‘Patients’ satisfaction toward functional reconstruction is very high’

An interview with Dr. Bo Chen from Beijing University School of Stomatology

By Daniel Zimmermann, DTI Group Editor

With greater public awareness of the benefits of dental implants, an increasing number of patients are considering this treatment option. While current studies often focus only on clinical aspects such as osseo-integration, patient responses to psychological and psychosocial changes are only infrequently addressed.

‘Learning From Every Angle’ in Boston

The Yankee Dental Congress is the fifth largest meeting of its kind in the United States. This year’s 35th annual event will take place from Jan. 27–31, and some 26,000 dental professionals are expected to attend.

No-interest tuition financing for LVI courses

LVI Global forms alliance with ChaseHealthAdvance

LVI Global is continuing its passion and dedication in 2010 to help clinicians and their teams experience comprehensive learning that is changing lives by introducing a new strategic alliance program with ChaseHealthAdvance financing options, a division of Chase. ChaseHealthAdvance will serve as the primary provider for tuition financing for LVI courses for United States dentists. All approved health care professionals will receive a generous line of credit that can be used for continuing education courses at LVI for both the dentist and the team.
ducting the subsequent bone reconstruction.

The sample of such patients at the Peking University School of Stomatology is quite large compared with what is available in the literature.

Thus, I decided upon investigating patient satisfaction of this kind of treatment series.

Oral defects and edentulism can have a significant impact on people’s lives. How do they generally affect the social status of people in China?

Oral defects and edentulism may lower body image significantly. People tend to limit their social activities and contact with their surroundings. They tend to be more depressed and frustrated, less tolerant of their family and irritable.

Are dental implants already a standard treatment option for maxillofacial surgery in China, and if not, why not?

Maxillofacial surgery is practiced at a high standard at the Peking University School of Stomatology and is quite affordable for the patients. But dental implants are not yet a standard treatment option in China. Although the lack of public awareness and availability of competent clinicians may contribute to this, the high cost of this treatment option, which is usually not covered by insurance, may be the most significant factor.

What measures did you use for the study and how did you implement them?

Questionnaires in the form of a visual analogue scale [VAS] of patients’ treatment satisfaction were used in addition to OHIP-14 [Oral Health Impact Profile-14] in this retrospective study.

Patients were invited to the clinic for these evaluations, which took 50 minutes on average. For those who could not come to the clinic, the evaluation was conducted by telephone.

In a nutshell, what was the outcome and what psychological and psychosocial changes following surgery did the patients report?

According to a number of studies on patients suffering from head or neck tumors, frequent problems regarding the patients’ OHIP were reported, especially within one year after tumor resection.

The retrospective study indicated that patients were satisfied with the outcome of functional reconstruction with osseo-integrated implants despite the morbidity of the surgery.

Their OHIP score was not significantly different to that of a healthy population, which means that they did not have more frequently reported psychological or psychosocial problems.

For the majority who did not undergo functional reconstruction, the high cost of implant treatment was their most significant concern.

What conclusions did you draw from these results?

The patients’ satisfaction of functional reconstruction is very high. Their quality of life has greatly improved, as demonstrated by the OHIP score.

For financial reasons, only about 10 percent of the patients are undergoing functional reconstruction with implants thus far.

It is not easy to find figures on implant procedures in China. What is the estimated number of dentists placing implants and where are they located?

Indeed, it is quite difficult to find reliable figures! The estimated number of dentists placing implants on a regular basis in China may be around 500.

Thus far, they are mostly located in university-affiliated dental hospitals in the large cities. Some, but not many, are in private practice.

Should implantology form part of the curriculum in dental schools? Only a few dental schools have begun offering implantology in their curriculum within the last couple of years. In the long term, implantology should and will form part of the standard curriculum.

However, we need qualified and well-trained dental professionals who would like to convey their knowledge to dental students in a responsible way.

Industry experts have forecasted a 30 percent annual growth rate in the implant market in China. What prospects do you predict for the specialty from a clinical perspective?

The next decade will witness a boom in implant dentistry in China. There will be increasing demand for training and education in this field in order to guarantee standardized development.

Owing to the shortage of competent clinicians, we foresee a critical need of all kinds of education. We certainly need to strengthen cooperation with any possible positive resources, including the industry, for training and educational programs.

The Chinese Stomatological Association recently announced a new partnership with the International Congress of Oral Implantologists to promote implant technology that can improve quality of life.

Is there a need for more public awareness in the field?

There is definitely a need for more public awareness in the field. We are lagging far behind in this regard compared to Europe or the U.S.

Barry Trexler, senior vice president of sales and marketing for ChaseHealthAdvance stated: “Now more than ever is when no-interest tuition financing can play a positive role in enabling dentists and their teams to achieve their continuing education goals at LVI Global, while making sure the tuition plan fits their current budget and business needs.”

Dr. Bill Dickerson, CEO of LVI Global, said: “The No. 1 reason some dentists don’t come to LVI, even though they want to, is because of costs associated with continuing education. The sad fact is they will not realize that the knowledge from the course could pay for itself soon after they attend LVI.

“We want to remove the cost barrier by allowing interest-free finance through ChaseHealthAdvance. With a minimal monthly payment, the doctors will be able to realize the value of an LVI education sooner than they might otherwise be able to.

“This way, we will be able to change the lives of more dentists, as well as the lives of their patients, and sooner rather than later.”

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(Source: LVI Global and ChaseHealthAdvance)
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Want to make a million dollars?

By Louis Malcmacher, DDS, MAGD

Every day that I get to the office, I find on my desk a pile of mail, as do you. For some reason, I always feel that going through the pile of mail is the first thing that I need to do before I can do anything else. In this day of instant messaging and e-mail, where anything really important will be sent to me immediately, the good old snail mail still holds some kind of magical attraction even though it has probably taken two days or up to a week to actually land on my desk.

Allow me to share what my dental office mail looks like and I’m sure that it is very similar to yours. I finger the pile and think, “Ah, here is one that looks attractive.” The outside says, “If you ignore this opportunity, you’ll be losing money!”

I open this letter to read that some new “marketing genius” is going to help me and many other dentists get new patients with his “secrets.” Then I read that those secrets are going to cost me $1,500 down and an additional $40,000 over the next year. I’ll pass on that, thank you very much.

Well, let’s open the next envelope then. Once again, it’s another “marketing genius,” but this one is actually a dentist. Reading further I learn that he used to be a dentist. He explains how he started practicing at age 25 and he made so much money in dentistry that he retired at age 29.

I can buy his secrets for $1,995 and then pay him an additional $2,500 each month for the rest of his natural life to get some monthly reports about how to make gobs of money. I’m not upset by the price as much as I am upset by the fact that I am 20 years past his retirement.

You know, I really have to go see patients, but I can’t help but open up another envelope that is screaming at me with a line on the outside that says, “This one trick will increase your production by $90,000 each month.” I better read this before I see today’s patients because I am always looking for ways in increase production. This one has to be good.

I open up the letter and read about how a dentist once sent a mug filled with flowers to a patient, and the patient subsequently had $30,000 worth of dentistry with that very same dentist.

The letter’s logic claims that if you send three mugs filled with flowers, you’ll end up doing $90,000 worth of dentistry with those three patients. For other tricks of the trade, I can sign up for a special report that share other ways to trick my patients into more dentistry.

These examples of come-ons are becoming very commonplace in dentistry and, unfortunately, dentists are falling for them.

When I lecture to hundreds of dentists each month, they tell me how they wasted their time and money trying to find the silver bullet through some of these ridiculous offers and outrageous claims.

Every dentist wants to know what is the one thing he or she can say, do or give away that will attract new patients and make the patients sign on for big treatment plans.

Here is my advice: Stop wasting your money. Live by the old adage, “If it’s too good to be true, then it probably is.”

The time and money that you waste in some of these silly schemes is money that can be invested into your practice, for example, by purchasing a soft- and hard-tissue laser.

If you want to make more money in dentistry, then offer your patients what they want such as you learning how to do beautiful minimally-invasive veneers.

Do you use CareCredit to get patients to pay for it all? These are just some of the technologies that will let you do faster, easier and better dentistry.

