‘American dentistry at its best is remarkable’

Dr. Harold C. Slavkin shares his thoughts on what’s good about dentistry today and what’s needed from Washington

By Fred Michmershuizen, Online Editor

Dr. Harold C. Slavkin is the 2009 recipient of the American Dental Association’s Gold Medal Award for Excellence in Dental Research. Established in 1985 and presented by the ADA once every three years, the award honors individuals who contribute to the advancement of the profession of dentistry or who help improve the oral health of the community through basic or clinical research.

Slavkin, a noted policymaker, educator and researcher served as dean of the University of Southern California School of Dentistry from August 2000 until his retirement in December 2008. He is currently on sabbatical, but he plans to return to USC in early 2010 to resume being part of the Center for Craniofacial Molecular Biology (of which he is the founding director) and teaching in the graduate school and dental school.

Before becoming dean at USC, Slavkin served as the sixth director of the National Institute of Dental Research.

Texting during treatment a problem

More than four out of five dentists surveyed by the Chicago Dental Society revealed that patients send and receive text messages on their cell phones while receiving dental care.

The survey was conducted from July 16–25 via e-mail and among dentists in the Chicago Dental Society’s Facebook Fan Page. In addition to the dentists who said their patients regularly text in the dental chair, 46 percent said this habit hampers their ability to provide care. The high number of dental chair texters is also surprising, given that 52 percent of the dentists indicated they have a cell phone/mobile device policy posted in a visible location in their office.

“We have signs up in the waiting room and directly in front of where the patient sits stating that they need to turn off their phones, but most simply ignore them,” said one respondent.

But not every dentist views texting
Excellence in Dental Research, which is quite an honor. Who influenced you most in your career and how?

I am deeply honored that my peers in the dental profession have extended this tribute to me. Yet, I am the beneficiary of extraordinary immigrant parents who provided me with unconditional love and a sense that anything was possible.

While a young soldier at Fort Sam Houston I met Dr. Henry Sutro, who modeled the best of what dentistry could be at that time in history. I was coached by many to seek a liberal arts education before going to dental school.

I received excellent clinical training and had fabulous people, such as Professors Dick Greulich and Lucien Bavetta, mentor me during my post-doctoral training. Thereafter, hundreds of students, residents, graduates and postdocs profoundly influenced my journey in research.

From my perspective, living was learning and the journey has been a glorious experience, and still continues.

How do you feel about the state of dentistry as it is practiced today? American dentistry at its best is remarkable. All over America, I have met and seen amazing oral health care being provided to all types of people.

There is a debate going on today in Washington about health care reform. If you could write the legislation yourself and get it enacted, what would it include for dentistry?

It sounds trite, but the mouth is part of the body. From my perspective, comprehensive health care must be available for all people of all ages and must include mental, vision and oral health, with an emphasis upon prevention.

While I worked in Washington as director of the National Institute of Dental and Craniofacial Research at the NIH, I had the unique opportunity to be a small part of the Surgeon General’s Report “Oral Health in America,” which was released in May 2000.

In that report we learned that 110 million Americans did not have dental insurance and that there were enormous oral health disparities according to socioeconomic determinants. We need to find a way for all Americans to experience optimal oral health, especially children under 5 and our elderly.

In your view, what does the future hold for general dentists?

If I look beyond the current economic crisis that has challenged all of society, domestic and international, the future of our oral health profession is very bright and filled with enormous opportunities. The emerging science, technology and patient needs of all ages will truly enhance our profession’s future.

We know a lot about your work and your professional life, but what is something people might be surprised to know about you? What do you do for fun?

Fun is being with my wife, children and grandchildren in essentially any venue. Fun is doing watercolor painting. Fun is sailing our boat “Winnie” and having the “Zen” experience of being on the Pacific Ocean. Fun is learning.

as a societal evil. Dr. Gissy Furusho, a pediatric dentist in Chicago, said her young teen patients have mastered texting to the point that they don’t even have to look down at their phone keyboard during treatment.

“This may surprise people, but most of my younger patients are very polite about using their cell phones in the chair,” she said. “The kids never answer their phone while getting treatment.”

Even dentists who don’t have a stated policy against texting say it can still interfere with communication between dentist and patient.

Niles, Ill., dentist Dr. Alice Boghosian said that there is a time and place for most things, but texting or talking in the dental chair is a breach of etiquette.

“One young patient of mine had to interrupt me when his phone was buzzing in his pocket,” Dr. Boghosian said she was also surprised when a member of the clergy kept answering his phone even though he admitted the calls were not urgent.
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†The Dental Advisor 10-year Clinical Performance article available upon request.
Curbing cancellations and no-shows begins chairside

By Sally McKenzie, CMC

“Doctor, Mr. Jackson just cancelled his two-hour crown and bridge appointment.” With one simple sentence, your production for the day is swallowed up by a gaping hole in your schedule.

