout all of that, everyone that works here knows what we're here to do every day."

The reason she invests there is that the handoffs are where a nervous patient is most likely to be lost — the transfer from the doctor to the hygienist, or to the person at the desk who is scheduling the next visit. A patient who has just decided to trust one human being is being asked to extend that trust to three more in the same hour.

"Patients feel, when they come here, they're taken care of no matter who they see," Barbat says. "That person cares about them as an individual, not just as a patient."

And they can tell when it is not real: "Those patients can feel it. They can feel when there's a united front."

> "We have a special kind of practice. We really take our time with every patient.



Some patients drive three hours. A few come from out of state.

WHY PEOPLE DRIVE THREE HOURS

Out-of-state patients, more than 520 published Google reviews, and why people make the drive.

Near the end of the conversation, almost as an afterthought, Barbat mentions something she has clearly never thought to advertise.

“I do have patients that come from out of state, or three hours away. They drive here.”

Some of them are former patients who moved and simply kept the appointment on the calendar — they leave, and they come back. But not all. Some found her the way anyone finds anyone now.

“They may be googling and they see me and they’re like, I think that’s the person that will understand me the best. So they’ll come here and meet us.”

Either way, the drive is the patient’s own decision, and it says something about what they found here — a practice they already trusted, or one they believed would understand them.

The practice has collected more than 520 published Google reviews over the years, written by patients who came in for a wide range of reasons.

WE START WITH WHAT MATTERS TO YOU.

At the new-patient exam, Dr. Barbat asks about your goals first, then builds the plan around them.

WHAT SHE ACTUALLY SELLS

3D imaging, digital scanning and lasers — and why she explains the benefit before the equipment.

Ask Barbat what she would tell someone new to Shelby Township who is shopping for a dentist, and the answer is not a service list.

"You're in the right place, because we take care of almost all of your dental needs. And we do it at your pace. At your comfort level. Once we understand what you're looking for."

Ask her about the technology — the 3D imaging, the digital scanning that replaced impression putty, the lasers — and she does not describe the equipment. She describes how she introduces it.

"Usually at the new patient exam, we let them know basically why we're doing something, why we need something. What is the benefit to them first. Once we tell them what the benefit is to them, we usually don't have any issues. If we miss that, then we will have an issue, and they might say, well, why are you doing this picture? Why are you doing that picture?"

She has also worked out, since 1997, that the patient in front of her is almost never worried about the same thing she is worried about.

"They're usually concerned about one issue."

So she starts there. Which brings the whole thing back around to the girl who did not mind going to the dentist, and who has spent nearly three decades discovering that she was lucky rather than typical, and building an office around the assumption that most people were not.

"I talk to them like they are my family," she says. "I talk to them like it's my cousin, my sister. What I would want done."

That is not a marketing line. It is a working method, and it produces a specific, testable result: after about a year, a woman who could not walk through the door for a cleaning told her dentist she did not need the sedation anymore.

She just needed someone who would stop when she said stop.

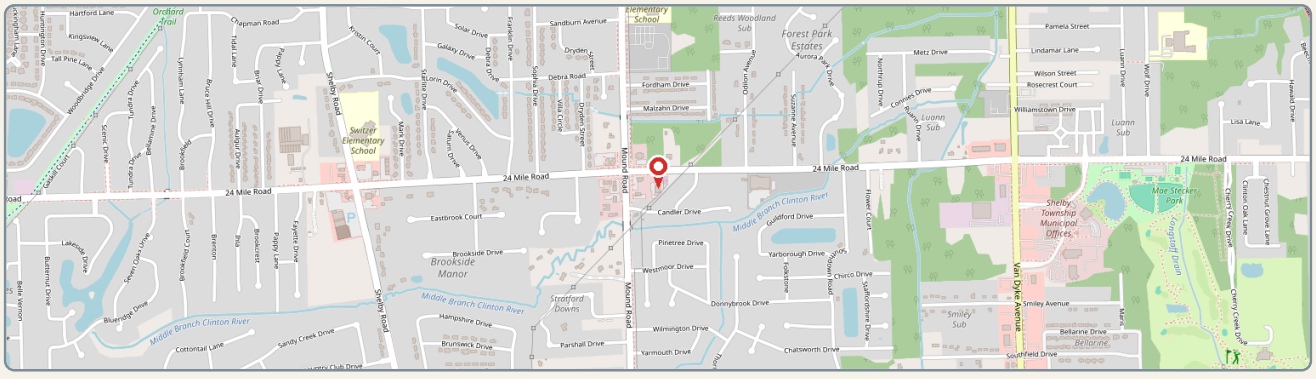
ABOUT DR. BAN R. BARBAT, DDS

Dr. Ban R. Barbat, DDS has practiced in Shelby Township, Michigan since 1997. A University of Michigan graduate with a fellowship from the Las Vegas Institute and more than 300 hours of advanced training in TMJ and neuromuscular dentistry, she practices alongside Dr. Abdul-Sattar Shakfa — which keeps implants, extractions, root canals and IV sedation inside the same office.

New patients are welcome. Call 586-739-2155 — and if it has been a long time, say so when someone answers.

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