Do you offer oral cancer screenings using Vizilite Plus or Velscope in addition to your oral cancer examinations? Speaking of oral cancer, do you teach your patients how to do a self-examination for oral cancer? (If not, go to www.oralcanceratexam.com and get listed.)

Patients will look at you differently when they know you care about them as people and they perceive their dentist as a real health care provider who cares about their other health.

In addition, it is time to enter the field of total facial esthetics by adding Botox and dermal filler procedures to your practice. There are many uses for Botox therapeutically for facial pain; TMD/trau-

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Live by the old adage: ‘If it’s too good to be true, then it probably is.’

You will not find the secrets of success in dentistry in an envelope sitting on your desk or in an e-mail.

Like any business, it requires hard work, putting the time into your practice, and learning the business of dentistry.

I have a confession to make. Because I speak so often to so many dental professionals, people assume that I know it all. I will be the first to tell you that I am always learning things, especially in business.

I have a business consultant to help guide me. A good consultant will pay for himself or herself many times over.

How do you learn the business of dentistry? Going to courses helps, but I will give you a much better way: get a great consultant for your practice. You don’t know what you don’t know.

I find so many dentists trapped in their own little world and they have no idea that the avenue of opportunity is much broader than the narrow way they are looking at their practices.

For example, Sally McKenzie of McKenzie Management is an outstanding consulting group that can break you out of your slumber and kick you up to the next level. The McKenzie Management team can teach you what you don’t know and help guide your practice to new heights as they have done with so many other dental practices for the last 50 years.

You will be successful by refining your clinical skills, learning what patients want and giving it to them, adding new services to your office and being an excellent communicator so that you can talk to... continued
Six steps to a chartless practice

By Lorne Lavine, DMD

There is no doubt that the modern dental practice has changed rapidly over the past 10 years. Dentists have come to realize that with new technology they can create a practice that is more efficient, costs less to run and allows for decentralization of the front office.

Records that were primarily paper and film-based are being replaced by digital radiography, electronic records and a move toward a paperless or, at the very least, chartless practice.

Most offices realize that there will always be paper in a dental practice. Whether it’s walkout statements, insurance forms or printed copies of images, paper will forever be part of the dental practice; although there are many practices that have eliminated their paper charts.

While the process is easier for a start-up practice, with proper planning existing practices can achieve this goal as well.

As many dentists may be aware, the federal government is pushing for electronic health records as well. The government has set the year 2014 as the date when all patient records should be digital.

To help practices in this process, there are stimulus funds available amounting up to $44,000. While the details are still cloudy, there’s no time like the present to start going chartless.

The challenge for most offices is to develop the best plan on how to evaluate their current and future purchases to ensure that all the systems will properly integrate together.

While many dentists are visually oriented and thus tend to focus on the criteria that they can actually see and touch, some of the most important decisions are related to more abstract standards.

I have therefore developed a six-point checklist that I feel is mandatory for any dentist who is adding new technologies to his or her office, and I recommend that each step be completed in order. Part I of this article will look at the first three steps.

Part I: Software and design

Step 1: Practice management software

It all starts with the administrative software that is running the practice. To develop a chartless practice, this software must be capable of some very basic functions.

For offices that want to eliminate the paper, you’ll need to consider every paper component of the den-

About the author

Dr. Louis Malcmacher is a practicing general dentist and an internationally recognized lecturer, author and dental consultant known for his comprehensive and entertaining style.

An evaluator for Clinicians Reports, Malcmacher is a consultant to the Council on Dental Practice of the ADA.

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His Web site is www.commonsensedentistry.com, where you can find information about his lecture schedule, Botox and dermal filler hands-on workshops, audio CDs, download his resource list and sign up for a free monthly e-newsletter.

Digital Matters 5A

DENTAL TRIBUNE | JANUARY 2010

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tal chart and try to find a digital alternative. Examples include: entering charting, treatment plans, handling insurance estimation and processing e-claims, ongoing patient retention and recall activation, scheduling and dozens of other functions that are used on a daily basis.

Many older programs do not have these features, and if an office wants to move forward, it will have to look at more modern practice software.

It’s also important to understand that as much as we would all prefer that our practice management software programs can handle all of these functions, most fall short of all.

There are a number of third-party programs that can provide functionality where the practice management programs cannot. We’ll explore many of these programs and services in a future issue, such as programs that allow you to digitize forms that require patient signatures and programs that can reduce the process of entering progress notes down to a few mouse clicks.

Step 2: Image management software

This is probably the most challenging decision for any office. Most of the practice management programs will offer an image management module: Eaglesoft has Advanced Imaging, Dentrix has Image 4.5, Kodak has Kodak Dental Imaging, and so on.

These modules are tightly integrated with the practice management software and will tend to work best with digital systems sold by the company.

For example, having an integrated image module makes it very easy to attach images to e-claims with a few mouse clicks. However, there are also many third-party image programs that will bridge very easily to the practice management software and offer more flexibility and choices although with slightly less integration.

There is no perfect system. It really boils down to paying a premium for tighter integration or paying less for more flexibility. Some of the better-known third-party image programs include Apteryx XRayVi-sion, XDR and Tigerview.

Step 5: Operator design

The days of a single intraoral camera and a TV in the upper corner are being replaced by systems that are more modern.

Most offices are placing two monitors in the operatories, one for the patient to view images, patient education or entertainment, and one for the dentist and staff to use for charting and treatment planning and any HIPAA-sensitive information, such as the daily schedule or other information that you would prefer that patients cannot see.

Windows has built-in abilities to allow you to control exactly what appears on each screen. Many ergo-nomic issues must be addressed when positioning the monitors, key-boards and mice.

For example, a keyboard that is placed in a position that requires the dentist to twist his or her back around will cause problems, as will a monitor that is improperly positioned.

Another important decision for the office is deciding whether you prefer the patient to see the monitor when he or she is completely reclined in the chair. If this is the case, then the options are a bit more limited for monitor placement.

Some very high-tech monitor systems only allow the patient to see the screen, but create a more relaxing environment for patients who are undergoing long proce-dures.

For offices that are trying to become paperless, having a game plan or “treatment plan” in place will help to avoid some very expen-sive mistakes.

Most dental practices have come to realize how quickly technology has become a part of everyday life in the practice. Nowhere is this more evident than with practices that are trying to become completely paper-less. As many of you know, the federal government is pushing toward a completely electronic patient record by the year 2014.

Part II: Hardware, systems and backup

The challenge for most offices is to develop the best plan on how to evaluate their current and future purchases to ensure that all the systems will integrate properly together.

In Part I we looked at the first three steps in this process: choosing practice management software, image software and designing the operatories.

Here in Part II, we’ll review the importance of computer hardware, having modern technology systems and, finally, an ironclad backup and data protection plan.

Step 4: Computer hardware

After the software has been chosen and the operatories designed, it’s time to add the computers. Most offices will require a dedicated server in order to protect their data as well as having the necessary horsepower to run the network.

The server is the lifeblood of any network, and it’s important to design a server that is bulletproof, has redundancy built-in for the rare times that a hard drive might crash and can easily be restored.

The workstations must be configured to handle the higher graphical needs of the office, especially if the office is considering digital imaging.

The computers placed in the operatories are often different from the front desk computers in many ways; they’ll have dual display capa-bilities, better video cards to handle digital imaging, smaller cases to fit inside the cabinets and wireless keyboards and mice.

Most dental software programs will work on the new Windows 7 operating system (I recommend Windows 7 Professional in the office), and even for ones that don’t, Windows 7 ships with an “XP Mode,” allowing older programs to be tricked into thinking they are running in XP.

Step 5: Digital systems

The choice of image software will dictate which systems are compat-ible. Digital radiography is the hot technology at this time due to many factors. For those that can afford it, cone-beam 3-D systems are all the rage.

The dentists who have digital radiography report more efficiency by: having the ability to take and view images more rapidly, better diagnostics, cost savings by the elimination of film and chemicals, and higher case acceptance through patients’ co-diagnosis of their den-tal needs.

All systems have pros and cons and dentists will have to evaluate each system based on a set of stan-dards that are most important to their own practice. For some dentists, it might be image quality. For others, it may be the cost of the systems, the warranty of the sensor, the company’s reputation or the com-patibility of the sensors with the practice’s existing image manage-ment software.