Every dentist experiences the seemingly endless frustrations associated with patient cancellations and no-shows. Given the current recession, the number of holes in the schedule has surged in many offices. Compound that with lower treatment acceptance these days and you have all the makings of an overhead nightmare.

Even during robust economic times, no-shows and cancellations are not uncommon. They add up to huge revenue losses, on the order of $40,000 to $60,000 every year. And that doesn’t begin to count the thousands of dollars lost in production that the dentist never has the opportunity to diagnose, much less deliver.

While dental offices typically point the finger at the front desk to maintain a full schedule, clinical teams often overlook their indispensable role in urging patients to keep appointments. In actuality, curbing cancellations and no-shows begins chairside.

It is essential that clinical teams emphasize the value of the dental care provided during even the most regular dental visit, as well as clearly explain to patients the importance of keeping their appointments.

Ironically, dentists frequently overlook the significant influence that they have on the patient’s perception of routine dental care. In a rush to return to their own patient, they often unwittingly minimize the value of the professional hygiene appointment.

A hygiene scenario

Consider this common scenario: The hygienist spends time explaining to Mrs. Patient that she is now showing signs of periodontal disease and may require more frequent hygiene appointments. The patient is concerned and is prepared to schedule these visits once every three to four months.

Then the doctor walks in to check Mrs. Patient. He greets her and marvels at the great job she is doing with her oral health care. The dentist’s comment causes Mrs. Patient to question the hygienist’s assessment of her periodontal condition.

“The doctor said I’m doing a great job. Why would I need another cleaning so soon?”

Even more troubling is the fact that the dentist’s comments cause the patient to question both the dentist’s and the hygienist’s diagnostic abilities.

The solution

First, the clinical team has to be on the same page. This situation is easily addressed if the hygienist takes just a moment to explain to the dentist what has been found and subsequently discussed with that patient.

It is a simple solution, but it underscores the significance of the clinical team’s role in emphasizing the value of ongoing dental care.

If your practice is not stressing the importance of the next visit to the patient while he or she is sitting in the chair, you probably have many more broken appointments and cancellations than you should.

Educate your patients

Oftentimes, patients have no comprehension of the turbulence that their “little” cancellation or no show can cause you and your team. In fact, it has been estimated that more than a quarter of your patients, about 28 percent, routinely cancel appointments because practices are not actively educating them on the importance of the next visit.

While cancellations and no-shows may be a part of running a practice, they do not have to be commonplace. In addition to emphasizing the value of every dental visit with each patient, I recommend that practices take specific, concrete measures to reclaim control of their schedules.

Appoint a staff member. The first step is to establish accountability. Assign a specific person to be responsible for ensuring that openings are filled promptly, appointments are confirmed 48 hours in advance and daily production goals are met.

Develop a policy. In addition, develop a clearly articulated policy regarding broken appointments. The policy should be specific and appropriate in tone. It also should be periodically distributed to all patients, especially new patients. Each time an appointment is scheduled, the policy should be politely reiterated.
Contact ‘no shows’ within 10 minutes of their appointment time

Track down no-shows

Make it standard operating procedure to follow-up with every patient who cancels, doesn’t show up or doesn’t reschedule. Contact no-shows within 10 minutes of their appointment time, and express genuine concern for their absence.

For example, “Mr. Clemmons, this is Ellen from Dr. Denny’s office. We were expecting you for a 3 p.m. appointment today and were concerned when you didn’t arrive. Is everything okay?”

After two no-shows the patient’s record should be tagged indicating that he/she is unreliable. Politely inform the patient that he/she will be contacted when an opening is available. Cancellations and no-shows are a reflection of our hurried and overextended culture. It is a problem that affects those practices serving patients with McKenzie dental care as well as those serving the busy, well-educated executives.

Although they cannot be completely eliminated, by using a clear and direct approach, cancellations and no-shows can be minimized significantly in your practice.

Certified Management Consultant (CMC) Sally McKenzie is a nationally known lecturer and author. She is CEO of McKenzie Management, which provides highly successful and proven management services to dentistry and has since 1980. McKenzie Management offers a full line of educational and management products, which are available on its Web site, www.mckenziemgmt.com.

In addition, the company offers a vast array of practice enrichment programs and team training. McKenzie is also the editor of an e-Management newsletter and The Dentist’s Network newsletter sent complimentary to practices nationwide. To subscribe, visit www.mckenziemgmt.com and www.thedentistsnetwork.net. She is also the publisher of the New Dentist® magazine, www.thenewdentist.net.

