

# ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

06.13.22

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SCIENCE & TECH

## Digital dentistry

Considering an upgrade? What to know about a few popular technologies

BY MARY BETH VERSACI

Advancements in dental technology are bringing new ways to diagnose conditions and plan treatments more efficiently than ever before.

Jacob G. Park, D.D.S., has been using a full chairside computer-aided design/computer-aided manufacturing system, including an intraoral scanner, milling machine and furnace, since 2000, and he recently added a 3D printer to his office. Processes that once took a full day in dental school now take about an hour.

"Today, I can complete a whole procedure — a single ceramic inlay, onlay or crown — in 50 to 90 minutes using a full chairside CAD/CAM system," said Dr. Park, a member

and face, assess cleft palates, and diagnose caries, endodontic conditions and dental trauma.

**• How does it improve on previous technology?**

CBCT imaging captures dentition, soft tissues, nerve pathways and facial bones, all in one scan. This allows dentists to gather a comprehensive baseline record and virtually plan a variety of dental

evaluations at installation and at least annually after that.

**3D PRINTING/ ADDITIVE MANUFACTURING**

**• What are its uses?**

Dentists, laboratories and companies can use 3D printing to produce crowns, bridges, implants, veneers, molds, retainers, aligners, indirect bonding trays, models, and presurgical and surgical guides.

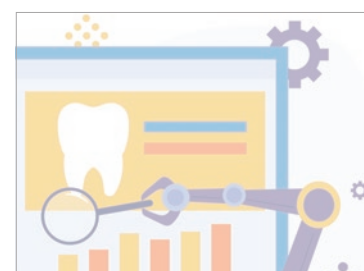
**• How does it improve on previous technology?**

3D printers use digital images to create personalized dental items and models more quickly and affordably than traditional manufacturing methods. Models for surgical planning offer advantages over 2D and 3D imaging alone and may help patients visualize and better understand their treatment plans.



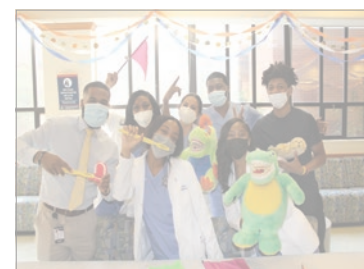
SPECIAL ISSUE:

Technology & Dentistry



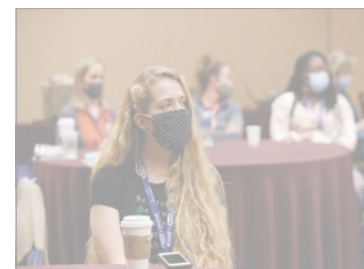
04 Automation as a rejuvenator

Technology can save time, simplify processes



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"Today, I can complete a whole procedure — a single ceramic inlay, onlay or crown — in 50 to 90 minutes using a full chairside CAD/CAM system," said Dr. Park, a member of the ADA Council on Scientific Affairs and chair of the ADA Standards Committee on Dental Products' Subcommittee 9 on CAD/CAM in Dentistry. "I think this explains the impact of technological advances for practicing dentists. More than 95% of my fixed cases are fabricated in-house."

But navigating the technological landscape can be challenging. Here are key points about a few technologies dentists may want to consider purchasing for their practices.

### CONE-BEAM COMPUTED TOMOGRAPHY

• **What are its uses?**

Dentists can use 3D images generated by cone-beam computed tomography to plan implants, visualize abnormal teeth, evaluate the jaws

and face, assess cleft palates, and diagnose caries, endodontic conditions and dental trauma.

• **How does it improve on previous technology?**

CBCT imaging captures dentition, soft tissues, nerve pathways and facial bones, all in one scan. This allows dentists to gather a comprehensive baseline record and virtually plan a variety of dental

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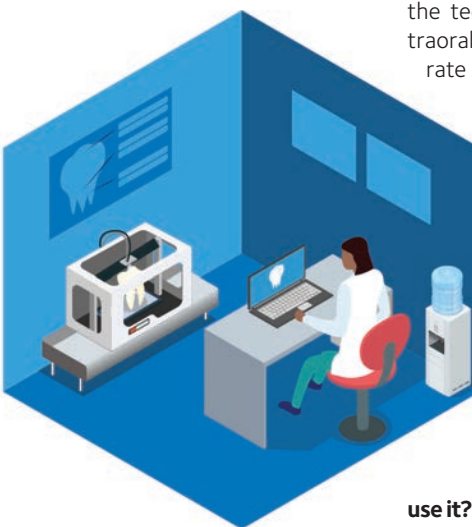
3D printers use digital images to create personalized dental items and models more quickly and affordably than traditional manufacturing methods. Models for surgical planning offer advantages over 2D and 3D imaging alone and may help patients visualize and better understand their treatment plans.

treatments, and it improves their ability to diagnose conditions they could not observe using 2D radiographs. However, CBCT devices produce a radiation dose that is higher than traditional radiographs but generally lower than other medical CT scans.

• **What does it cost to purchase?** \$50,000-\$100,000

• **What training is needed to use it?**

Dentists who use CBCT devices must receive appropriate training and continuing education in the safe use of these imaging systems, according to the ADA Council on Scientific Affairs. Although training provided by vendors may be appropriate in some instances, dentists should consider the source of any information concerning radiation safety and abide by applicable regulations to ensure a safe environment for staff and patients. A health physicist or other qualified expert should perform a shielding analysis before installation, followed by equipment performance and compliance



• **What does it cost to purchase?** \$300-\$20,000

• **What training is needed to use it?**

Dentists can take continuing education courses on introducing 3D printing into their workflows. Manufacturers and dental laboratories may also offer training and guidance on their specific systems.

### INTRAORAL SCANNER

• **What are its uses?**

Dentists use intraoral scanners to



take digital impressions that can be used to create crowns, inlays, onlays, fixed partial dentures, aligners, occlusal devices and implant surgical guides.

• **How does it improve on previous technology?**

Intraoral scanners may provide a faster and more comfortable experience for patients than the traditional method of taking an impression. In a 2021 survey by the ADA Science & Research Institute, dentists who used intraoral scanners reported better outcomes than conventional methods and improved efficiency as the main advantages of using the technology. However, while intraoral scanners can provide accurate impressions for tooth- and implant-supported crowns and short-span fixed dental prostheses, complete-arch digital scans for tooth- and implant-supported prostheses and removable partial and complete dentures may be less accurate than conventional methods.

• **What does it cost to purchase?** \$5,000-\$23,000

• **What training is needed to use it?**

Dentists may need guidance on how to choose the most appropriate intraoral scanner for their clinical needs and training to manage variables that can decrease scanning accuracy. In the survey, most dentists reported receiving training from a manufacturer, while others learned by doing, watched a video, attended a CE course or received training from a dental laboratory. ■

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\* Based on multiple in vitro university studies.

# ADA News

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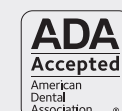
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SCIENCE & TECH

## JADA looks at food insecurity, oral health of pregnant women

BY MARY BETH VERSACI

Interventions that can reduce food insecurity, increase oral health care access and improve oral health among pregnant women are important steps in promoting greater health equity, according to a study published in the June issue of JADA.

The cover story, "Food Insecurity and Oral Health Care Experiences During Pregnancy: Findings from the Pregnancy Risk Assessment Monitoring System," examined the association between food insecurity and six indicators of

oral health care experiences during pregnancy.

The authors found food-insecure women reported worse oral health care experiences during pregnancy, including being more likely to need to see a dentist for a problem, going to see a dentist for a problem, not receiving dental prophylaxis, not talking with an oral health care provider about dental health, not knowing it was important to care for teeth, and having unmet oral health care needs.

To read the full JADA article online, visit [JADA.ADA.org](http://JADA.ADA.org).

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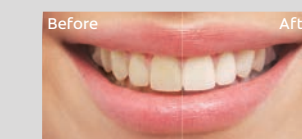
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## Automation a tool to rejuvenate practices

Technology provides opportunities to save time, simplify processes so dental teams can focus on patient care

BY DAVID BURGER

Automation can revolutionize a dentist's life. That's the message of Gary L. Kadi, CEO of NextLevel Practice, who has helped more than 6,000 practices create automated systems that he says made them more profitable and gave them more free time to enjoy life.

Mr. Kadi presented the continuing education course Day in The Life: How Automations Revolutionized this Dentist's Life at SmileCon 2021 in Las Vegas and will be back in 2022 in Houston with two courses.

"Technology is a career changer for dentists who left dental school and were not trained to run a business," Mr. Kadi said. "The automations bypass having to get an MBA from Wharton for dentists ... Use technology and [turn] what [you] hate into what [you] love."

Mr. Kadi believes that automation can empower the dental team, delight patients and give dentists the power to focus on what they love.

"Automation can unify the dental team and inspire them to achieve more," he said. "The unification of a dental team comes from an aligned mission, purpose, and values. While a lot of people are dealing with staffing issues, when you have the right strategy in place and the right culture in place and the right purpose in place, the [dental team] really cares about working in a meaningful place [where] they're cared for."