Keep in mind that intraoral cameras are still an excellent addition to any office because they allow patients to see the things that typi-cally only a practitioner could see.

Step 6: Data protection

With a chartless practice, protecting the data is crucial to preventing data loss due to malware or user errors.

Every office, at a minimum, should be using antivirus software to protect against the multitude of known viruses and worms, a fire-wall to prevent people from trying to infiltrate the network, and have an easy-to-verify backup proto-col in place to be able to recover from any data loss.

The different backup protocols are as varied as the number of offices, but it is crucial that the backup is taken offsite and can be restored in a quick manner.

Online backup is now a reality and a very viable option for many practices that want a true set-it-and-forget-it system for their daily backup.

For offices that wish to be chart-less or paperless, it’s crucial to evaluate which are the systems that need to be replaced with a digital coun-terpart and to take a systematic approach in adding these new sys-tems to the practice.

Most offices would be well advised to replace one system at a time and get comfortable with this new technology before adding new technologies to the practice.

The typical practice will take six to 18 months to transition from a paper-based office to a chartless one, but the journey will be well worth the reward at the end.

About the author

Dr. Lorne Lavine, founder and president of Dental Technology Consultants (DTC), has more than 20 years invested in the dental and dental technology fields. A graduate of USC, he earned his DMD from Boston University and completed his residency at the Eastman Dental Center in Roch-ester, N.Y. He received his specialty training at the University of Washing-ton and went into private practice in Vermont until moving to Cali-fornia in 2002 to establish DTC, a company that focuses on the specialized technological needs of the dental community.
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Modernize your collection system for maximum profit

By Keith Drayer

In today’s economy there are many dental professionals who are faced with the challenge of their accounts receivable. Uncollected receivables turn into pure losses. Yet embracing a systematic approach to collections can help practices collect more funds and on a more timely basis.

One mistake providers make is not recognizing the signs of early default. When a patient doesn’t pay a bill within 60 days, hasn’t set up or is not following a payment plan, the patient is telling you that he/she is not going to pay.

Should you use your staff’s time trying to collect these accounts? As a dental provider, you are implementing state-of-the-art methods to treat your patients’ dental needs. You also need to employ the most up-to-date methods to keep your practice fiscally healthy.

In the past, collection agencies were the only “act on the block” and viewed as the last resort to collecting your money. They can be expensive and often care little about your relationship with your patients. You had no control over how they treated your patient and you never knew if they collected your money or not.

Often the collector, who is paid on a commission basis, “cherry picked” over your accounts and attempted to collect only the larger ones and did not work the smaller ones.

In addition, many of your accounts that were collectable were deemed too small to work. Thus, you lost money when you didn’t need to.

What is needed is a proactive, systematic business model that will work all of your delinquent accounts equally.

Providers must take an approach that will reduce losses as well as speed up cash flow from past due accounts. You need to work with your patients quickly and effectively.

Outsourcing your collection problems to a service bureau can be much more cost effective than working them in-house — and certainly more effective.

Utilizing a third-party collection method that will keep you in complete control of the collection process is a must.

The third-party system should be respectful but firm, and utilize every possible legal tool to collect your money.

The provider who utilizes a systematic third-party approach to collect his/her money will see an increase in the bottom line.

Recognize the signs of early default to increase collections.

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For additional information, please call (800) 443-2756 or send an e-mail to hsfs@henryschein.com.

About the author

Keith Drayer is vice president of Henry Schein Financial Services, which provides equipment, technology, practice startup and acquisition financing services nationwide.

Look for a regular column on financial matters courtesy of Henry Schein Financial Services.

Henry Schein Financial Services can be reached at (800) 443-2756 or hsfs@henryschein.com.
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ARIZONA
Arizona—Doctor seeking to purchase general dentistry practice #12110
Show Low—2 Ops, 2 Hygiene Rooms, GR in 2007 $645,955
Phoenix—General Dentist seeking Practice Purchase
Phenix—4 Ops, 3 Equipped, GR $515K, 3 Working Days #12113
North Scottsdale—General Dentist seeking Practice Purchase
Phenix—12 Opns—5 Ops, 4 Equipped, 1 Hygiene, GR $900K #12112
Tucson—1,000 active patients, GR $850K, Asking $600K #12116
CONTACT: Tom Kimbel @ 602-516-3219

CALIFORNIA
Altadena—3 Ops, GR $611K, 3 1/2 day/week work #14279
Arcata—2 Ops, 1,080 sq. ft., GR $177K #14407
Bakersfield—7 Ops, 2,200 sq. ft., GR $1,300,000 #14200
El Seramates—3 Ops, 3 Equipped, 1,400 sq. ft., GR $355K #14302
Fresno—5 Ops, 1,500 sq. ft., GR $1,064,500 #14250
Fresno—3 Ops, 1,000 sq. ft., GR $860K. Some loc. #14298
Greater Auburn Area—1 Ops, 1,400 sq. ft., GR $763K #14404
Madera—7 Ops, GR $1,029K #14283
Modesto—12 Ops, GR $1,097,000. Same location for
10 years #14289
North California Wine Country—4 Ops, 1,500 sq. ft.,
GR $595K #14296
Poteville—6 Ops, 2,000 sq. ft., GR $2,280K #14291
Red Bluff—8 Ops, 2008 GR $1,006,096, 15 Day Hygiene
#14252
San Francisco—4 Ops, GR $873K, 1,500 sq. ft. #14288
San Jose—4 Ops, #14295
South Lake Tible—3 Ops, 447 sq. ft., 2007 GR $550K #14277
Los Gatos & Sartrllie—4 Ops, 1,150 sq. ft., GR $1,112M #14265
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El Cajon—6 Ops, GR $122K #14265
Grass Valley—3 Ops, 1,300 sq. ft., GR $714K #14272
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Atlanta Suburb—2 Ops, 2 Hygiene Rooms, GR $675K #19128
Atlanta Suburb—3 Ops, 1,270 sq. ft., GR $538,561 #19151
Atlanta Suburb—Pediatric Office, 1 Op, GR $426K #19134
Duluth—GR $1 Mill, Asking $825K #19107
Macon—3 Ops, 1,261K sq. ft., Stomatologist equipment #19103
North Atlanta—3 Ops, 3 Hygiene, GR $878K #19132
Northwest Atlanta—4 Ops, GR $607K #19129
Northern Georgia—1 Op, Hygiene, Fee for 45 years #19110
South Georgia—2 Ops, 3 Hygiene Rooms, GR $722K #19113
CONTACT: Dr. Jim Cole @ 803-513-1573

ILLINOIS
Chicago—4 Ops, GR $709K, Sale Price $461K #22126
1 1/2 HT of Chicago—5 Ops, 2007 GR $46K, 28 years old
#22125
Chicago—5 Ops, GR $600K, 3-day work week #22119
Western Suburbs—5 Ops, GR $1,000,000 cr. #21320
CONTACT: Al Brown @ 610-781-2176

MARYLAND
Southern—11 Ops, 3,500 sq. ft., GR $1,840,628 #29101
CONTACT: Sharon Mascetti @ 484-788-4071

MASSACHUSETTS
Boston—2 Ops, GR $233K, Sale $197K #30122
Boston Southshore—3 Ops, GR $300K #30123
North Shore Area—8 Ops, GR $500K+ #30126
Wester Massachussetts—11 Ops, 2007 GR $1 Million, Sale $340K
#30116
CONTACT: Dr. Peter Goldberg @ 617-608-2910
Middle Bay Co—6 Ops, GR $310K, Sale Price $77K #3124
Boston—1 Hygiene, GR $320K #3125
Middlesex County—7 Ops, GR $800K #3120
New Bedford Area—8 Ops, GR $620K #3119
CONTACT: Alex Urech @ 617-250-2582

MICHIGAN
Sohran Dentist—2 Ops, 1 Hygiene, GR $213K #31103
CONTACT: Dr. Jim Davis @ 866-510-0800

MINNESOTA
Crow Wing County—4 Ops #32104
Fargo/Moorhead Area—1 Op, GR $85K #32107
Central Minnesota—Mobile Practice, GR $73K #32108
CONTACT: Mike Miner @ 612-961-2132