McKenzie welcomes specific practice questions and can be reached toll free at (877) 777-6151 or at sallymck@mckenziemgmt.com.
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– Dr. James R. Harold

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– Dr. Robert S. Maupin

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Business continuity and IT management

Part 1 of a two-part article on keeping your computer network running 24/7

By Lorne Lavine, DMD

As many dental offices know, no matter what you spend for IT support for your computers, it’s usually nothing compared to what it costs if your network goes down for two or three days.

Business continuity involves two steps: monitoring the network 24/7 and having a great backup protocol in place should something go wrong.

Your computers are the machinery that runs your business. Every minute of down time costs you money. Just as dental offices do preventative maintenance to keep their patients’ oral health at a high level, your computer network also needs regular maintenance to keep it running smoothly.

If you are not in the business of IT support, then it makes no sense for you to self-manage your network. Using on-call consultants for basic maintenance has also become a costly proposition for most offices. Add to that the delays between the time you notice a problem and it actually getting fixed. All this extra downtime is costing you money.

Electronic IT management

New monitoring systems provide electronic management technology that has changed the way companies can maintain and manage their IT systems. No longer do you have to wait for things to break before your network gets attention. With these systems watching over your network, many problems can be seen and corrected before they impact your staff.

Modern automation technology alerts technicians whenever specified events occur on your network. This allows us to directly focus on areas that need attention. Without this automation, a technician would waste valuable time hunting around for possible problems. These systems show us exactly where to look.

Remote access

Thanks to secure remote-access capabilities, most problems can be fixed remotely over the Internet. For the dental practitioner, this means problem resolution in minutes, not hours! In addition, your network security is not compromised. This is an important factor for organizations in regulated industries, such as dentistry, that have HIPAA regulations.

Software updates

Patches and updates are released regularly for your operating systems and key applications. These fix problems with security and make them run better. Without these updates applied, your software is vulnerable to threats that can damage your systems, or worse, make them available to attackers.

Tracking installed software

Most of these software programs contain a sophisticated asset inventory system that tracks every piece of software installed on your computers. The software can automatically identify those that need updates.

Every week your management node will download these updates once and then apply them to all the machines on your network that need the updates. This is far more efficient than you downloading and updating each workstation and server individually. In most cases, it makes sense to schedule these updates to run after hours so your staff is not interrupted by the installation process.

‘Reactive’ IT support

The old way of providing network support relied upon you calling a technician when something broke. Then you wait for someone to come find your problem. There was no telling how long it would take the technician to find and fix the problem.

With this outdated “reactive” support model, you pay when things go wrong, so your IT consultant gets paid when things break down. In short, there is no incentive for your consultant to make your network as reliable and efficient as possible.

The cost of supporting computers is a common complaint among dental offices. Something goes wrong on your network and the support bills start piling up.

‘Active’ IT support

How much will it cost this month? Many dentists we’ve worked with in the past commonly agree that unknown support costs are one of their most aggravating management issues.

Most of the new support systems are a subscription-based service. There is no hardware or software to buy. No staff to hire. You pay a monthly fee based upon the number of servers, workstations and network devices. All monitoring, notification, and remote support is done for you.

The only extra charges you might pay are for consulting, implementation of new equipment or software, or services that are not part of maintaining your existing IT infrastructure.

Part 2 of this article will be published in the next edition of Dental Tribune.

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 Rochester, N.Y.

He received his specialty training at the University of Washington and went into private practice in Vermont until moving to California in 2002 to establish DTC, a company that focuses on the specialized technological needs of the dental community.
Fiscally fit in 2009

Tax breaks and limited-time laws make 2009 the right time to invest in your practice

By Keith Drayer

The American Recovery and Reinvestment Act of 2009 was signed into law on Feb. 17 with some of the best benefits having limited remaining time eligibility.

Small business owners have limited time in 2009 to benefit from the most lucrative tax incentives for acquiring technology and/or equipment.

If your practice is ready to buy equipment or software, the tax incentives for doing so are better than ever. These benefits will expire, or be reduced, as of Jan. 1, 2010.

The American Recovery and Reinvestment Act, accompanied by lower interest rates, make this a strategic time to invest in your practice to meet the demands of today’s health care industry.

Because of these beneficial conditions, installing equipment and technology in 2009 can create a cash flow win-win for health care practitioners “in the know.”

Can you deduct $250,000?

For the 2009 tax year, many small businesses may potentially deduct up to $250,000 if the equipment or software is placed in service.

This valuable break is the Section 179 depreciation deduction privilege, and it is an exception to the general rule that you must depreciate equipment and software costs over several years.