### 'Reduce a lot of frustrations'

Ato Kasymov is CEO of Zentist, a dental billing insurance platform that uses technology to optimize the insurance revenue cycle management process for practices and dental service organizations.

He said that the entire industry is fraught

with inefficiencies that divert practitioner time from patient care, ultimately reflected in higher costs for patients.

"Automation and the technology that drives it can assume the burden of certain, repetitive administrative tasks that take staff away from more directly impactful work," Mr. Kasymov said.

Mr. Kasymov said that technology can free up staff time for other and more important patient-centric work.

translates to around \$1,125 per month or more," he said. "Cumulatively, dental providers across the industry could realize up to \$402 million in savings by adopting more efficient insurance billing processes that includes eliminating the hard copy explanation of benefits in favor of electronic remittance advice."

### Six ways to automate practices

The ADA Member Advantage-endorsed RevenueWell, which offers a suite of market-



"It's also going to reduce a lot of frustrations associated with billing and improve patient relations because you're now able to answer their insurance billing questions easily and confidently," he said.

In the course of their research, Mr. Kasymov said, dental practices seeing 750 patients per month may be losing up to 40 hours in that month to manual and partially manual tasks related to reconciling insurance payments.

"For that 750-patient practice, the loss

ing solutions, has six recommendations on how practices can automate their operations, according to Jay Levine, vice president of digital marketing at RevenueWell:

1. Streamline patient intake with electronic forms. E-forms enable patients to fill out most of their paperwork before ever setting foot in the office, as well as thin out lines at the reception desk.
2. Grow your social media presence. Platforms like Facebook, Yelp, and Healthgrades are a must.

"You absolutely, unequivocally need social media for your dental marketing plan," said Mr. Levine. "It's how marketing is done in the digital age."

3. Improve treatment acceptance with educational programming. RevenueWell suggests that practices look into ADA TV, dental education videos for waiting rooms powered by Member Advantage-endorsed PBHS. "Educated patients are often the best patients," Mr. Levine said. "They ask the proper questions, they're genuinely invested in their oral health, and they are the most open to elective treatments."

4. Launch targeted recall and reactivation campaigns in a timely and effective manner. Without automation, a campaign like this isn't necessarily impossible, but it's certainly not probable, Mr. Levine said. "Practices that use some type of marketing software can get more patients in the chair simply because they run much more extensive recall and reactivation campaigns," he said.

5. Send out treatment plan follow-ups automatically. By automating follow-ups, you can effectively ensure patients are well cared for even after they leave the practice, Mr. Levine said.

6. Allow patients to do more online with a patient portal. The patient portal is where patients can access their history and see how much they paid last visit. Some patient portals are even HIPAA-compliant, meaning patients can view x-rays and past treatments.

"And to be clear: automating your office doesn't mean replacing anyone on the team," Mr. Levine said. "Rather, it makes life easier for the team members you have, as they gain freedom from the need to carry out time-intensive manual tasks and can focus on enhancing patient experiences and ultimately improving the bottom line."

"Automation in a dental office is a necessary tool as we continue to work through the pandemic," said Manny Chopra, D.M.D., member of the ADA Council on Dental Practice. "Automation has made me be able to better care for my patients in a myriad of ways, and for that I am thankful." ■

—burgerd@ada.org

## Inside the lab

A LOOK AT RESEARCH PROJECTS FROM ADA SCIENCE & RESEARCH INSTITUTE

BY MARY BETH VERSACI

From conducting basic and applied research to translating that research into recommendations for clinical practice, the ADA Science & Research Institute is a driving force in the advancement of oral health.

Below are three projects being led by ADASRI scientists that demonstrate the breadth of research the institute conducts.

### Standard for sequential aligner materials

No standards currently exist for materials used to produce orthodontic sequential aligners, and ADASRI researchers are working to fill that gap. "There is a need for a standard that can be used to specifically characterize the physical, thermal and mechanical behavior of materials used in the production of orthodontic

sequential aligners," said Spiro Megremis, Ph.D., director of dental materials and devices research, who is working with research scientist Raquel Miera and senior research associate Henry Lukic on research that will be used to develop a standard.

To characterize the mechanical behavior of aligner materials, the scientists have to determine the appropriate test for flexural strength and modulus, or stiffness. They started with a standard test method used for similar materials but found five commercially available aligner materials strained too much for that method to be applicable. They are now investigating two other methods to determine which is appropriate for informing the standard.

The researchers have also examined the thermal behavior of the materials to determine if they could transition at clinically relevant

temperatures that are achievable in the mouth and tested their ability to transmit light to determine their "clearness," or translucency.

"All of this research is being used to inform the development of the standard, including making sure that the test methods used to characterize the aligner materials are appropriate and that the procedures are clear and repeatable," Dr. Megremis said.

After the scientists determine the appropriate strength test, they plan to share their updated findings with the working group tasked with developing the standard, made up of volunteers from the profession, industry, academia and government.

See LAB, Page 5



Strength test: ADA Science & Research Institute staff use a four-point bend apparatus to test the flexural strength and modulus, or stiffness, of materials used to produce orthodontic sequential aligners.

LAB continued from Page 4

A standard specific to aligner materials will ensure manufacturers characterize their products in a consistent and comparable manner.

"When a clinician wants to make an informed choice about the material best suited for their patient, they can know that if the manufacturer follows the standard, then they are comparing information that is truly comparable because it has been tested and reported in a standard, repeatable manner," Ms. Miera said.

### Guidance on dental care before complex procedures

In 2016, the ADA House of Delegates adopted Resolution 86H, which instructed the ADA Council on Scientific Affairs to work with other ADA agencies and external stakeholders to develop proposed policy and evidence-based resources to optimize oral health before performing complex medical and surgical procedures.

Guidance on providing dental interventions before cardiac valve surgery, head and neck cancer treatment, and organ transplantation varies, and some institutions or doctors may make recommendations to dentists based on their own policies or beliefs.

"It can be confusing for both patients and for dentists who receive referrals for patients

## ADA Science & Research Institute

prior to these medical interventions, as what actually should be done is not exactly clear," said Ruth Lipman, Ph.D., senior director of evidence synthesis and translation research. "In these cases, clinicians are hoping to reduce the risk of specific complications, including infective endocarditis with cardiac valve surgery, osteoradionecrosis of the jaw bone with head and neck cancer radiation therapy, and oral or systemic infection with organ transplantation."

ADASRI scientists, together with panels of dental and medical experts, conducted systematic reviews that failed to demonstrate a definitive benefit of dental care before cardiac valve surgery or head and neck cancer radiation therapy, based on available scientific literature. Because a systematic review for organ transplantation would likely encounter the same issues, the group did not conduct one.

"These resources are necessary because to a hammer, everything looks like a nail," Dr. Lipman said. "Of course, maintaining good oral health is the best situation to be in, no matter what a person faces in life. But for those who have not had access to dental care in the past, delaying medical intervention to address long-standing dental issues, especially when dental care is not readily available, is likely not a prudent decision."

The resources will hopefully help dentists understand there isn't a hard and fast, one-size-fits-all rule they can apply, and sometimes some ingenuity may be required when dealing with patients with multifaceted, complicated needs, she said.

"Might it be possible to identify the specific set of circumstances where dental intervention is definitely of benefit? Are there other strategies that might be implemented to reduce the risk of complication?" Dr. Lipman said. "These sorts of overlap between dental and medical

care present an opportunity for multidisciplinary conversations and problem-solving."

### 3D printing for bone repair

More than 2 million bone graft procedures are performed worldwide each year, but grafts using bone tissue can result in infection or rejection by the immune system and are limited in supply. 3D printing of synthetic bone substitutes offers an alternative, but current methods also have shortcomings.

To overcome these limitations, a team led by principal scientist Stella Alimperti, Ph.D., has developed new strategies for 3D-printing bonelike ceramic materials that can be used for craniofacial bone repair.

"Existing 3D-printed bone grafts have demonstrated limitations in fabricating the

structures of bone by using inadequate bonelike material, resulting in a reduction of the grafts' function," Dr. Alimperti said. "Our team 3D-prints high-resolution structures of high-concentrated bonelike material at room temperature. These 3D-printed structures demonstrate high mechanical resistance, porosity and the ability for bone cells to grow."

Other ADASRI scientists working on the project include Yoontae Kim, Ph.D.; Eun-Jin Lee, Ph.D.; Laurence Chow, Ph.D.; and Shozo Takagi, Ph.D.; and their findings have been published by two peer-reviewed journals.

"We envision that the use of this 3D-printing method in combination with computer-aided design and computer-aided manufacturing will significantly advance the fabrication of

customized grafts in a patient-specific manner with tunable chemistry, controlled mechanical properties, designed shapes and interconnected porosity," Dr. Alimperti said.

The ADASRI, which has U.S. and international patents pending for this technology, is seeking external collaborators to help commercialize it, although that is still many years away.

"The patenting process itself can take several years," said Philip Dowd, Ph.D., director of innovation for the ADASRI. "There are also technical and regulatory hurdles to overcome in order to be able to translate the research into any commercial product."