MISSISSIPPI
Eastern Central Mississippi—10 Ops, 4,085 sq. ft., GR $1.9
Million #33130
CONTACT: Deanna Wright @ 800-730-8883

NEVADA
Reno—Free Standing Bldg, 1500 sq. ft., 4 Ops, GR $763K
#37106
CONTACT: Dennis Hooper @ 800-519-4558

NEW JERSEY
Marlboro—Associate position available #39102
CONTACT: Sharon Mascetti @ 484-788-4071

NEW YORK
Brooklyn—3 Ops (1 Fully equipped), GR $175K #11113
Woodstock—2 Ops, Building also available for sale,
GR $500K #11112
CONTACT: Dr. Don Cohen @ 845-460-3034
Syracuse—4 Ops, 1,800 sq. ft., GR over $700K #11407
CONTACT: Marty Hare @ 315-365-1313
New York City—Specialty Practice, 3 Ops, GR $500K #11410
CONTACT: Richard Zalkin @ 650-631-0924

NORTH CAROLINA
Charlotte—7 Ops—5 Equipped #42142
Forsyth—5 Ops #42122
Near Asheville—Dental emerg clinic, 3 Ops, GR in 2007
$375K #42143
New Hanover City—A practice on the coast,
GR $2115
Raleigh, Cary, Durham—Doctor looking to purchase #42127
CONTACT: Barbara Harder Parker @ 919-688-1555

OHIO
Medina—Associate to buy 1/3, rest of practice in future
#44150
CONTACT: Dr. Don Moorland @ 440-823-8037

PENNSYLVANIA
Northeast of Portland—3 Ops, Victorian Mansion GR
$425K, Sale $414
CONTACT: Dan Stain @ 612-355-4573
Lancaster County—1 Oper. Hygiene, GR $475K #47138
Chester County—High End Office, 4 Ops, Digital, PHS & a few
PPO #47141
Philadelphia County (NE)—6 Ops, GR $500K+, Ext 25 years
#47142
CONTACT: Sharon Mascetti @ 484-788-4071

RHODE ISLAND
Southern Rhode Island—4 Ops, GR $700K, Sale $666K #48102
CONTACT: Dr. Peter Goldberg @ 617-608-2910

SOUTH CAROLINA
Hill—Dentist seeking to purchase a practice producing $500K
a year #49103
CONTACT: Scott Carnes @ 704-814-4706
Columbia—7 Ops, 2,000 sq. ft., GR $678K #49102
CONTACT: Jane Cole @ 601-513-1573

TENNESSEE
Elizabethtown—GR $534K #51107
CONTACT: George Lane @ 803-414-1527

TEXAS
Houston Area—GR $1.1 Million walk in, net income over
$500K #51203
CONTACT: Deanna Wright @ 800-730-8883

For a complete listing, visit www.henryschein.com/ppt or call 1-800-730-8883

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Don’t tax health benefits, dental groups say

By Fred Michmershuizen, Online Editor

As lawmakers in Washington hash out the details of proposed reform to the nation’s health care system, a number of dental associations—including the American Dental Association (ADA), the Academy of General Dentistry (AGD) and others—are crying foul over a key sticking point: a proposed tax on employer-sponsored health coverage.

The provision, as written, is “the opposite of health care reform,” said ADA President Ron Tanksley, DDS. “It would compel many employers to drop critical dental and other coverage to avoid the tax. It dismantles exactly the type of preventive, primary care that everyone agrees this country needs more of.”

Democrats from the House and Senate have been in discussions to resolve numerous differences in the health care reform bills passed by the two chambers to expand coverage to millions of Americans who lack any coverage and to rein in the cost of health care.

Under the Senate’s version of the bill, the federal government would impose a 40 percent tax on the value of employer-sponsored health coverage that exceeds $8,500 a year for individuals and $23,000 for families. The Senate bill would make certain allowances for plans covering retirees 55 and older and workers in high-risk occupations. The Congressional Budget Office estimated that the tax would raise $149 billion over 10 years.

The House version of the bill would not tax health benefits.

President Barack Obama, who has indicated that he is in favor of the tax, is pushing for Congress to reconcile the bills so he can sign the legislation into law before his State of the Union address on Jan. 27.

But the proposed tax has unleashed a fury of opposition. Many argue that to avoid the tax, many employers would simply drop supplemental dental and vision coverage for their employees.

In addition to the ADA and AGD, a number of other dental associations are also opposed to the tax. They include the American College of Prosthodontists, the American Academy of Pediatric Dentistry, the American Association of Oral and Maxillofacial Surgeons, the American Association of Orthodontists and the Hispanic Dental Association.

All of these associations sent a joint letter to Congress asking leaders of the House and Senate to eliminate or substantially modify the excise tax on health benefits, including flexible spending accounts (FSAs), to ensure the dental health care reform legislation does not adversely impact key and important goals of health reform, like primary and prevention-oriented care.

"Many employer-sponsored plans exceed or will exceed the PPACA excise tax threshold simply because the plans include many older workers or retirees with higher cost health care needs, or are concentrated in locations with high health costs," the letter states.

"For example, the standard option BCBS Federal Employees Health Benefit plan, a basic plan that covers 5.8 million Americans today, will exceed the PPACA excise threshold in the first year of the tax (2013) for single coverage and in the third year of the tax (2016) for family coverage." The letter continues, "As a result, the excise tax could lead many employers to reduce benefits by eliminating limited service supplemental benefits and FSAs that fund much-needed and prevention-oriented dental and vision care in order to avoid the tax.

"Cuts in these crucial benefits will lead to a decline in access to preventive care. Patients rely on the preventive services covered by the dental, vision and limited service supplemental plans to prevent infections, slow the progress of chronic disease and facilitate early treatment of preventable conditions." The coalition is proposing alternatives to the tax, including the following:

- Excluding FSAs, as well as managed and limited service dental, vision and stand-alone plans, from the calculation of health plan costs.
- Raising the threshold and indexing the threshold to medical inflation.
- Replacing the single and family coverage thresholds with a per-covered-person threshold, a fairer approach to plan cost allocation.
- Many House Democrats are opposed to any health care benefits tax, and at least 190 representatives signed a letter opposing such a tax.


"The health care reform debate has never centered on dental, vision and other supplemental benefits," said James A. Klein, president of the American Benefits Council.

"Those valuable benefits have only been included in the calculation of the excise tax to raise revenue. Several modifications are needed to improve the excise tax provision, including not applying the tax to these important supplemental benefits."

"For millions of patients and consumers, most of whom are middle- and low-income working Americans, the excise tax is unfair and punitive, leading to reduced health care services," said Louise Nowotny, research director at Communications Workers of America.

Fight oral cancer!

Did you know that dentists are one of the most trusted professionals to give advice? Thus, no other medical professionals are in a better position to show patients that they are committed to detecting and treating oral cancer.

Prove to your patients just how committed you are to fighting this disease by signing up to be listed at www.oralcancerselfexam.com. This Web site was developed for consumers in order to show them how to do self-examinations for oral cancer.

Self-examination can help your patients to detect abnormalities or incipient oral cancer lesions early. Early detection in the fight against cancer is crucial and a primary benefit in encouraging your patients to engage in self-examinations. Secondly, as dental patients become more familiar with their oral cavity, it will stimulate them to receive treatment much faster.

"Conducting your own inspection of patients’ oral cavities provides the perfect opportunity to mention that this is something they can easily do themselves as well. You can explain the procedure in brief and then let them know about the Web site, www.oralcancerselfexam.com, that can provide them with all the details they need.

If dental professionals do not take the lead in the fight against oral cancer, who will? And in the eyes of our patients, they likely would not expect anyone else to do so — would you?
Due to the complex and comprehensive approach used to provide treatment that meets the standard of excellence required for achieving American Academy of Cosmetic Dentistry (AACD) accreditation, the Academy of General Dentistry (AGD) House of Delegates recently approved the award of 75 participatory credits for the successful achievement of accreditation in the AACD.

Individuals who are also AGD members will be awarded participatory credits upon successfully passing the AACD accreditation oral examination portion of the AGD accreditation protocol. Individuals who pass the oral examination in January 2010 will be the first awarded AGD participatory credits for their achievement.