Section 179 is an annual “use it or lose it” accelerated deduction benefit that optimally lowers taxable income.

The bonus depreciation is allowable for regular and alternative minimum tax (AMT) purposes for the tax year in which the property is placed in service.

Property eligible for this treatment includes:

• Property with a recovery period of 20 years or less (almost all dental equipment).
• Standard software/practice-management software.

Who can take the deduction?

This deduction is available whether you are a sole proprietorship, partnership or corporation (S corporations are subject to different rules). If you plan to acquire equipment in the near future, purchasing it before year’s end is prudent.

What type of financing is eligible?

Utilizing a finance agreement or capital lease to acquire technology or equipment will qualify for this benefit, while true leases or fair market value agreements will not.

If you use a finance agreement to acquire your equipment and you have deferred payments, you may file your tax returns and achieve the benefits before you have made any payments.

Avoid last-minute decisions

Don’t wait too long to acquire technology or upgrade your office. Although it is true that you can have equipment placed in service by Dec. 51 to take advantage of the incentives, waiting too far into the year may mean that you will settle on your selections because of diminished year-end choices.

Now is the right time to meet with an equipment or technology specialist and discuss acquiring the optimal production-enhancing technology and equipment that will help your practice stay fiscally fit.

Don’t forget bonus depreciation

Your practice may generally claim first-year bonus depreciation deductions equal to 50 percent of the cost that is left over after subtracting allowable Section 179 deductions (if any).

If your business uses the calendar year for tax purposes, you only have until Dec. 51 to take advantage of the generous $250,000 allowance.

Don’t wait to see if 2010 will provide the same opportunity. Act now and take advantage of all the benefits available through this current legislative windfall.

Invest in your practice with HSFS

Henry Schein Financial Services (HSFS) business solutions portfolio offers a wide range of financing options that make it possible for you to invest in your practice for greater efficiency, increased productivity and enhanced patient services.

HSFS helps health care practitioners operate financially successful practices by offering complete leasing and financing programs. HSFS can help obtain financing for equipment and technology purchases, practice acquisitions and practice start-ups.

HSFS also offers value-added services including credit card acceptance, demographic site analysis reports, patient collections, patient financing and the Henry Schein Credit Card with 2½ percent cash back or 1½ points per dollar spent.

For further information, please call (800) 855-9495 or send an e-mail to hsfs@henryschein.com.

Calculations

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<td>E. Total first year tax deduction</td>
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Annual Internal Revenue Code Section 179 Example

Don’t wait to see if 2010 will provide the same opportunity. Act now and take advantage of all the benefits available through this current legislative windfall.

About the author

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

Henry Schein Financial Services can be reached at (800) 855-9495 or hsfs@henryschein.com.

Please consult your tax advisor regarding your individual circumstances.
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ALABAMA
Birmingham-2 Ops, 2 Hygiene Rms, GR $675K #10168
Birmingham Suburb-1 Ops, 3 Hygiene Rooms #10106
CONTACT: Jim Gale at 404-513-1573

ARIZONA
Arizona-Doctor seeking to purchase general dental practice. #12110
Show Low-2 Ops, 2 Hygiene Rms, GR in 2007 $64,595
Phoenix-Dentist seeking Practice Purchase Opportunities #12108
No. Scottsdale-Dentist Seeking Practice Purchase Opportunities #12109
Urban Tucson-6 Ops-1 Equipped, 1 Hygiene, GR $900K #13112
CONTACT: Tom Kimbel at 602-516-1329

CALIFORNIA
AltaRosa-1 Op, GR $661K, 2 1/2 day work week #14279
Bakersfield-4 Ops, 2,000 sq ft, GR $1,000,000 #14290
Fresno-5 Ops, 1,500 sq ft, GR $81,000,000 #14290
Malever-4 Ops, GR $1,921,467 #14283
Modesto-12 Ops, GR $1,057,000, Same loc. for 10 years #14289
N California Wine Country-4 Ops, 1,500 sq ft, GR $95K8, #14296
Paso Robles-6 Ops, 2,000 sq ft, GR $2,820,000 #14291
Red Bluff-8 ops, 2008 GR $1,060,986, Hygiene 10 days a wk. #14252
San Francisco-4 Ops, GR $73K, 1,500 sq. ft. #14288
San Jose-4 Ops #14295
South Lake Tahoe-3 Ops, 647 sq ft, July 2007 GR $55K #14277
Stockton-3 Ops-Potential for 6th, GR $271K #14285
Thousand Oaks-General Prac, New Equip, Digital #14275
CONTACT: Dr. Dennis Hoover at 805-915-5578