To learn more about the ADASRI and its research, visit ADA.org/SRI. ■

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# In a new, single-dose study, Aleve® was proven as strong\* as HYD+APAP for dental pain<sup>1</sup>

\*In hours 0 to 4 of a single-dose dental study of Aleve® (440 mg), HYD+APAP (10 mg + 650 mg), or placebo.

Aleve® is an OTC pain reliever indicated for temporary relief of minor aches and pains including arthritis pain, headache, muscular aches, and toothache.<sup>2</sup>

## Learn how non-addictive OTC NSAIDs like Aleve® can help you reduce risk factors that contribute to the US opioid crisis<sup>1,3,4</sup>

Did you know that up to half of opioid prescriptions at dental visits are inconsistent with the guidelines on appropriate use of opioids?<sup>4</sup> In response to the overuse of opioids, there is an increasing interest in the effectiveness of OTC NSAIDs in alleviating pain—to reduce the need for opioids. Growing evidence supports Aleve® as a powerful\* non-opioid OTC treatment for minor dental pain.<sup>1,2,5,6</sup>

In the study, Aleve® was as effective\* for dental pain, lasted longer, and was better tolerated vs a widely prescribed opioid combination, HYD+APAP<sup>1</sup>

## In a recent single-center, randomized, double-blind, parallel, placebo-controlled study, Aleve®, a non-opioid OTC NSAID, was compared with hydrocodone plus acetaminophen (HYD+APAP) for dental pain relief<sup>1</sup>

- Patients experiencing moderate or severe pain (N=221) after surgical removal of impacted third molars were randomized to receive either a single dose of Aleve® (440 mg [n=90]), HYD+APAP (10 mg + 650 mg [n=87]), or placebo (n=44)<sup>1</sup>
- The primary objective was to compare Sum of Pain Intensity Difference from 0 to 12 hours (SPID<sub>0-12</sub>) after a single oral dose
  - Secondary objectives were to compare the total pain relief (TOTPAR) over 6 and 12 hours (SPID<sub>0-6</sub>), time to onset of pain relief, time to first use of rescue medication, and duration of pain intensity at least half gone over 6 and 12 hours<sup>1</sup>
  - SPID<sub>0-4</sub> was also assessed

Aleve® was as effective as HYD+APAP in hours 0 to 4 at reducing pain intensity (based on SPID from 0 to 4 hours, or SPID<sub>0-4</sub>).<sup>1</sup>

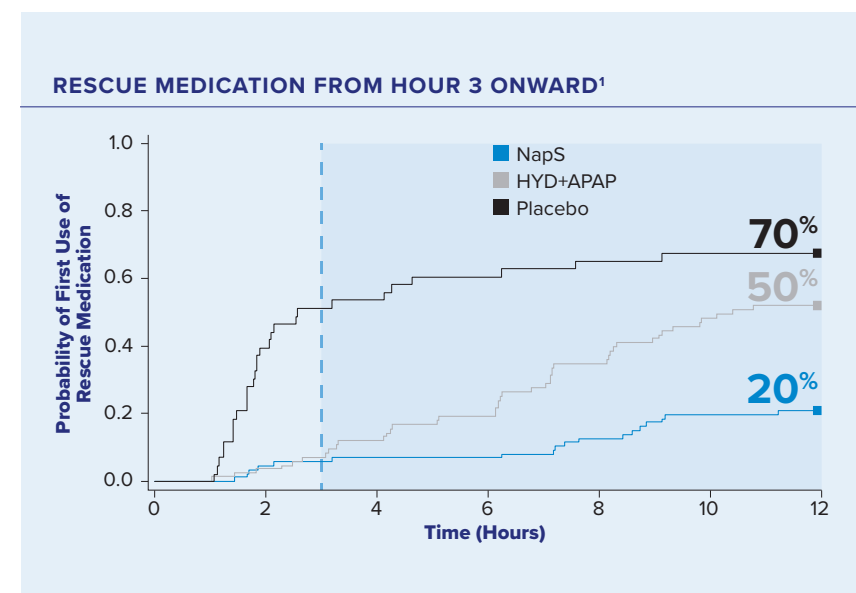
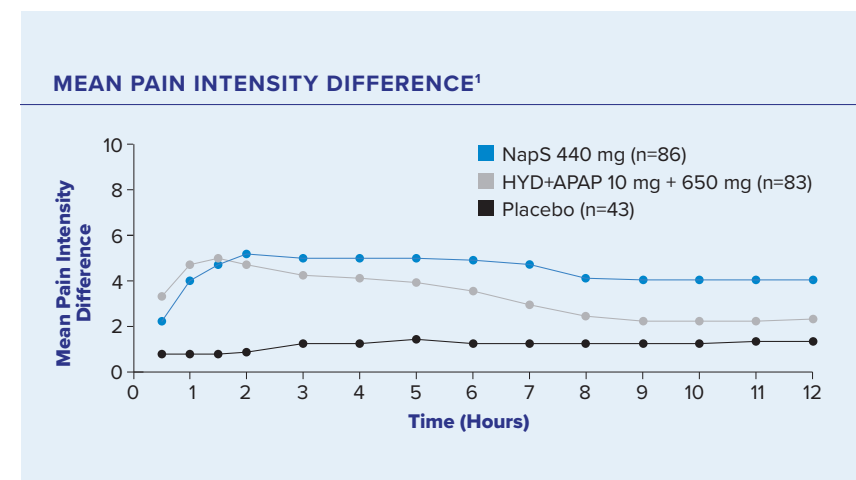
## The primary endpoint was met<sup>1</sup>

- SPID<sub>0-12</sub> was statistically significant for Aleve® vs HYD+APAP<sup>1</sup>

## Key secondary endpoints also showed statistical significance in favor of Aleve® compared with HYD+APAP<sup>1</sup>:

- Total pain relief (0 to 6 and 0 to 12 hours;  $P < 0.05$ )<sup>1</sup>
- Median time to rescue medication ( $P < 0.001$ )<sup>1</sup>
- Duration of pain at least half gone over 12 hours ( $P < 0.001$ )<sup>1</sup>

Both active treatments were significantly more effective than placebo.<sup>1</sup> HYD+APAP was not statistically superior to Aleve® for any endpoint (NapS 440 mg vs HYD+APAP 10 mg + 650 mg).<sup>1</sup>



## In the study, Aleve® was also better tolerated than HYD+APAP<sup>1</sup>

More treatment-related adverse events were reported with HYD+APAP (n=18) than Aleve® (n=1) and placebo (n=1), including nausea, vomiting, and dizziness.<sup>1</sup>

## The new study adds to the established evidence for Aleve® for minor dental pain

In 2 previous clinical studies for dental pain, Aleve® was proven to be stronger from the 3-hour mark onward and last longer than acetaminophen plus codeine (APAP + codeine). Both 8-hour studies (N=455) compared 1 dose of Aleve® 440 mg with 1 dose of APAP 600 mg + codeine 60 mg after surgical removal of 3 or 4 molars ( $\geq 1$  impacted).<sup>5,7</sup> In both studies:

- Patients who took Aleve® reported significantly reduced pain vs APAP + codeine ( $P < 0.05$ ) from the 3-hour mark onward<sup>5</sup>
- The 12-hour strength of Aleve® gave patients more sustained pain relief per dose, as demonstrated by a longer median time to remedication, vs patients on APAP + codeine ( $P < 0.05$ ), which is commonly prescribed every 4 hours as needed.<sup>2,5,7</sup>
- Study population for Study 1: Aleve® (n=92), APAP + codeine (n=91), and placebo (n=47); and for Study 2: Aleve® (n=90), APAP + codeine (n=91), and placebo (n=44)<sup>5</sup>

## With the current opioid crisis, consider other options for treating minor dental pain

The United States accounts for 80% of the global opioid supply,<sup>8</sup> and opioids kill over 130 Americans every day.<sup>9</sup> Yet despite available pain relief options, opioids associated with dental treatment continue to pose significant risks to patients and their family members.<sup>8,10</sup>

A recent study shows that opioids are not associated with greater patient satisfaction for pain management after dental extractions.<sup>11</sup>

## “Recommend NSAIDs, like Aleve®, for non-opioid relief of minor dental pain, and you can help address the human and economic costs associated with the US opioid crisis.”<sup>1,4,12</sup>

—Dr. M. Ted Wong, DDS, MHA  
Board-Certified Prosthodontist  
Former Chief Dental Officer at UnitedHealthcare  
Former Chief of the US Army Dental Corps  
Bayer Paid Consultant

## Dental professional organizations recommend NSAIDs instead of opioids as first-line therapy for acute pain management<sup>13-15</sup>

The **American Dental Association** recommends NSAIDs as first-line therapy for acute pain management.<sup>13,14</sup>

The **American Association of Oral and Maxillofacial Surgeons** recommends NSAIDs as first-line therapy for acute pain management.<sup>15</sup>

The growing body of evidence offers a compelling argument for first-line use of an NSAID like Aleve® for dental pain, and the guidelines suggest ways of putting NSAIDs into practice.<sup>15,6,13-15</sup>

When prescribing any product, HCPs should always consider its efficacy and safety. Before any procedure requiring pain management, dentists should talk with patients about the benefits and risks of pain relief options.