“This initiative was accomplished through the year-long joint effort of the AGD and the AACD’s American Board of Cosmetic Dentistry (ABCD),” said ABCD Chair Elizabeth Bakeman, DDS.

“Both organizations are pleased to further acknowledge the educational value in providing dentistry to the standard required to achieve accreditation in the AACD.”

AADOM names Kay Valentine 2009 Office Manager of the Year

The American Association of Dental Office Managers (AADOM) has named Kay Valentine from the office of Gary Llewellyn, DDS, of Indianapolis, as the recipient of the fifth annual AADOM Office Manager of the Year Award.

Behind every successful practice is an office manager who displays innovative thinking, business acumen and leadership qualities within his or her practice and community. Each year, the AADOM recognizes these exceptional individuals and highlights their accomplishments at their annual conference.

“The competition for this prestigious award grows more intense every year,” said AADOM President Heather Colechio.

“Kay has earned my deepest respect, as well as that of all the members of AADOM. She’s a shining example of what every office manager should aspire to be.”

“There is something special in our office called the ‘Kay Factor,’” wrote Dr. Gary Llewellyn as he nominated Valentine.

“About three years ago, my practice was in deep trouble. I was managing my practice to fail. Kay brought to my practice 25 years of experience and a vision: to meet, exceed, delight and amaze every patient, every time.

“Kay motivated my team and streamlined my processes, allowing me to exceed my production goals.”

That should be enough, but Kay has done more. “Once the practice was back on its feet, she focused on ‘paying it forward,’ leading our entire team on two mission trips to Mexico, treating patients at a local assisted living center and starting the Office Manager’s Study Club of Indiana,” continued Dr. Llewellyn in his nomination.

“Kay’s commitment to excellence is contagious and ultimately creates extraordinary experiences for our patients.”

As the winner of the 2009 award, Valentine will receive a valuable award package provided by CareCredit, the AADOM’s founding partner.

This includes free registration to the 2010 AADOM Conference, a feature story and photo on the front cover of The Observer and $1,000.

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Legacy2: $150 includes Healing Collar & Transfer
Legacy3: $175 includes Healing Collar, Transfer & Abutment

Legacy1
"V" Threads
3 Diameter Options
Plastic Carrier

Legacy2
Spiral Threads
4 Diameter Options
Ti. Transfer Carrier

Legacy3
Buitress Threads
6 Diameter Options
Ti. Abutment Carrier

Prosthetic compatibility with Screw-Vent, BioHorizons® and MIS Implants

Legacy™3’s All-in-1 Packaging
INCLUDES: Cover Screw, Healing Collar,
Transfer & Straight Preparable Abutment
Surgically and Prosthetically Compatible
with Zimmer’s Tapered Screw-Vent®
Legacy3 USA price = $175
*Tapered Screw-Vent USA price = $563
* Includes similar components provided with Legacy3 Implant

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“‘560 Degrees of Dentistry, Learning From Every Angle’ is the theme for this year’s Yankee Dental Congress (YDC), to be held Jan. 27–31 at the Boston Convention and Exhibition Center. More than 26,000 dental professionals are expected to attend the 53rd annual event.

YDC is the fifth largest dental meeting in the country and is sponsored by the Massachusetts Dental Society, in cooperation with the Connecticut, Maine, New Hampshire, Rhode Island and Vermont dental associations.

According to organizers of the event, dental professionals from all over New England, the Northeast and some from abroad will come to gather the latest information, network with colleagues, see product demonstrations, learn cutting-edge techniques and earn continuing education credits.

More than 400 national and international dental vendors will exhibit at Yankee Dental Congress 35.

There will be approximately 875 exhibitors on site. Exhibits will be open Thursday, Jan. 28, through Saturday, Jan. 30.

Education

For the first time ever, there will be live dentistry instruction at the YDC. Meeting attendees will be able to learn from some of the best clinicians while they are actually performing live procedures.

This interactive format will allow attendees to ask questions and receive answers firsthand. This educational experience will be conducted on the exhibit hall floor and will feature cutting-edge procedures and products.

In all, approximately 550 educational courses for dental professionals will be offered, including the following:

• On Thursday, Jan. 28, “Team Development Day,” a program designed especially for the dental auxiliaries attending the YDC, will help participants build clinical knowledge and strengthen team relationships.
• On Friday, Jan. 29, attendees can take part in “A Day with the Dawson Academy: Foundations for Success.” The Dawson faculty will present a full-day lecture on “The Concept of Complete Dentistry,” as developed and taught by Dr. Peter Dawson.

This concept provides time-tested, scientifically-based principles that, when followed, reduce frustrations and make restorative dentistry predictable, profitable and fun.

• The Conference for Women in Dentistry, which consistently sells out, is back for its fifth year on Saturday, Jan. 30.

This conference provides an in-depth look into private practice options, as well as success and best practices pertinent to women in dentistry.

• Dr. William Kanell, co-founder of the Framingham Heart Study, will present “Preserving Vascular Health.”
• Nancy Andrews, RDH, and Dr. John Molinari will present “Infection Control.”
• Dr. Stephen Shore will present “Success with Autism: An Inside View” and “Sensory Issues, Autism and Everyone Else.”
• Dr. Louis DePaola will offer “Open Wide: Let’s Look Inside.”
• Dr. David Pumphrey will discuss “Implant Provisionals: Esthetics in the Smile Zone.”
• Dr. Larry Sangrik will present “Medical Emergencies in Dentistry” and “Easy Sedation Techniques on Fearful Patients.”
• Dr. Alan Budenz will present “Local Anesthesia.”
• Dr. Sergio Kuttler will present “The Future of Cleaning and Shaping.”
• Niki Henson, RDH, will present “Don’t Let Your Provisions Look Temporary” and “Cord Techniques to Keep You Packing.”
• Dr. Stephen Niemczyk will present “Advanced Endodontics for the General Dentist” and “Advanced Rotary Instrumentation and Ophthalmic.”

There will also be an Endodontic Symposium, an Oral & Maxillofacial Symposium, a Pediatric Symposium, a Periodontal Symposium and an Orthodontic Specialty Symposium.

Entertainment

Entertainment will also be a major focus of YDC 35. The following entertainment will be offered:

• Ben Mezrich, New York Times best-selling author of Bringing Down the House: The Inside Story of Six MIT students Who Took Vegas For Millions, will make a luncheon presentation on Thursday, Jan. 28.
• Also on Thursday, attendees will be able to celebrate Yankee’s 53rd anniversary at a Night of Mystery, Magic and Illusion, with the opportunity to experience magical acts and stage performances.

• On Friday evening, Jan. 29, attendees can laugh at the Yankee Comedy Club, starring Dom Irrera, nominated six times for an American Comedy Award; Bob Marley and Wendy Liebman, the American Comedy Award winner for best female stand-up.

YDC 35 features admissions to computerized continuing education courses, including hands-on courses and workshops on such subjects as forensics, pediatric dentistry, oral cancer, dental technology, endodontics, periodontics and much more.

HIGHLIGHTS: Approximately 550 continuing education courses offered — including computerized courses and workshops on such subjects as forensic science, pediatric dentistry, oral cancer, dental technology, endodontics, periodontics and much more.

SPECIAL EVENTS: Dom Irrera, Bob Marley and Wendy Liebman; A Night of Mystery, Magic and Illusion; presentation by author Ben Mezrich.

AD
Out and about in Boston

By Kristine Colker, Managing Editor

Sure, you came to Boston to learn about the new technologies in the field, to stock up on your C.E. credits and to help educate your staff, but that doesn’t mean you have to sit inside the convention center all day.

Fenway Park Tour

Spring training hasn’t even started yet and who knows where the Red Sox are, but you can still check out their fabled home. The park offers “Building Fenway,” a historical presentation detailing the building. The video highlights Fenway Park, the game of baseball and Red Sox players and club.

Where: 4 Yawkey Way, Boston
Take the T: Take Green Line to Kenmore Square stop
Cost: $12
Phone: (617) 226-6666
www.redsox.com/tours

Samuel Adams Brewery Tour

Samuel Adams played a vital role in the American Revolution. In addition, he was a brewer, and his namesake brewery put American craft brewing on the map in the 1980s. Here, you can experience the entire brewing process from start to finish.