GEORGIA
Alabaster Suburb-3 Ops, 2 Hygiene Rms, GR $861K #15125
Atlanta Suburb-2 Ops, 2 Hygiene Rms, GR $653K #11928
Atlanta Suburb-1 Ops, 1,270 sq ft, GR $458,563 #149131
Dublin-Bropy Pediatric practice seeking associate #19097
Macon-3 Ops, 1,655 sq ft, State of the art equipment #19101
Northeast Atlanta-1 Ops, GR $750K #10129
Northern Georgia-4 Ops, 1 Hygiene, Inc. for 43 years #19110
South Georgia-2 Ops, 3 Hygiene Rms, GR $72K #19153
South Georgia-1,800 sq ft, GR 400K #19124
CONTACT: Dr. Jim Cole at 404-513-1573

ILLINOIS
Chicago-Established Practice looking for Dentist #22122
Chicago-1 Op, GR $70K, Sale Price $46K #22126
1 Hr SW of Chicago-5 Ops, 2007 GR $400K, 28 years old #23112
CONTACT: Al Brown at 800-668-0209

INDIANA
St. Joseph County-GR $270K on a 3 1/2 week week #25108
CONTACT: Donna Wright at 800-730-8883

MAINE
Leawood-GP Plus real estate, state of the art office #28107
CONTACT: Lori Bell at 978-602-0797

MARYLAND
Southern Maryland-11 Ops, 5,900 sq ft, GR $1,840,628 #29101
CONTACT: Al Brown at 800-668-0209

MASSACHUSETTS
Boston-2 Ops, 2 Hygiene, GR $600K #31013
Boston-2 Ops, GR $252K, Sale $197K #31022
Boston SouthShore-3 Ops, GR $800K #31023
Middlesex County-7 Ops, GR Mid $500K #31020
New Bedford Area-6 Ops, $600K #31019
Somerville-GR $700K
Western Massachusetts-5 Ops, GR $1.1 Mill, Sale $512K #31016
CONTACT: Lori Bell at 978-602-0797

MICHIGAN
Suburban Detroit-2 Ops, 1 Hygiene, GR $252K #31109
CONTACT: Dr. Jim Davis at 313-604-5000

MINNESOTA
Crow Wing County-4 Ops #31201
Eagle/Moorhead Area-1 Op, GR $185K #31207
Central Minnesota-Mobile Practice, GR $700K-800K #32108
Minneapolis-Looking for associate #32105
Rockford Area-Looking for associate #32106
CONTACT: Mike Minor at 612-906-2142

MISSISSIPPI
Eastern Central Mississippi-10 Ops, 4,695 sq ft, GR $1.3 Mill #31101
CONTACT: Deanna Wright at 800-730-8883

NEVADA
Reno-Fire Station Building, 1,500 Sq Ft, 4 Ops, GR 763K, #57106
CONTACT: Dr. Dennis Hoover at 800-519-2458

NEW JERSEY
Edgewater-3 Ops, GR $525K #39109
Jersey City-2 Ops, GR $216K, 2 days a week #39107

NEW YORK
Brooklyn-4 Ops, 2 Hygiene rooms, GR $1 Million, NY $600K #41108
Brooklyn-3 Ops (Fully equipped), GR $175K #41113
CONTACT: Dr. Dan Cohen at 646-460-3914
Oceanside-3 Ops, Appx. 1200 sq ft. #31101
CONTACT: Deanna Wright at 800-730-8883

OHIO
Medina-Associate to buy 1/3, rest of practice in future #44430
CONTACT: Dr. Don Morefield at 440-823-8037

PENNSYLVANIA
Pittsburgh Area-High-Tech, GR $425K #87135
70 Miles Outside Pittsburgh-3 Ops, GR $1 Million #47137
North of Pittsburgh-3 Ops, Victorian Mansion GR $1.2 Mill #47140
CONTACT: Dan Shih at 412-855-0557
Duquesne County-6 Ops, GR over $1,100K, Sale price $718K #47133
Luzerne County-4 Ops, 1 Hygiene, GR $515K #47138
CONTACT: Al Brown at 800-668-0209

RHODE ISLAND
Southern Rhode Island-4 Ops, GR $750K, Sale $456K #48102
CONTACT: Lori Bell at 978-502-0279

SOUTH CAROLINA
Columbia-7 Ops, 2,200 sq ft, GR $675K #49102
CONTACT: Scott Camper at 704-814-7370

TEXAS
Houston Area-GR $1.1 Million w/ld, net income over $500K #58203
CONTACT: Deanna Wright at 800-730-8883

WISCONSIN
Southeastern Wisconsin-2 Ops, 1,800 sq ft, GR $300K #58118
CONTACT: Deanna Wright at 800-730-8883

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American Academy of Periodontology to host 95th annual meeting in Boston

The American Academy of Periodontology (AAP) will host its 95th Annual Meeting in Boston, from Sept. 12-15 at the new Boston Convention & Exhibition Center.