“For dentists, this is an opportunity to play an active role in alleviating the ongoing opioid crisis,<sup>10</sup> and I encourage all of my colleagues to consider using effective non-opioid analgesics like Aleve® for minor dental pain.”<sup>1,2</sup>

—Dr. M. Ted Wong, DDS, MHA  
Bayer Paid Consultant

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# Dental researchers move profession forward

CONTRIBUTIONS HAVE LASTING IMPACT ON ORAL HEALTH CARE

BY MARY BETH VERSACI

*Editor's note: This is the third article in a series that celebrates the diversity of career paths in dentistry and the Association's efforts in supporting dentists' career choices in the profession.*

From examining the connections between oral and overall health to evaluating the behavior of materials used in dentistry, researchers ask the questions and do the work to inform how dentists care for their patients every day.

"Dentistry is an amazing profession that has offered so many of us the opportunity to improve patients' lives. It is critical that we continue to evolve and expand our understanding of the diseases and conditions that affect our patients and continue to work to optimize the treatments that they receive," said Mia Geisinger, D.D.S., professor and director of the Advanced Education Program in Periodontology at the University of Alabama at Birmingham School of Dentistry. "My goal in research is always to change the way that we treat patients for the better, and while the pace of scientific discovery may be incremental, we continually strive to improve oral and overall health for all."

The American Dental Association recognizes the importance of research — like Dr. Geisinger's on the impact of periodontal disease and treatment on overall health — to the practice of dentistry. One of its core values is to be a science- and evidence-based organization, a goal that is supported by the work of the ADA Science & Research Institute, which conducts research and produces evidence-based resources for dentists.

"Researchers are essential members of the dental workforce," said ADA President Cesar R. Sabates, D.D.S. "Clinicians strive to provide the best care they can to their patients, and researchers provide the evidence they need to make informed decisions. Their work also helps to expand dentistry's knowledge base, driving innovation and advancement in our profession. The contributions of researchers have a lasting impact on all facets of oral health care."

Dr. Sabates' A New Day for Dentistry campaign celebrates the ADA's diverse community of dentists by recognizing their personal differences and the varied career paths they have chosen within the profession.

For dentists who choose to pursue research as part of their career, a natural curiosity is key.

"I was exposed to research and science when I was in high school, and ever since, I was always interested in learning the underlying mechanisms of diseases," said Hatice Hasturk,

## Pathways to dentistry



Dr. Geisinger



Dr. Hasturk



Dr. Lalla



Dr. Lawson

D.D.S., Ph.D., director of the Center for Clinical and Translational Research and senior member of the staff at the Forsyth Institute. "I believe that without knowing what is really involved in tissues or structures we are working with, we cannot provide an effective and long-lasting solution."

Dr. Hasturk, who won the ADA's 2020-21 Norton M. Ross Award for Excellence in Clinical Research and serves on the ADA Council on Scientific Affairs, teaches at the Boston University Henry M. Goldman School of Dental Medicine and practices once a week as a staff dentist/periodontist at the Forsyth Faculty Associates Clinic. Her research focuses on periodontology and immunology.

"As a dentist/periodontist, my goal is to provide the best prevention and best treatment to my patients," Dr. Hasturk said. "As a researcher, this goal drives me to better understand health and disease, not only to improve oral health, but also overall health."

For Rajesh Lalla, B.D.S., Ph.D., professor of oral medicine and associate dean for research at the University of Connecticut School of Dental Medicine, his favorite part of being a researcher is the ability to create new knowledge.

"It is extremely satisfying to be able to go through the process of having an idea, designing a study to test that hypothesis and determining what the truth really is," said Dr. Lalla, who studies the oral side effects of radiation therapy and chemotherapy used in the treatment of cancer.

His research team is working to publish results from a multicenter clinical study that enrolled more than 500 patients undergoing radiation therapy for head and neck cancer.

"One of the novel findings is that the radiation

treatment led to a striking increase in gingival recession," said Dr. Lalla, who is the immediate past president of the Multinational Association of Supportive Care in Cancer — the first dentist to hold the role. "It was known that these patients tend to get cervical caries after radiation therapy, but the reasons were not clear. Our finding indicates that exposure of the cervical areas of teeth due to gingival recession may explain the increased risk for cervical caries."

At the University of Connecticut, Dr. Lalla developed the dental school's course on evidence-based decision-making, which emphasizes the importance of evidence to the practice of dentistry.

"Dentistry is a scientific profession. The care we provide for our patients must be evidence based," said Dr. Lalla, who won the ADA's 2020 Evidence-Based Dentistry Accomplished Faculty Award. "Research provides that evidence, so research is the very foundation of our profession."

With a background in engineering, Nathaniel Lawson, D.M.D., Ph.D., performs applied dental materials research at the University of Alabama at Birmingham School of Dentistry, where he is an associate professor, director of the biomaterials residency program and director of the division of biomaterials. He and his team devise testing equipment and protocols to evaluate dental materials to best predict their clinical performance, and they are perhaps most well known for performing wear testing. His lab is currently testing the wear of new 3D-printed materials being developed for dentures, crowns and occlusal guards.

"There are many different types of dental research. Many dentists may think of the incredible scientific work conducted by basic

and translational scientists who are working to develop new treatments, materials and drugs to treat dental and oral conditions," said Dr. Lawson, who won the ADA's 2016 John W. Stanford New Investigator Award. "However, there is still research needed to evaluate the materials that are already in clinical use in order to determine the best uses of these materials. This information can help the clinician better perform work in their office."

Dr. Lawson began conducting research when he was applying to dental school at the University of Alabama. After a brief stint in clinical practice following graduation, his dental school research adviser asked if he would be interested in returning to his alma mater for an academic position performing research and teaching.

"Within a couple years of working in the position, I realized that I really loved what I was doing," Dr. Lawson said. "I really enjoy thinking of clinical problems, performing a study to try to better understand the best clinical treatment, trying what I learned in practice and then sharing that information through teaching."

Dr. Geisinger, too, was initially unsure of her career path and thought she would go into private practice until she began volunteering as a faculty member at a dental school.

"When I thought about the opportunity to make an exponential impact on our profession through education, research and service, I knew that I had to try to make the biggest impact I could on the oral health of patients and communities," she said. "And it is the research part of that mission that allows me to have the widest reach — impacting the global delivery of dental care through incremental discovery."

Dr. Geisinger, who is a member of the ADASRI Board of Directors and secretary-treasurer of the American Academy of Periodontology, is currently involved in a project examining best practices for delivering oral hygiene care to people with dementia in skilled nursing facilities and the impact of periodontal health on the development and progression of dementia.

The research dentists perform has a lasting impact on not only the profession but public health as well.

"Dentists are an integral part of health care, and as an important health care provider, we need to base what we do on science and biology in order to offer evidence-based, scientifically proven and solid approaches to our patients," Dr. Hasturk said. "They are hungry to learn from us to do better at home and in their lives and to be examples to their children and young generations. We can only be better prepared for the future with proper education, and proper education is a result of research." ■

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## JADA article highlights key elements from Oral Health in America report

BY MARY BETH VERSACI

Poor oral health reduces the economic productivity of American society by limiting participation in the workforce and increasing health care costs, according to an article published online May 25 by The Journal of the American Dental Association.

"Oral Health in America: Implications for Dental Practice," which will appear in the July print issue, highlights key elements from "Oral Health in America: Advances and Challenges," a larger report released in December 2021 by the National Institute of Dental and Craniofacial Research and National Institutes of Health.

The JADA article — authored by senior investigator Jeffrey L. Fellows, Ph.D., of the

Kaiser Permanente Center for Health Research in Portland, Oregon, and four others from the University of California, Los Angeles; University of the Pacific; University of Maryland; and Delta Dental of Iowa — provides a sweeping assessment of changes in the state of oral health in the more than 20 years since the U.S. surgeon general reported on oral health in 2000.

While access to care has increased for children and young adults, considerable work remains to meet the oral health care needs of all people equitably, according to the article.

"Many low-income and minority adults lack dental insurance, and as a consequence seek care

only for emergency needs," the authors wrote.

The article notes that in addition to improving oral health care delivery in the U.S., the dental profession should act to shape the future of oral health, including making the case that oral care is an essential health care service.

The commentary "Facing the Future and Deciding What We Want Oral Health To Become" appears in the same issue of JADA.

"It is clear that the dental safety net has expanded in this country, but that expansion has not helped everyone in need," the commentary authors wrote. ■

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# The evolution of chairside dentistry: Dentists share 'game changers' for practices

BY JENNIFER GARVIN

Deborah Bishop, D.M.D., has a confession: Sometimes it feels like she's cheating when performing root canals.

Cone-beam computed tomography, or CBCT, and the surgical microscope have so improved her ability to see patients' canals, she feels almost guilty.

"A CBCT scan helps me so much because I know exactly where the canals are located — it's just fabulous," said Dr. Bishop, an endodontist in Huntsville, Alabama. "I almost feel like I'm cheating because I have it all mapped out in front of me."