Where: 30 Germania St., Boston
(Old Jamaica Plain)
Take the T: Orange Line to Stony Brook stop
Cost: Tour is free.
Phone: (617) 368-5080
www.samadams.com

Old North Church

Old North Church, built in 1723, is the oldest church building in Boston and has a thriving Episcopal congregation. The church also houses the oldest church bells in North America.

But of course, it is best known for the event that it earned it a place in history: On the night of April 18, 1775, Robert Newman climbed the steeple and briefly hung two lanterns as a signal from Paul Revere that the British were coming to Lexington and Concord by sea and not by land. This small act touched off the American Revolution.

Where: 193 Salem St., Boston
Take the T: Orange or Green Lines to Haymarket stop
Cost: Free, though donations are accepted
Phone: (617) 523-6676
www.oldnorth.com

Meeting will focus on technology, chairman says

Thomas A. Trowbridge, DDS, MD, an oral and maxillofacial surgeon, will serve as general chair of the upcoming Yankee Dental Congress 55 (YDC), New England’s largest dental meeting. As general chair of YDC, Trowbridge has assembled a management team, known as the Core Committee, made up of dentist and dental auxiliary volunteers, who worked closely with society staff to create YDC 55.

“The 55th Yankee Dental Congress has the theme of ‘560 Degrees of Dentistry,’ emphasizing the use of technology in dentistry and dental education,” Trowbridge said. “This year’s teaching courses will bring several of the best speakers in dental technology to our meeting in 2010.”

Approximately 26,000 attendees are expected to convene for the meeting, scheduled for Jan. 27–31 at the Boston Convention and Exhibition Center.

“We will feature several new and exciting programs for dentists, responding to their requests for up-to-date programs and offerings,” Trowbridge said. “These include live dentistry sessions and hands-on teaching forums about new dental products.”

Trowbridge graduated from the Northwestern University Dental School in 1989 and received his MD from the State University of New York at Stony Brook in 1993. He maintains offices at Lowell Oral Surgery Associates in Lowell, Mass., and Nashua Oral Surgery Associates in Nashua, N.H.

The YDC is the fifth largest dental meeting in the country and is sponsored by the Massachusetts Dental Society, in cooperation with the Connecticut, Maine, New Hampshire, Rhode Island and Vermont dental associations.
Meetings

The AADR/CADR Annual Meeting

Experts in craniofacial and dental research meet in Washington, D.C., March 3–6

This is the leading scientific meeting for craniofacial and dental research and the oral care industry.

Hosted by the American Association for Dental Research (AADR) and the Canadian Association for Dental Research (CADR), the meeting will be of interest to dental practitioners, students, researchers, university instructors and anyone interested in craniofacial, oral and dental research.

Based in Alexandria, Va., the AADR is a non-profit organization that boasts some 4,000 members in the United States and is the largest division of the International Association for Dental Research (IADR).

The AADR's mission is (1) to advance research and increase knowledge for the improvement of oral health; (2) to support and represent the oral health research community; and (3) to facilitate the communication and application of research findings.

Approximately 25 percent of the 1,500 abstracts submitted will also be oral presentations and the remainder can be viewed in poster format.

Aside from the oral sessions and poster presentations, the meeting hosts advocacy events, a distinguished lecture series and research group-sponsored symposia as well as networking opportunities and other events.

Distinguished lecture series

The Distinguished Lecture Series features three top scientists:

- David Sidransky, Johns Hopkins University, Baltimore, Md.
- Kenneth Yamada, NIDCR/NIH, Bethesda, Md.
- Elaine Fuchs, The Rockefeller University, New York, N.Y.

David Sidransky
March 4, 9:45–10:30 a.m.
Molecular Markers in Personalized Cancer Diagnosis and Treatment

We aimed to personalize head and neck cancer treatment by generating individual personalized tumor grafts generated from a patient's own tumor.

Tumor fragments were implanted into nude mice and propagated as tumor fragments to generate cohorts of homogeneously growing tumors suitable for drug treatments. In total, we evaluated 159 different anticancer agents alone or in combination, spanning all currently known classes of anticancer agents and mechanisms of action.

Recommended treatments were administered to 10 affected individuals, which resulted in a 100 percent correlation of both positive and negative predictive values.

The predictive nature of the personalized models and easy access to tissue support their use in drug development and the discovery of new predictive biomarkers.

Kenneth Yamada
March 5, 9:45–10:30 a.m.
Cell and Tissue Dynamics in Development and Regeneration

Recent advances in imaging, three-dimensional tissue culture and gene expression analysis are revealing how tissues undergo dynamic remodeling in processes as diverse as organ formation and tumor invasion.

The mechanisms responsible for these processes include cell adhesion, migration, contractility, signaling and local gene expression, which can now be visualized or quantified directly.

For example, as a result of these advances, we can now visualize mechanisms of salivary gland development involving dramatic tissue rearrangements orchestrated by a variety of matrix and regulatory proteins and genes.

The new tools and approaches developed for these studies should be applicable to any field where tissues are remodeled by movements of molecules and cells.

Elaine Fuchs
March 6; 10:45–11:30 a.m.
Epithelial Stem Cells: Biology and Clinical Promise

Elaine Fuchs is the Rebecca C. Lancefield Professor in Mammalian Cell Biology and Development at The Rockefeller University. She is also an investigator at the Howard Hughes Medical Institute.

Fuchs has published more than 250 papers and is internationally known for her research in skin biology and associated human genetic disorders, which include skin cancers and life-threatening genetic syndromes such as blistering skin disorders.

Fuchs' current research focuses on the molecular mechanisms that underlie how multipotent stem cells respond to external cues, change their program of gene expression, exit their niche and adopt specific fates to make the epidermis, sebaceous glands and hair follicles of the skin.

In tackling the biology of normal tissue homeostasis, Fuchs has begun to explore how this process changes during wound repair and in human disorders, e.g., cancers, where tissue development goes awry.

Fuchs' lecture will focus on stem cells of the skin and their promise for regenerative medicine.
Just because the economy is unstable does not mean that your practice has to be.

LVI will steer you in the right direction!

“Due to the economy, the first half of 2009 was one of the worst in 39 years of practice. Due to the LVI training that my partners and myself have participated in, I expect the entire year of 2009 to be the best in five years.”  - Alan Steiner, DMD

Now is the time to take the driver’s seat and invest in yourself and your future. Recession-proof your practice with an education from LVI. Bring a new enthusiasm to yourself, your practice, your team, and your patients! You can have the practice of your dreams, and we can show you how.

Ottawa, ON February 19-20
Shreveport, LA February 26-27
Houston, TX March 5-6
Nanaimo, BC March 5-6
Richmond, VA March 5-6
Fort Meyers, FL March 19-20
Palmdale, CA March 19-20
Fort Wayne, IN March 19-20
Redding, CA March 19-20
Sarasota, FL March 26-27
London, ON April 16-17
Nashville, TN April 16-17
Milwaukee, WI April 16-17
Palm Springs, CA April 16-17
Las Vegas, NV April 23-24
Washington DC May 7-8
Victoria, BC May 14-15
Austin, TX May 14-15
Hilton Head, SC May 21-22
Baltimore, MD June 4-5
Santa Cruz, CA June 11-12
Hamilton, ON June 11-12
Reno, NV June 18-19
Chicago, IL June 25-26
Windsor, ON June 25-26
Williamsburg, VA July 9-10
Long Beach, CA September 17-18

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Icon treats white spot lesions and incipient (or early) dental caries

Icon, the caries infiltrant system introduced by DMG America in September 2009, was featured in 10 Fox News segments and on BetterTV, a daytime nationally syndicated lifestyle show, in December 2009.

“The Icon system was demonstrated and/or explained to viewers, potentially reaching more than 12 million households between the newscasts and the daytime networks,” says Tim Haberstumpf, DMG America director of marketing. Icon was also featured on “The Doctors,” a nationally syndicated television show produced by Dr. Phil, in October 2009.

Dr. Thomas P. Connelly, a cosmetic dentist who practices in New York City, was interviewed in the segments about how quickly and painlessly the Icon system can be used to arrest dental caries and eliminate unattractive white spots — evident after wearing braces — with no drilling, anesthetic or loss of healthy tooth structure.