Dental professionals from all specialties are encouraged to register to learn about the latest advancements in periodontology. More than 5,000 dental professionals and participating vendors are expected to attend.

The four-day meeting will include a variety of educational and scientific sessions in seven distinct program tracks, covering topics such as dental implants, periodontal-systemic relationships, practice development and management, and regeneration and tissue engineering.

Traditional continuing education courses, as well as hands-on workshops and practice technique showcases, will be offered. In total, more than 50 educational and scientific sessions will be offered.

Of particular note is this year’s Opening Ceremony, which will officially kick off the meeting on Sept. 12, with welcome remarks from the 2009 AAP President, Dr. David Cochran, DDS, PhD.

The academy is also pleased to announce Paul M. Bidker, MD, as the Opening Ceremony’s keynote speaker.

Bidker is a leading researcher in inflammation and cardiovascular disease, and was an important contributor to the recent joint consensus paper on cardiovascular disease and periodontal disease published by The American Journal of Cardiology and the Journal of Periodontology.

Other events of interest this year include:

- The Innovations in Periodontics sessions where the latest concepts, techniques or products in periodontics will be showcased.
- The Dental Hygiene Symposium, which will discuss how periodontal care, continues to evolve based on new research on the role of inflammation in the progression of periodontal disease.
- The popular Insurance Workshop, which will instruct attendees how to submit appropriate procedure codes to dental benefit carriers, communicate with benefit carriers in adjudicating claims and file claims with medical plans.
- The exhibit hall, which will feature more than 150 dental products and services and will offer on-floor order placements and complimentary attendee lunches.

“An exciting time in periodontics, so I am thrilled to invite the dental community to join us in Boston,” Cochran said.

“It has become critical that all dental professionals understand the connection between periodontal disease and other chronic diseases of aging, such as cardiovascular disease, and especially the role inflammation plays in this connection,” Cochran said.

“Our 2009 annual meeting offers an exciting and informative forum to learn about these important advances in periodontology,””

For more information or to register for the annual meeting, visit the AAP Web site or contact the AAP meetings department at (312) 573-5216 or meetings@perio.org.

Events

The American Association of Dental Office Managers annual conference is the premier educational and networking event in the country for dental office managers, practice administrators, patient coordinators, finance coordinators, treatment coordinators, business managers and dentists. Here are the highlights of this two-day conference on Oct. 16 and 17:

- Great Communication = Great Production, by Cathy Jameson

In these tough economic times, now, more than ever, you and your team need to use effective communication to increase your practice’s bottom line.

Learn proven presentation and communication skills to be used by the entire team that will increase your case acceptance to 90 to 95 percent.

- The Chartless Office and What It Means to the Office Manager, by Jana Berghoff

How does chartless look to your patient? Take a walk, from a patient’s perspective, through an actual high-tech, chartless office that will be simulated on site.

- How to Maximize Your Patient Referral Program, by Kim McQueen, Patterson Office Supplies

Learn how to use your most effective marketing tool: your current patients! Did you know that 75 percent of all new patients that come to a dental practice are referral-driven? Learn how to entice your current patients to send referrals to you.

- Successful Techniques to Incorporate Implants into Your Practice, by Lynn Mortilla and Teresa Duncan

Understanding the impact implants have in patients’ lives and how an office can benefit from incorporating implants into treatment options will be discussed.

There will be a discussion of the perceived challenges and realistic implementation of strategies to create ideal patient experience.

- Purpose-driven HR for the Dental Office Manager, by Robyn Adkins, PHR

A course for those with human resources/staff management questions. Join Adkins in discovering your HR purpose, and reduce your stress, focus your energy and simplify your decisions.

In this course you will learn how to identify and manage your prime risk areas, where to focus your efforts for the most return, and how to plug into the ample online resources available to you. Turn your ad-hoc, task-based and reactive HR routine into a deliberate, strategic and proactive part of your practice.

- Getting Results As A Manager, by Linda Dvorenstedt

Managing your dental staff is complex and requires a variety of skills. Getting results requires mastering seven critical management skills, which you’ll learn in this presentation.

- Professional Self Development for the Dental Office Manager, by Janice Harley Trautler

This course will focus on understanding the impact your image has on your professional success as a dental professional, as well as how to project confidence and receive respect, improving self-esteem, effectively using body language in patient communication, and learning life-changing makeovers in the dental office including your own ten step image evaluation.

- Dental Practice Management Consultant Panel Discussion

Join some of the top consultants in dentistry for this one-hour Q&A. Expert consultants representing all fields of practice management will take to the stage to answer attendees’ questions.