Dr. Chi

Dentists today are doing things in their offices they never dreamed they'd be doing.

"I've seen the shift from materials that required dozens of time-consuming and technique-sensitive steps to stronger and more esthetic materials that are made with more precision utilizing digital technology," said Justin Chi, D.D.S., director of clinical technologies, Glidewell.

Indeed, the last few decades have seen a rapid growth in dental technology and dental materials — making the profession look very different from how it looked when many dentists entered the workforce.

### MORE OPTIONS THAN EVER

For Elliot Abt, D.D.S., a general dentist who graduated in 1985 and completed a general practice residency in 1986, implants have really changed the profession.

"It gives us another option for replacing missing teeth that many moons ago we either had, but were nothing like the endosseous implants of today, which are really predictable," said Dr. Abt, who owns a dental practice in Skokie, Illinois.

Jeffrey S. Niedziela, D.D.S., who operates a Heartland Dental-supported practice, ForwardDental, in Pewaukee, Wisconsin, agreed.

The biggest technological advance by far, he said, are fixed full arch prosthetics using implants.

"We know [some patients] are going to lose their teeth and we can't do anything about it no matter how much surgery we do," he said. "To be able to offer patients a fixed predictable set of teeth that doesn't come in and out and functions most like natural teeth is by far the biggest game-changer."

Dr. Bishop also believes patients are benefiting from new technology.

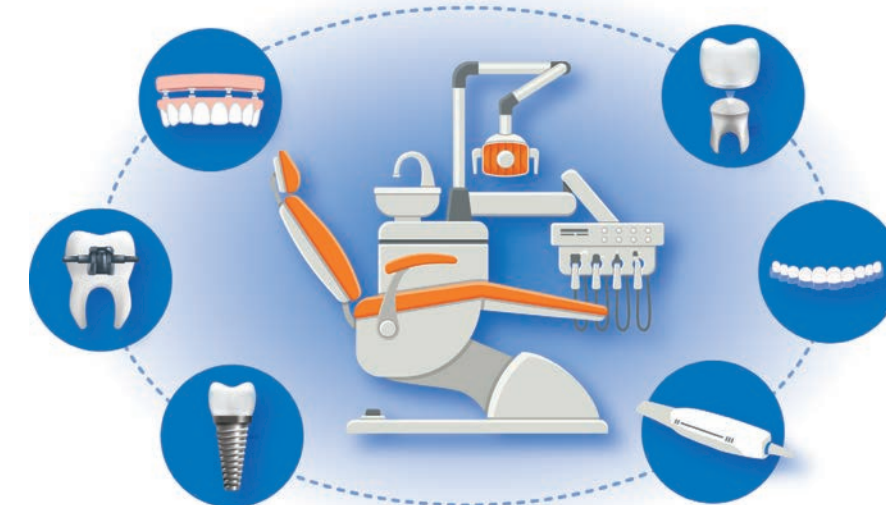
"Using ultrasonic sound waves and lasers for cleaning canals has been a game changer for enhanced healing," she said. "I am seeing periapical lesions resolve in three to six months that previously would have taken two to three years. Incorporating this technology in my

practice has truly elevated the quality of care I am able to offer patients."

### EVOLVING TECHNOLOGY

Dr. Chi of Glidewell began his career as a dental technician making porcelain-fused metal and gold crowns and then began training dentists on chairside CAD/CAM technology.

See CHAIRSIDE, Page 18





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# ADA tells OSHA: No 'significant risk' of workers contracting COVID-19 in dental settings

Association files formal comments in response to agency's request for information

BY JENNIFER GARVIN

There does not appear to be a "grave danger or a significant risk" of health care workers contracting COVID-19 in dental settings.

This was the key takeaway from comments the ADA sent to the Occupational Safety and Health Administration on April 21 in response to the agency's request for information about updating its emergency temporary standard to protect health care workers from COVID-19.

OSHA is currently considering modifying its emergency temporary standard to protect health care workers from future variants of COVID-19, according to a notice in the Federal Register. The agency is also exploring the value of removing some of the exemptions for ambulatory care facilities — including those that treat dental patients.

In the letter to OSHA, ADA President Cesar R. Sabates, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S., said "infection rates among dentists and dental teams are very low — far lower than for other health care workers, such as nurses and physicians, and even lower than in the general population." They also added that as of June 2021, at least 89.8% of dentists had been fully vaccinated and another 3.6% had received at least one dose. They also noted that as of August 2021, at least 75.4% of dental hygienists were fully vaccinated and another 5% had received at least one dose.

In the letter, Drs. Sabates and Cohlma told OSHA that the ADA "strongly supports the Centers for Disease Control and Prevention's recommendations for health care workers and the public to be vaccinated against COVID-19, including every member of the dental team," and said the Association has encouraged members to "strictly adhere to CDC's infection control protocols and furnished all manner of guidance to help them do so."

They also pointed out that dental offices also adhere to a distinct set of infection control guidelines and recommendations that

originated with another pandemic: the worldwide spread of HIV/AIDS.

"Over time, those protocols have evolved to address other airborne diseases, such as tuberculosis and influenza, and include protocols for using [personal protective equipment], and isolating patients with known or suspected cases," Drs. Sabates and Cohlma said.

"Adherence to these setting-specific guidelines has contributed to the low incidence of COVID-19 in dental settings."

They also shared dentists have looked to the ADA for guidance about how to safely treat patients and protect office staff during COVID-19 and noted that the ADA has provided guidance documents, FAQs, digital learning

opportunities and other resources to help dentists understand federal agency guidelines, identify office hazards, use personal protective equipment, implement masking guidelines and more.

Follow all the ADA's advocacy efforts at [ADA.org/advocacy](http://ADA.org/advocacy).

—garvinj@ada.org



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For more information on the tool, visit [studentaid.gov/pslf](http://studentaid.gov/pslf).

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## New fluoridation tablet system to be deployed across US

ADVOCATES CALL IT FIRST ADVANCEMENT IN WATER FLUORIDATION TECHNOLOGY IN DECADES

BY DAVID BURGER

The water utility board of Marathon City, Wisconsin, was on the cusp of terminating the community's water fluoridation program due to cost issues earlier this year.

But in the end, the board decided to sign off on a tablet feeder system that advocates are calling the first advancement in water fluoridation technology in decades.

"This is a solution at a much lower cost," said

Andrew R. Kurtz, Marathon City administrator, after the decision.

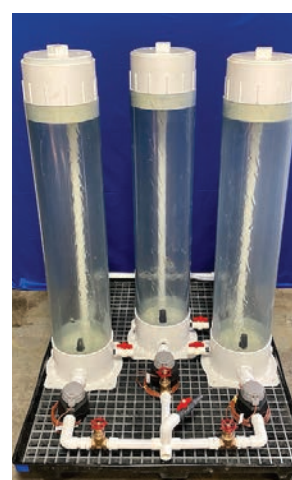
The sodium fluorosilicate tablet system, developed by Florida-based KC Industries and contracted by the Centers for Disease Control and Prevention, received NSF Standard 61 approval in late 2020.

NSF Standard 61 is a set of national standards that relates to water treatment and was developed by the National Sanitation Foundation, a global independent public health and environmental organization.

The approval and deployment of the system will soon be complete and can be utilized across the country.

The new tablet system is a more cost-effective way to distribute fluoride into drinking water and offers an opportunity to distribute fluoride to smaller communities that did not have the previous infrastructure to do so, said Steve McCarter of KC Industries.

"This is a project that, in coordination with the CDC, has been in the works for almost 10 years," Mr. McCarter said. "It is a cause that



Advance: The feeder system works through the erosion of sodium fluorosilicate tablets in the patented New Wave Fluoridation Feeder.

went from a goal to a passion for me, and I am very pleased we are ready to offer this health benefit to those in need."

The feeder system works through the erosion of sodium fluorosilicate tablets in the patented New Wave Fluoridation Feeder, much like how chlorine is distributed into swimming

pools, Mr. McCarter said.

Mr. McCarter said that after working with the state of Missouri and its state dental director for over a year, the state will begin a pilot test site in July.

"We are very excited about the opportunity to test new technology that will make the benefits of community water fluoridation available to small rural water districts in Missouri," said Guy Deyton, D.D.S., state dental director. "Over one-half of all water districts in our state serve less than 8,000 people. Previously, community water fluoridation was out of the reach [for] small communities. This new community water fluoridation technology may prove to be financially feasible, safer and more easily managed for communities with smaller infrastructure."

The state of Wisconsin has issued an order for a double-feeder system due to be installed in late June, Mr. McCarter said. Once performance is verified, they have multiple sites selected for additional feeders, he added.

The state of North Carolina has two single-feeder systems on order and is due for installation in early June, with additional sites to be selected once the technology is proven, Mr. McCarter said.

"We are also working with either the rural water folks or the departments of health in Mississippi, Florida, Colorado and Georgia to obtain approval for the feeder system," Mr. McCarter said.

Leon Stanislav, D.D.S., chair of the ADA's National Fluoridation Advisory Committee, welcomed the new technology.