In the Fox News segment, a patient who said she tries to avoid drilling and needles as much as possible received Icon treatment to arrest an incipient carious lesion.

“With the Icon system ... we can prevent it from progressing, fill it without drilling and without anesthetic ... and prevent it from becoming a full blown cavity,” Connelly explained. “What we’re left with is a tooth-resin hybrid structure that is rebuilt, restrengthened and resistant to decay.”

After treatment, the patient remarked, “That was so easy and painless!”

Icon works by capillary action and is a new, revolutionary approach to treating white spot lesions as well as incipient (or early) dental caries. Previously, dental professionals had only more invasive options for treating discoloration that could not be eliminated by tooth whitening.

Caries infiltration is a major breakthrough in micro-invasive technology that fills, reinforces and stabilizes demineralized dental enamel without drilling or sacrificing healthy tooth structure.

“It represents a new category of dental products,” says Haberstumpf. “This is the first micro-invasive product that can be used in just one patient visit to arrest the progression of early carious lesions, remove white spot lesions and increase the life expectancy of treated teeth.”

To view full clips from the shows, complete product descriptions, treatment steps, a training video and an overview of the international studies currently being conducted with Icon, visit the Drilling No Thanks! Web site at www.drilling-no-thanks.com.

Plak Smacker: new Splash toothbrush

Plak Smacker has announced the latest addition to its line of toothbrushes: the Splash Brush. The Splash toothbrush is available in four bright colors: orange, blue, pink and green.

This toothbrush has a comfortable, contoured handle for easy grip while brushing. The soft bristles add to the comfort of the Splash Brush and provide gentle massage to the teeth and gums. Patients are sure to rave about this brush.

For over 20 years, Plak Smacker has been focused on introducing new, innovative products to help patients feel good about a trip to the dental office.

For more information or to place an order, please call (800) 558-6884 or visit www.plaksmacker.com.

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Protech Dental Studio technicians attend classes and workshops all year round to help them keep up with the latest in technological advances in the industry.

Some of the newer technology that the company has recently embraced includes I-Tero and zirconia. The company creates its own custom zirconia abutments on site.

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Facing the facts: dental CBCT vs. medical CT scans

By Bruce Howerton, DDS, MS

Before a practitioner performs surgery, he/she should be equipped with up-to-date knowledge regarding the possible conditions located under soft tissue within the oral cavity. Three-dimensional data generated by cone-beam computed tomography (CBCT) technology offers a “surgical view,” or slices, of the entire field of view from the front, side and under the patient.

Cone-beam scans assist with determining bone structure, tooth orientation, nerve canals and pathology that, in some cases, may preclude the necessity for a surgical procedure.

In the past few weeks, various medical sources have published articles regarding high exposure of radiation from medical CT scans. Unfortunately, these have generated misconceptions. Cone-beam CT, or 3-D cone-beam computed tomography scans.

The dental CBCT imaging method allows dentists to obtain vital three-dimensional information without exposing patients to high levels of radiation that come from medical CT scans. An in-office imaging method is more convenient; it saves the patient travel time and from the hospital and for follow-up examinations after treatment.

Dentists and other medical professionals ascribe to the ALARA (as low as reasonably achievable) protocol concerning radiation levels. This protocol guides practitioners to expose patients to the least amount of radiation possible while still gaining the most pertinent information for proper diagnosis.

For example, for dentists placing implants, having this information beforehand is imperative to determining anatomical variations that can affect the procedure’s success or failure.

The differences between dental and hospital scans derive, in part, from the method of capturing the information. The average medical CT scan of the oral and maxillofacial area can reach levels of 1,200-5,300 microsieverts, the measurement of radiation absorbed by the body’s tissue. These significant levels are attributed to the method of exposing tissues to radiation.

With the hospital scan, the anatomy is exposed in small fan-shaped or flat slices as the machine makes its way around the patient’s head. To collect adequate information, there is overlapping of radiation.

In contrast, the dental scan captures all the anatomy in one single cone-shaped beam rotation, decreasing the exposure to the patient of up to 10 times less radiation.

For example, radiation exposure using the standard full field of view from an i-CAT® CBCT machine (Imaging Sciences International) is 56 microsieverts. These machines are also available in different fields of view, thereby decreasing radiation exposure even more, depending upon the needs of the patient.

For other comparisons of exposure, consider that a typical 2-D full-mouth series runs 150 microsieverts while a 2-D digital panoramic image ranges between 4.7 and 14.9 microsieverts.

Researchers who have developed this technology have achieved the goal of allowing dentists to receive the same information gained from medical CT without the additional radiation exposure.

Dentists who do not own their own CBCT machines can take advantage of this imaging method by referring patients to imaging centers to acquire this valuable information.

The knowledge obtained from capturing 3-D scans has the ability to influence the effectiveness and efficiency of dental treatment.

A dental CBCT scan offers the views and detail needed to perform the latest procedures, while avoiding the unnecessary higher levels of radiation emitted from hospital scans.

As the technology continues to evolve, the possibilities for improved dental care can only increase. Increased software compatibility with surgical guides and orthodontic applications has made CBCT scanners an imperative for some dental offices.

As an oral maxillofacial radiologist and an educator, I firmly believe that with knowledge comes responsibility to provide patients with the best dental care in the safest way possible — a dental CBCT accomplishes this goal without the additional risks involved with hospital scans.

Dr. Bruce Howerton is a Board Certified Oral and Maxillofacial Radiologist who practices privately in Raleigh, N.C. www.carolinaomfimaging.com.

(Source: DANAHER)

Directa FenderMate

Placing a matrix band to attain a good contact point and avoiding interproximal overhang after preparation for Class II fillings can be a time-consuming and laborious procedure. Directa’s new FenderMate® offers a unique, fast, and easy solution by combining a separating plastic wedge and stainless-steel matrix in its innovative design.

Cervical overhang is easy to overlook when dealing with Class II restorations. A matrix that does not perfectly adapt to the cavity margins under the contact point may cause overhang, and a control examination with a probe or floss may not detect this.

Over a period of time occlusal pressure causes the fracturing of unbonded excess material, which creates a trap for food impaction and plaque retention causing caries and gingivitis.

Sectional matrix systems consisting of a matrix, wedge and ring may create a risk of leakage due to lighter pressure of the wedge against the matrix when a retention ring is applied to separate the teeth.

With Directa’s FenderMate the combined matrix and wedge are inserted as one piece, as easily as a wedge, and employs a special new technology in its curved design that contours and complements the curvature of the patient’s tooth.

After FenderMate is inserted it adapts around the tooth and holds its shape without the use of a retentive ring. FenderMate’s flexible wing separates the teeth and firmly seals the cervical margin. A good contact point is created by the unique pre-shaped indentation in the matrix. No burnishing whatsoever is necessary.

FenderMate is available in two wedge widths, regular and narrow, and for left or right application.

They are color-coded for ease of identification. The new, innovative design accommodates most approximate spaces.

FenderMate aids fast and efficient restorations and is the fastest matrix to apply on the market.

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- Dr. Jay Gerber
Director of Orthodontics
Missouri College opens free hygiene clinic

By Marianne Harper

Missouri College, located in St. Louis, has opened a new dental hygiene clinic offering services to the public at no charge. Dental hygiene students, supervised by dentists on staff, now provide patients with a range of dental services, including X-rays, gum treatments, teeth cleaning and fluoride treatments for adults and children.

According to an official from the college, the free services come at a time when many people are looking for affordable ways to get dental care.

“Many dental practices are already performing these procedures routinely and do not realize that they can be billed medically,” said Hubert Benitez, DDS, director of the dental hygiene program at Missouri College. “Our dental hygiene students have been preparing for this work since they began their studies in March 2009. They have followed a rigorous program and have been building their skills preparing themselves to begin serving the public,” Benitez said.

The dental hygiene student will perform an examination, prepare and implement a treatment plan, while instructors examine, review and oversee the dental hygiene student’s work.

The clinic will offer the following services, free of charge: intraoral and extraoral radiographs; risk assessments; vital signs monitoring; periodontal treatments, including calculus detection, periodontal scaling, root planing, debridement, ultrasonic scaling; fluoride therapy; pit and fissure sealants; coronal polishing and dental prophylaxis maintenance; health education and preventive services; nutrition advising; and oral cancer screening.