- Roundtables by specialty

Bring your most pressing practice management questions with you for your peers to answer and bring your advice for them too. Tables divided by practice specialty, which means networking at it’s best.

For more information about AADOM’s annual conference, please visit www.dentalmanagers.com.
Dental Tribune | September 2009

Industry 15A

Vintage Halo featured in seminar

Shofu’s Vintage Halo porcelain was recently featured in a seminar at the UCLA Master Dental Ceramist Program.

Taught by renowned dental technician Klaus Muterthies, the two-day seminar was an opportunity to see the legendary master ceramist at work.

The 15 technicians who participated in the program were taught Muterthies’ famous four season restorations using Shofu porcelain.

Muterthies, founder of the Art Oral Design Group, cited Shofu’s Vintage Halo porcelain’s easy handling abilities and the true opalescence properties of Shofu’s ceramic.

Participants used Vintage Halo porcelain, which, in addition to its natural esthetics, offers extremely low shrinkage, precise color match, high compressive strength and excellent stability of margin edges.

A versatile material, Vintage Halo is ideal for everything from simple two- to three-powder build-ups to complex multi-powder restorations.

New cameras from Nikon and Canon

Canon and Nikon are introducing new “upper entry level” digital SLR cameras: the Nikon D5000 and the Canon Rebel T1i.

The Nikon D5000 slots in between the entry level D60 and the D90, and splits the difference in features. The D5000 matches the D60’s 12.3 megapixel resolution and includes the same 720P HD video clip mode.

New to the Nikon D5000 is the vari-angle LCD monitor that allows you to shoot from various angles. This is the first Nikon SLR model to feature an adjustable LCD screen. Even if you never use Live View, the vari-angle screen allows you to protect the LCD screen.

The LCD screen size is 2.7 inches and, like the D60 (2.5 inches), has 250,000 pixels of screen resolution. In comparison, the D90’s screen does not move, but is 3 inches and has 920,000 pixels.

Canon’s newest Rebel series camera is called the T1i. The Rebel T1i gains the 15 megapixel resolution and the higher resolution screen from the Canon 50D while also adding in 1080P HD video clip capability (first seen in the 5D Mark II).

The size and weight of the Rebel T1i is identical to the Rebel XSi.

Visit the PhotoMed Web site to view a chart that shows the upgrades to the Rebel line over time, as well as more information about the Nikon D5000.

PhotoMed International 14141 Corrello St., #7C Van Nuys, Calif. 91405 Tel.: (800) 998-7765 Fax: (818) 908-1170 Web: www.photomed.net

Easy way to place Rescue® implant in molar sites

4 major indications of the ‘Rescue® implant system’

1. Less available bone due to pneumatization of the maxillary sinus.
   - (2 yrs after loading)
   - 
   - (7.0Wx6.0Lx1.0mm)

2. Safe implant placement with new trephine system for a patient who has deficient ridge height.
   - (5 yrs after loading)
   - 
   - (6.0Wx6.0Lx1.0mm)

3. Replacement of a failed implant.
   - (10 yrs after loading)
   - 
   - (6.5Wx10.0Lx1.0mm)

4. Repairs: immediate placement of Rescue Internal fixtures for the mandibular first and second molars.
   - (7 yrs after loading)
   - 
   - (6.0Wx8.0Lx1.0mm)
   - (5.0Wx10.0Lx1.0mm)
IPS e.max® from Keller is the next generation of crown and bridge material. It offers great strength, esthetics and fit for a lower price. IPS e.max lithium disilicate is a monolithic glass ceramic. Unlike traditional PFM’s and many other ceramic restorations, e.max does not have a coping with a thin veneer of porcelain. It is made entirely of pressed lithium disilicate. If it’s all-ceramic esthetics you’re looking for, different ingot opacities and characterization techniques make it possible to rival the esthetics of Empress. e.max’s versatility of design can deliver both bridges and crowns. It is available for three-unit bridges to the second premolar. e.max also is available as an inlay/onlay.

IPS e.max is a good value in an economy where every dollar counts: crowns are $109 while veneers are $129. Keller is a market leader in providing solutions to the growing demands in dentistry. For more information on Keller Laboratories, please call (800) 325-5056 or visit www.kellerlab.com.

The new Triotray by Triodent, makers of the V3 Ring, is a rigid and accurate posterior impression tray. Its sturdy metal construction and unique side tabs produce consistently successful impressions where other, more flexible, dual-arch trays fail.

Triotray eliminates the frustration and embarrassment caused by poorly fitting crowns that are the result of distorted impressions.