"The New Wave Tablet System holds great promise for small communities where cost, safety and expertise can be an issue," Dr. Stanislav said. "In Tennessee, we were able to direct a community that was considering rolling back their years of water fluoridation into considering adding this new system."

Jayanth Kumar, D.D.S., California state dental director and member of the National Fluoridation Advisory Committee, said he was pleased to see the approval and deployment of the New Wave Fluoridation Feeder and Tablet System throughout the nation.

"This system will expand the benefits of community water fluoridation to many more communities that before were unable to offer community water fluoridation to its residents," Dr. Kumar said.

For more information on community water fluoridation, visit [ADA.org/fluoride](http://ADA.org/fluoride). ■

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## Technology wish list: Dentists share their dental practice wants — if cost was no obstacle

BY KIMBER SOLANA

Advances in dental technology continue to impact and change the dental profession.

However, when buying and bringing in the latest equipment or service in the dental practice, dentists must consider their bottom line.

The ADA News asked five dentists, if cost was no obstacle, what dental technologies would be on their wish list:

**Norman Chu, D.D.S.**  
Houston, Texas

Considering our recent life-changing event of the COVID-19 pandemic, I think dentists could take the opportunity to make their dental offices safer when it comes to aerosol infection control. Research has shown high-speed suction to be significantly more effective at reducing aerosol contamination than the low-speed saliva ejector. Negative pressure operatories and aerosol source-capture arms could exhaust the aerosol cloud generated in the operator working zone away from the patient's oral cavity to outside air. High-speed vacuum evacuation should also be recommended for every aerosol-generating dental procedure, including dental hygiene appointments.



**Jessica Cohen, D.M.D.**  
Highland Park, Illinois

The newest Pro S Dental 3D printer. 3D printers allow my practice to keep up with the evolving times and stay efficient. It helps our workflow and branding as we make in-house retainers and aligners via uLab Systems. I currently have one SprintRay 3D printer but would love a second. Also on my wish list is another iTero Element 2 scanner. I currently have one intraoral scanner, which has allowed my office to eliminate impressions and allows for faster aligner delivery and turnaround times.



**Andreina Cordido, D.D.S.**  
Plano, Texas

I would acquire a Waterlase Laser unit to be able to treat mild to moderate peri-implantitis cases and to be able to maintain implants for longer and keep them healthier. I would also acquire a Tekscan pressure mapping system to be able to improve occlusal adjustments in a more accurate and easy way. I would add more 3D printers to be able to print different types of cases at the same time. And an intraoral scanner for comfort and faster patient record taking.



**Amir Kazim, D.D.S.**  
Long Beach, California

I must preface these comments by stating that I have said in both the Washington and California offices that I have worked in: You know you have truly made it financially in dentistry when you

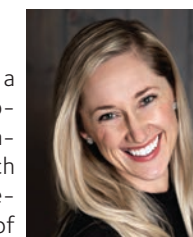


can open up any dental catalog and can say, "I want this toy, that product, etc." With that being said, if money was no object, I would opt for a dental laser that can cut both soft and hard tissues. It would be such a great practice builder to offer dentistry without needles, especially when treating pediatric patients. The second item on my wish list would be a more integrative patient management software system. This would be one where I can seamlessly

transition between prescriptions, X-ray, notes and teledentistry.

**Alison Mantel, D.D.S.**  
Cedarburg, Wisconsin

First on my list is a cone beam computed tomography, or CBCT, machine. It gives so much valuable information regarding the location of



impacted teeth that it would greatly aid in my treatment planning. Second on my list is a third scanner. As we move away from impressions, there is a growing list of procedures that can be scanned for, and the wait for one sometimes creates a clinic backlog. Thirdly, since we have moved to in-house aligner production, a machine that trims aligners would save my lab lady a lot of time and effort. ■

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## Technology can help mitigate staffing shortages

### AI, companies could let dentists return to focusing on patient care

BY DAVID BURGER

*Editor's note: This is the latest story in the ADA News series Focus on Workforce that seeks to alleviate the nationwide difficulties of recruiting, training and retaining valuable members of the dental team.*

Nationwide dental team staffing shortages continue to limit practices that want to see more patients, according to data from the ADA Health Policy Institute, which has been tracking poll results on the impact of COVID-19 on the U.S. dental economy.

Some possible solutions to the staffing shortage could be by utilizing advances in technology to mitigate the challenges the crisis has presented.

"I have learned that being on the cutting edge as far as the latest advances in technology allows me to take better care of my patients," said Manny Chopra, D.M.D., a member of the ADA Council on Dental Practice.

"Even with the effects of the nationwide dental staff shortage, I firmly believe that those practitioners who are [facing that challenge] can utilize some of these newer innovations in technology to help them weather the storm."

James Hoddick, D.D.S., chair of the ADA Council on Dental Practice, agreed with Dr. Chopra that technology can help ease the staffing crisis.

"After more than 35 years of practice, I have found that being on top of the latest advances in technology has helped me greatly in the treatment of my patients," Dr. Hoddick said. "For other dentists, using some innovations in technology can help to alleviate the staffing shortages that are plaguing the industry and ensure that patient care is never compromised."

#### APRIO

"While the labor shortage has highlighted the need for technology in dental practices, it also brings a huge opportunity for practice owners willing to invest in their practices," said Brad McKeiver, dental practice leader at Aprio, a financial consulting and CPA firm with advisory services that include accounting and wealth management.

The good news is, Mr. McKeiver said, there are steps a dental practice can take to alleviate pressure caused by the labor shortage by implementing the right technology that saves time and helps in the retention of employees, by improving workflows and a quality patient experience.

"In today's new environment, matching your culture with the right technology can increase employee retention in your office," Mr. McKeiver said. "There are numerous benefits that come from embracing modern technology, including easing the burden on your team, streamlining operations and increasing profitability. Your employees — and patients — want convenient solutions to existing workflows."

Using technology such as online scheduling and automated payment, can ultimately impact the bottom line, Mr. McKeiver said.

"In an inflationary period, cost will continue to increase on a hard dollar perspective," he

said. "However, we believe that dental profit margin can be maintained by technology feeding into the client experience."

That client experience includes convenience, Mr. McKeiver said.

"Today's consumers seek convenience — there's no better example than Amazon," he said. "You can purchase just about anything you want with the click of your phone. Why not make paying for your dentistry as easy?"

#### STYNT

Another possible technology-based solution to the dental team member shortage is offered by ADA Member Advantage-endorsed Stynt, an on-demand health care platform that helps fill temporary or permanent staffing needs.

#### Focus on WORKFORCE



Stynt was founded by CEO Alex Adeli, D.M.D., who developed the company to let dentists return to their patient care duties and keep their businesses moving.

Stynt's online platform lets offices post openings that qualified professionals can then bid on.

Stynt is a software-as-a-service marketplace with a focus on health care staffing, Dr. Adeli said, providing health care facilities with credentialed professionals quickly.

In most cases, it's within 15 minutes or less, he said.

The platform saves dentists time by onboarding professionals through verifying their credentials and work experience and conducting reference checks. It then lets potential staffers set their own schedule and desired hourly rate. Algorithms alert them to relevant work in their area and suggest bids.

The company is already working with more than 5,000 offices around the U.S. and 40,000 professionals, according to Dr. Adeli.

To learn more about Stynt, visit [adamemberadvantage.com](http://adamemberadvantage.com). ADA Members get a \$50 credit toward their first hire, plus access to Post Boost, a service which elevates the job posts in the community with additional communications.

#### AUGMENTED INTELLIGENCE

Advocates believe that utilizing augmented intelligence can help alleviate burdens created by the staffing shortage.

Augmented intelligence is the theory and development of computer systems that can perform tasks that would otherwise require human intelligence, such as visual perception, speech recognition, decision-making



and translation between languages. The term may also be applied to any software that acts intelligently.

Dentists can use augmented intelligence in their practices in many different ways, including evaluating digital information such as radiographs, photographs and patients' electronic health records to help make diagnoses and propose treatments; monitoring phone calls to improve patient communications; and making the claim adjudication process more efficient.

The strength of augmented/artificial intelligence is identifying patterns, said Christopher J. Smiley, D.D.S., a practicing dentist and editor of The Journal of the Michigan Dental Association.

“

**While the labor shortage has highlighted the need for technology in dental practices, it also brings a huge opportunity for practice owners willing to invest in their practices.**

— Brad McKeiver, dental practice leader at Aprio

"It can assess current and past images to determine the advancement of pathologies, such as bone loss or decay," Dr. Smiley said. "It can also access the patient record and health histories to assess patient risk for oral disease based on past caries rate and medical conditions such as diabetes or dry mouth from medications. This is also helpful when auditing charts the night before a patient visit to

identify issues of concern."

Dr. Smiley, who said that he has been affected personally with the staffing shortage — "Dental hygiene positions are impossible to fill" — added that AI can also help with workflow if implemented chairside.

"Consider a situation where an overdue or new patient presents in the hygienist's schedule," he said. "New radiographs are captured and assessed by AI, contrasted with past images, and integrated with current and past periodontal charting to identify progressing areas of concern and suggest options for care based on identified disease patterns, such as radiographic bone loss and subgingival calculus and charted conditions. This way, valuable chair time is saved to allow for AI-confirmed care to support an immediate treatment plan proposed by the dentist. In this way, fewer patients need to be rescheduled to address needs."