Patients whom the hygienist and dentist identify as needing additional dental services, such as fillings or crowns, are being referred to area dentists.

While the new clinic is open to the community at large, Benitez said it is “the first step in building our students’ skills and experience.”

Your contribution to keeping chairs filled

How a dental-medical cross-coding system can make a difference in your practice

By Fred Michmershuijzen, Online Editor

It’s no news to you that the economy has affected dentistry. While following posts on Amsysdhatist.com and other networking sites, all too often we read of dentists reducing staff or hours due to decreased levels of case acceptance in their practices and, at the same time, an increase in the number of broken and canceled appointments.

In these difficult times we need to find ways to get patients to say “yes” to proposed treatment in order to keep the patient chairs full and the hygiene stools occupied.

One unique way to accomplish this is to implement a dental-medical cross-coding system in your practice.

You might be wondering what a dental-medical cross-coding system is and why hygienists should be interested in it. Allow me to explain.

Dental-medical cross coding is the process of submitting medically necessary dental procedures to medical insurance carriers. There are multiple definitions available, but the following sums it up well.

Advantages for medical filing

What are the advantages of filing medical plans? The biggest advantages that are required to:

• diagnose or prevent an illness, injury or condition;
• treat an illness, injury or condition;
• keep a condition from getting worse;
• lessen pain or severity of the condition;
• help improve the condition.

A medically necessary dental procedure is one that is performed because the patient has a dental condition that is affecting the patient’s medical condition, or vice versa, and applies to one of the categories listed above.

Many dental practices are already performing these procedures routinely and do not realize that they can be billed medically. Figure 1 lists the types of procedures that are known to fall within a dentist’s scope of practice that can be billed medically.

The scope of practice that can be billed medically can be seen in Figure 1. The dental-medical cross-coding system in your practice can be submitted to their patients’ medical plans. You can be instrumental in putting an end to that.

Advantages for medical filing

What are the advantages of filing with medical plans? The biggest advantage of that answer is the financial aspect. When patients realize that they may be able to obtain additional insurance benefits for these procedures from their medical plans, there will be a definite increase in patient satisfaction with care.

Fig 1

Procedures known to fall within a dentist’s scope of practice

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<thead>
<tr>
<th>TMD procedures</th>
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<th>Oral cancer screening</th>
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Fig 1

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While the new clinic is open to the community at large, Benitez said it is “the first step in building our students’ skills and experience.”
Dear Reader,

With the close of 2009, a new decade is upon us. One of my daughter’s friends, Sam, recently posted on a social networking Web site that he is beginning his fourth decade of life. He is 23. It took me a while to figure out what he was talking about.

What he was referring to is that he has experienced some of the ‘80s, ‘90s and 2000s so now he will experience the 2010s. This is not a way I had thought about decades before.

Decades are coming and going. Viewing time as Sam does puts me into my fifth decade of experiencing dentistry.

When I think about dentistry over the last five decades, it is simply amazing to me how daily tasks in the dental office are so different than they were some 45 years ago.

In the early 1960s, dentistry was performed standing up. Instruments were not routinely autoclaved. Use of gloves and masks were not routine. As time goes by, things change. Without change, there is no improvement.

Take a look around your hygiene operatories and review hygiene protocols. Make adjustments where necessary to bring your hygiene department into the 2010s.

Develop a plan that will ensure the department is up to date within a certain amount of time.

Although our patients may be wearing retro clothing, they will not tolerate an office that is practicing dental hygiene from the 1960s. Best Regards,

Angie Stone, RDH, BS

Survey finds hygienist among best jobs in 2010

By Daniel Zimmermann, Group Editor DTI

Dental hygienists are in position No. 10 among the top 10 jobs in 2010, a new survey has found.

According to CareerCast.com, a job search site based in Carlsbad, Calif., hiring outlooks for dental assistants were even better than those for other jobs in the top 10 list, including accountants or computer analysts.

Dental technicians ranked 72 in the survey, while orthodontists ranked 94.

According to CareerCast.com, while orthodontists ranked 94, dental technicians ranked 72 in the survey, while accountants or computer analysts ranked 7.

The report analyzed 200 jobs in North America based on a set of criteria, such as work environment, income, outlook, stress and physical demands.

According to Tony Lee, publisher of the CareerCast.com 2010 Jobs Rated Report, the jobs that ranked near the top not only pay well, but also have the greatest potential for growth as the economy rebounds.

"Conversely, the [job of] roustabout is a difficult and dangerous job working on an oil rig with a salary of about $51,000 per year, high unemployment and a negative outlook for growth, which is why it’s ranked as the nation’s worst job,” explained Lee. He added that some white-collar jobs didn’t make the top of the list once other aspects of the position were factored in.

"Surgeon, which is the highest-paying job, ranked toward the bottom of the list when you evaluate the profession’s stress levels, physical demands and work environment,” he said.


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The hygienist's role

More time with the patient. Hygienists actually play a key role in the cross-coding system in their practices. Of all the members of the dental team, hygienists are more likely to have the most one-on-one time with patients.

You have the opportunity to ask the right questions and spot the signs and symptoms of these conditions. By combining your knowledge of the indicators of systemic disease with your clinical findings, you are in the best position to get the ball rolling.

When you suspect that the treatment falls within the dentist’s scope of practice, you can alert the dentist to your findings, thereby initiating the process.

There will be times when only medical intervention is indicated. This will not affect cross coding for those patients, but you will be helping those patients by being proactive and referring the patients to their primary care doctors.

You will be directly affecting their overall health and potentially saving lives. Here again you will have very thankful patients who know that your practice goes the extra mile for them.

Of course, this is another great marketing tool.

Documentation. Your next role in cross coding in your practice will be through your documentation.

Accurate and thorough documentation is of the highest importance with cross coding to medical.

Your documentation must provide the proof of why the procedure(s) needed to be performed. This documentation is needed to determine the diagnosis codes for the procedure(s).

There are some major differences between dental and medical insurance, and one of them is that medical insurance requires the use of diagnosis codes (ICD-9-CM codes).

You must provide the proof in your documentation of the medical necessity.

With regard to specific peri-procedures, there are medical conditions that have a proven effect on the mouth, so peri-procedures for patients compromised by these conditions can and should be billed medically.

Some examples of these conditions and the documentation needed are shown in Figure 2.

Either a cross-coding manual that cross codes the dental codes to the medical codes or the use of the ADA manuals to determine the appropriate codes (whereby the practice will have to determine the codes on its own) will be needed.

Therefore, the documentation must clearly state all of the conditions that prove the medical necessity. This is where mistakes or unclear documentation can cause problems.

Medical claims can be audited and oral surgery procedures that are denying certain periodontal care will be used to choose the diagnosis codes on the medical claim.

The documentation you and the dentist create will be used to establish this in your documentation. You do not want to risk that your practice will be accused of filing fraudulent claims.

The need to file medically cross-coded claims is already here. I have heard of some dental carriers that are denying certain periodontal and oral surgery procedures stating that they believe the claim should be filed with the medical carrier first.

What will members of your practice do when they receive an explanation of benefits such as this if they do not know how to file medically?

If they don’t know how, will any benefits be obtained?

As you can see, hygienists are in a great position to get the ball rolling, which will help fill those chairs.

You can make a significant difference in your practice by implementing a dental-medical cross-coding system.

Systemic conditions that should appear in your documentation to prove the medical necessity of certain peri-procedures:

- Diabetes
- Epilepsy
- Pregnancy
- Aerostomia
- Cancer
- GERD
- Cardio-Vascular disease

Proven lifestyle habits that affect patients dentally and should appear in your documentation:

- Smoking
- Other tobacco use
- Eating disorders
- Drug abuse
- Bruxism

About the author

Marianne Harper is the owner of The Art of Practice Management. Her areas of expertise are revenue and collection systems, front-desk systems and dental-medical cross coding.

Harper speaks across the United States, has been published in dental journals and is the author of “CrossWalking: A Guide Through the CrossWalk of Dental to Medical Coding.”

She is a member of The Academy of Dental Management Consultants (ADMC) and the Speaking Consulting Network (SCN). You may visit her online at www.artofpracticemanagement.com.
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