Triotray removes that moment of doubt when you fit a crown, and saves time and money spent on adjustments and extra appointments.

The Triotray comes in left and right shapes, with the lingual tabs more vertically oriented than the others. This prevents the tongue from displacing impression material from the lingual margins of mandibular crown preparations. With the tongue in a passive position beside the lingual arm, it cannot push up on the tray, a common cause of distortion.

Adjustable side tabs
All the side tabs are adjustable using your fingers or pliers, so it is easy to customize the tray to fit a wide range of mouth shapes and sizes, even if the patient has a shallow palate, wide buccal plate or mandibular tori.

The tray’s thinness and strength in the retro-molar area allows the patient to close easily and comfortably in centric occlusion (maximum intercuspation position).

Using the tray is simple. Just place the tray in the mouth and ask the patient to close. Move the tray slightly to make sure it is free from any impingements and adjust the tabs if necessary.

Tabs lock-in impression material
Once the tray is tried-in and adjusted, a generous amount of impression material is applied to the tray.

As the patient closes, the material flows between the side tabs, locking when it sets, thus avoiding the need for adhesive in all but a few putty and wash cases. If the tabs are fully trapped within the impression material, the impression cannot distort and the lab can pour check dies without worry.

An occasional reaction to the Triotray side tabs is that they look uncomfortable, but the tabs are actually shorter than the rims of conventional trays and, because they are adjustable, there is no reason for patient discomfort, Triodent clinicians say.

The Triotray, a single-use product, is sold in packs of 24 —12 left and 12 right — retailing at $62. For more information, call (800) 811-5949 or go to www.triodent.com.

IPS e.max lithium disilicate crowns

IPS e.max from Keller is the next generation of crown and bridge material. It offers great strength, esthetics and fit for a lower price. IPS e.max lithium disilicate is a monolithic glass ceramic. This means it is fabricated from a single block of material.

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If it’s all-ceramic esthetics you’re looking for, different ingot opacities and characterization techniques make it possible to rival the esthetics of Empress. e.max’s versatility of design can deliver both bridges and crowns. It is available for three-unit bridges to the second premolar. e.max also is available as an inlay/onlay.

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Pediatric advanced life support (PALS) customized for dentists

By Heather Victorn

If you are a pediatric dentist, a family practice dentist who treats children or a dentist who performs pediatric sedation, you should consider taking a pediatric advanced life support (PALS) course.

Children are not simply small adults. Their anatomy and physiology is vastly different. Even practitioners who have attended advanced cardiac life support (ACLS) courses in the past should still seek additional PALS certification.

Leading sedation dentistry and emergency preparedness continuing education provider DOCS Education has expanded its curriculum to offer a top-in-the-nation PALS course customized for dentists.

Nearly every state requires dentists to have basic life support (BLS) or CPR for health care providers training. However, both courses only teach basic skills for sustaining a patient’s life and do not teach you how to use an automatic external defibrillator (AED) in the event of a cardiac emergency.

Furthermore, they do not address how to identify and treat the signs and symptoms that can lead up to a respiratory or cardiac emergency in children, particularly in the dental setting.

Recognizing these signs and symptoms can enable early intervention and prevent a small medical emergency from escalating into a large one.

Changes in behavior, mood or alertness can all be symptoms of an allergic response. Often times these first indicators of trouble are misinterpreted as simply nervousness or agitation. When taught to recognize the signs, the progression of respiratory and cardiac distress can often be resolved.

Because many of their allergies and sensitivities haven’t manifested themselves yet, treating children presents unique challenges. “Children are history in motion,” says lead DOCS Education PALS instructor John Bovia, Sr. “Their history is developing moment by moment as they go through their formative years. They haven’t been labeled with certain allergies because they haven’t experienced them yet.”

DOCS Education’s PALS course teaches essential techniques for pediatric assessment and recognition of systems in distress, including airway obstruction, allergic reactions, respiratory insufficiency and hypoxemia.

Dentists learn standard pediatric emergency protocols and how to effectively run a MEGACODE emergency using dental office equipment.

The course also teaches participants how to use Broselow® Pediatric Tape, which provides precalculated emergency medication dosages based on a child’s height and weight.

Simulation is part of its foundation, and the course is designed to be user-friendly with an emphasis on practice drills performed on high-fidelity patient simulators. These simulators provide real-time, real-world experience to maximize skill proficiency and preparation.

Training on how to use an AED on pediatric patients experiencing a cardiac emergency and understanding emergency drugs and their administration via intravenous and other alternate routes of administration are covered in detail.

The next DOCS Education PALS course will take place on Nov. 6 and 7 in San Francisco. To learn more or register, visit DOCSeducation.org or call (866) 592-9617.

By Heather Victorn
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