Nathan Suter, D.D.S., chief innovation officer at Enable Dental, which provides portable dentistry to underserved patients, said that technology and digitization of workflows through teledentistry, automation and AI will be critical to how dentists adapt to a tight labor market.

"Teledentistry already offers a tool for dentists to extend the physical reach and the hours of hygiene care in the practice," he said. "As practices shift to more modern, cloud-based software systems, we will see how automation and AI will alleviate some of the manual processes. You can already see this in both front office and clinical applications through patient engagement, claims submission and imaging. If you look at the manual tasks each patient and team member participates in for a dental visit, you can see how it is mostly data entry followed by decision-making. When we set parameters to a dentist's clinical guidelines or a practice's workflows, you can see how automation can eliminate a lot in regards to data entry and the reduction of errors. Investment in tech-enabled care is the future of dentistry."

For support with recruiting, hiring and training your dental team, visit [ADA.org/dentalstaff](http://ADA.org/dentalstaff). ■

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CHAIRSIDE *continued from Page 9*

“Computerized technology has given laboratories the ability to fabricate high-quality restorations much more efficiently,” he said. “Advancements in scanning and milling have simplified the process so much that it’s now easier than ever for dentists to adopt similar systems for in-office use to greatly reduce treatment times while improving on patient comfort and convenience.”

Martha Ann Keels, D.D.S., Ph.D., a pediatric dentist in Durham, North Carolina, said being able to restore children’s teeth without using stainless steel crowns, has been extremely rewarding in her own practice.

“I like using natural tooth-colored restorations; having white zirconia crowns



Dr. Niedziela

as a viable alternative to stainless steel crowns is fantastic,” she said. “Children sometimes request to not have silver teeth as they know children who have been bullied for having silver teeth.”

Dr. Keels also has enjoyed the expansion of dental materials.

“The beauty of mineral trioxide aggregate, or MTA, to save immature traumatized permanent teeth and to save immature permanent molars with deep carious lesions has been tremendously rewarding,” she said.

She also said the use of intraoral scanners has been a game changer for children.



Dr. Keels

“They love the scanner instead of the alginate impression needed for orthodontic records,” Dr. Keels said. “And each year the technology in moving teeth with clear aligners is advancing and increases the ease of keeping the dentition clean and avoids the white spot scars seen around traditional brackets.”

## THE DIGITAL EXPERIENCE

Dr. Niedziela said one of the biggest changes for him was going from an analog style of charting on paper to going digital early on in his career. His practice has been digital charting

for 13 years and using digital radiographs for 16 years. Earlier this year the practice began doing 3D scanning with a digital scanner for diagnostic and preventative and not just restorative, which keeps a record of the patient’s bite, wear, recession and actually stores the intraoral images at the same time it scans.

“Our goal is every patient gets a 3D diagnostic scan at least once a year,” said Dr. Niedziela, who began practicing in 2006.

The scanner can also be used for creating devices for patients, such as bleaching trays, retainers and occlusal guards.

“It’s a great diagnostic tool for our patients to see their bite, discuss occlusal wear and help patients understand their oral health,” he said. “It’s really fun to watch kids grow and develop on the scans as you can flip through their digital charts from year to year.”

It’s a big change from the way he watched his father — also a dentist — do radiographs in an old-fashioned dark room with dip tanks and an egg timer. The average X-ray would take eight to nine minutes, compared with the seconds it takes now.

“

I love chairside dentistry and it’s actually why I decided to become a dentist.

— Justin Chi, D.D.S., director of clinical technologies, Glidewell

“It was just like in the movies where they would show a dark room doing the old black and white pictures in the red light — you would drop it into one tank and then it would sit there for a length of time, and then someone would come back in and they would rinse it off,” said Dr. Niedziela. “And then they would drop it in the next tank, and they would rinse it off, and then it would have to dry.”

## THE FUTURE IS BRIGHT

Dr. Chi believes dentistry will only continue to expand what dentists can perform in-office.

“I love chairside dentistry and it’s actually why I decided to become a dentist,” Dr. Chi said. “As things evolve, I envision dentists possessing the capability to fabricate most treatments in-house with greater ease: full-mouth fixed restorations, dentures, partials, complex sleep apnea devices, surgical guides, etc. Many of these are currently possible with both additive and subtractive processes but require significant investment with steep learning curves and steps. But [the gap] is closing and I think that advances dentistry for improved patient care.”

“The new technology makes practicing dentistry much more fun. It’s like getting a shot in the arm,” Dr. Bishop said. “People kept saying, ‘Are you getting ready to slow down?’ Well, no. I feel like I’m at the top of my game. I feel better about the work I do now than I did 10 years ago.” ■

— garvinji@ada.org

## IMAGE CREDITS:

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## ACCESS TO CARE

## ADA Give Veterans A Smile Summit convenes

## EVENT SOUGHT TO STRATEGIZE HOW TO PROVIDE ORAL HEALTH CARE SERVICES FOR ALL THOSE WHO HAVE SERVED

BY DAVID BURGER

One of ADA President Cesar R. Sabates’ fondest childhood memories is an experience he had with a U.S. service member when he was 7 years old.

“I was a child of Castro-era Cuba,” said Dr. Sabates during his opening remarks to about 60 attendees of the inaugural Give Veterans A Smile Summit at ADA Headquarters in Chicago. “In 1967, my parents, four siblings and I left our home in Camaguey and boarded a freedom flight to the United States. I was terrified during the trip, but shortly after landing in Miami, a U.S. military officer handed me a piece of candy. It was a generous, warm welcome and a sign that things were going to be OK.”

Whether through major acts of courage or simple acts of kindness, veterans have protected Americans’ rights and defended their freedoms, Dr. Sabates continued.

“Yet, millions of U.S. veterans are going without much-needed, essential oral health care,” Dr. Sabates said. “Today, the power of our community — defined by caring, kindness, and a willingness to go the extra mile — is on full display as we gather to broaden our positive impact, work together on solutions and elevate our talents to improve the health and wellbeing of our nation’s veterans.”

Dr. Sabates’ introduction to the day-and-a-half summit on May 5 and 6 served as a kick-off to prioritize the delivery and access to care for veterans across the country.

The objectives for the summit were clear: to gather, collaborate and learn. The discussion items included gathering data for a national database of charitable veterans’ oral health care programs; facilitating the sharing of best practices among attendees as well as opportunities and challenges; stressing the importance of collaboration between organizations/programs that provide care to veterans; and ultimately determining whether there is a productive role for the ADA in ongoing access to care efforts for veterans.

Representatives from the NYU College of Dentistry, University of Michigan School of Dentistry, Dental Lifeline Network, VA Center for Care and Payment Innovation, American Institute of Dental Public Health, Everyone for Veterans, Veteran’s Smile Initiative, the Central Arizona Dental Society Foundation and Aspen Dental were among the summit’s participants.

They all echoed the same message of why they are committed to the cause: 85%, or about 7.8 million veterans enrolled in the Veterans Affairs health care system, are ineligible

for VA dental benefits.

Generally, in order to qualify for dental services, veterans must either have a dental issue that is service-connected or qualify based on narrow criteria. For example, the veteran is a former prisoner of war, the veteran has a service-connected disability rated as total, or

treatment is medically necessary in preparation for hospital admission or for a veteran otherwise receiving VA care or services or reasonably necessary to complete dental care that began while the veteran was receiving hospital care.

“We’ve been talking about collaboration,” said Dan Fridh, D.D.S., representing the International College of Dentists, one of the summit’s sponsors. “That’s what this whole meeting is about.”

Other sponsors of the summit included Colgate, Henry Schein, the Dental Society of Chester County & Delaware County (Pennsylvania), the New York State Dental Society and the 4th District of the ADA. Gary Oyster, D.D.S., who serves on the ADA Board of

See VETERANS, Page 21



Delivery: Raymond G. Miller, D.D.S., member of the ADA Council on Government Affairs, gives an overview of ADA advocacy at the Association’s Give Veterans A Smile Summit at ADA Headquarters on May 5.

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## Dental Lifeline Network seeks volunteers for its Donated Dental Services program

With over 7,000 on national waiting list, ADA president encourages  
dentists to see one patient per year

BY KIMBER SOLANA

Dental Lifeline Network's Donated Dental Services program provides comprehensive donated dental treatment to vulnerable individuals with disabilities or who are elderly or medically fragile.

Since its launch in 1985, the DDS program has provided over \$500 million in donated dental treatment, impacting the lives of more than 166,000 vulnerable individuals.

With more than 7,000 patients currently on the national DDS waitlist, ADA President Cesar R. Sabates, D.D.S., asked dentists

nationwide to volunteer to see at least one patient a year.

"Our impact as dentists goes far beyond what we might consider all in a day's work. Imagine what patients feel when they leave our care," said Dr. Sabates in a video message. "When they are able to live without pain, enjoy

a meal, and smile with confidence, we have made an improvement in a fellow human being's quality of life. And that is the true work of a dentist."

"DDS screens patients, coordinates appointments, and completes the paperwork," said Lynda Ricketson, chief executive officer of Dental Lifeline Network. "It has never been easier to impact your community as a dentist. We hope that the message from Dr. Sabates will inspire more dentists to volunteer for our program and help more patients in critical need."

To learn more about getting involved with DLN or to explore programs in your state, visit [DentalLifeline.org](https://DentalLifeline.org).

—[solanak@ada.org](mailto:solanak@ada.org)

### VETERANS *continued from Page 19*

Trustees as the trustee for the 16th District, was a contributor to the summit.

Carol Gomez Summerhays, D.D.S., a veteran herself and past ADA president, was asked by past ADA President Daniel J. Klemmedson, D.D.S., M.D., to serve as the chair of the newly formed Give Veterans A Smile Advisory Committee.

In her remarks to the crowd, Dr. Summerhays quoted President John F. Kennedy: "As we express our gratitude, we must never forget that the highest appreciation is not to utter words but to live by them."

Dr. Summerhays said that on top of connecting people to create an umbrella of organizations trying different ways to focus on veterans' care, the ADA wants to see if a similar approach to the Association's 20-year-old signature access to care program, Give Kids A Smile, would be feasible.

“

The summit has been a great success, and it won't be the last, I give my word.

— ADA President Cesar R. Sabates, D.D.S.

GKAS provides underserved children with free oral health care. Each year, approximately 6,500 dentists and 30,000 dental team members volunteer at local GKAS events to provide free oral health education, screenings, preventive and restorative treatment to over 300,000 children.

At the end of the summit, Randall McLemore, zone general manager at Henry Schein, said that his company — a key sponsor of Give Kids A Smile — supported the idea of a coordinated Give Veterans A Smile program dedicated to helping connect veterans across the country to a dental home.

Felisha Dutt, a student at the NYU College of Dentistry, delivered a presentation on personal stories related to care recipients through her school's initiative, Veterans Oral Care Access Resource — VOCARE — as part of the VA's VETSmile pilot program. She said that the most fulfilling experience she has had so far is treating veterans at the college and making a connection with them.

At the conclusion of the summit, Dr. Sabates said its participants should know that the summit is just one step toward ongoing support and advocacy in making optimal oral health a reality for more of the nation's veterans.

"This summit has been a great success, and it won't be the last, I give my word," Dr. Sabates said as he concluded the event. ■

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# Howard University celebrates 20 years of GKAS

BY JENNIFER GARVIN

Children from the District of Columbia took a special field trip on May 20 when they were guests of the Howard University College of Dentistry's Give Kids A Smile day. This year marks the 20th anniversary for the ADA's GKAS program, and the dental school — which has participated every year — was happy to celebrate. A giant welcome banner and balloons greeted students and visitors at the entrance, while inside, streamers hung from every corner. In the waiting room, dental students and patients teamed up to learn about dental hygiene by coloring and playing other games. There was even a catchy dental song urging kids and everyone to "brush their teeth." "Guess what, everyone? This is the 20th year that we have been giving kids smiles here at the Howard University College of Dentistry," said LaToya Barham, D.D.S., in welcoming remarks.

A pediatric dentist who began volunteering at GKAS events as a dental student at Howard, she now coordinates the school's event each year. "I am so excited to continue on the journey with you. We are going to have a wonderful event today," Dr. Barham said. "Give yourselves a hand for being here! We love doing these programs and Give Kids A Smile has been part of our tradition since its inception," said Andrea Jackson, D.D.S., dean, Howard University College of Dentistry. "We know it's part of our duty to give back, and it is our pleasure to have you here. You have a standing invitation to come back every year. During the school's event, dental residents and dental students — who were supervised by faculty — performed cleanings, fluoride treatments, sealants, extractions, restorative treatments and orthodontic consults on about 60 children from two neighborhood elementary



20 years: Students from Howard University College of Dentistry enjoy a light moment during Give Kids A Smile.



High five: Dental student Neda Adibi greets elementary school children during GKAS.



Nice to meet you: Dental student Chanel Farmer introduces herself to David, 7.

helping people who need it," Ms. Adibi said. On the bus ride home, one chaperone reported a student saying the visit to the dental school was his "best field trip yet." "When going to the dentist becomes your best-ever field trip, that's when I know I've done my job," Dr. Barham said, quoting her text response to the news. "You changed someone's life," the chaperone texted back. "Oh my goodness, yes," Dr. Barham responded. With the help of national GKAS sponsors, Henry Schein and Colgate, the ADA was able to provide treatment and education product kits for Howard to use at the event. The ADA remains committed to providing resources to local GKAS program coordinators and volunteers who are considering or planning a GKAS event. Although GKAS is celebrated nationally in February during National Children's Dental Health Month, events — including Howard's — take place throughout the year. For more information about Give Kids A Smile, visit ADA.org/GKAS. ■

schools and one middle school. Representatives from Henry Schein were also present at the event to celebrate the 20th anniversary. Henry Schein Dental is a longtime sponsor of GKAS. "It's a pleasure to work for a company that continues to support events like these," said Chase Caruthers, a field sales consultant for Henry Schein Dental based in Columbia, Maryland. "And also, a thank you to all of the volunteers providing services today." Neda Adibi, who is preparing to finish her second year of dental school, became involved with GKAS events during her time as a dental assistant. For this event, she served as one of the coordinators, helping get children lined up and pumped up for their appointments. "It's so fulfilling because I know we are

AROUND THE ADA

# Top thought leaders bring latest, greatest in dental education to SmileCon

BY MARY BETH VERSACI

Continuing education at SmileCon will offer something for everyone. With courses centered on specific themes, including the business of dentistry, science and technology, art and design, and common good, attendees can explore the areas that interest them the most. "SmileCon is a new take on the traditional dental meeting," said Peter Shatz, D.D.S., CE chair. "Similar to how most people get their news of the day from social media outlets and

Institute, a nonprofit clinical research network. Some of the meeting's featured speakers include Dental Economics columnist Josh Austin, D.D.S., with "Efficiency and Predictability with Direct Restorations"; ADA Council on Scientific Affairs member Purnima Kumar, B.D.S., Ph.D., with "E-cigarettes and Oral Health: Cloudy with a Chance of Disease"; and lecturer and clinician Rico Short, D.M.D., with "Current Trends in Endodontics." "We've talked to our past attendees, specifically across all membership types and age groups,

and asked them what they wanted. We ended up with top speakers from all sorts of practice backgrounds, new dentists, older dentists and all backgrounds," Dr. Shatz said. "Bring a colleague, your office team, your non-dental partner — literally there is something for anyone involved in dentistry all day, every day." To learn more about SmileCon and to register, visit SmileCon.org. ■



Learning: SmileCon 2021 attendees participate in a continuing education course on nutrition and oral health.



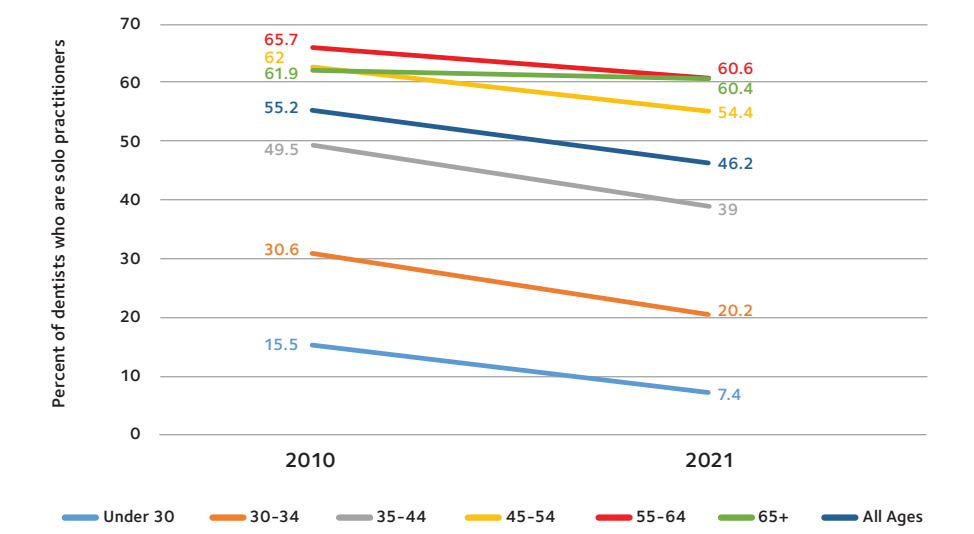
not the daily paper, SmileCon delivers the latest science, innovations and trends in a highly concentrated experience. We have curated a collection of the top thought leaders to bring you the latest and greatest in dental education in a high-energy, relatable and engaging manner. No other meeting has so many high-end speakers in one place, at one time."

SmileCon, a joint meeting with the 2022 Texas Dental Association Meeting and the 2023 Greater Houston Dental Society's Star of the South Dental Meeting, will take place Oct. 13-15 at the George R. Brown Convention Center in Houston. Meeting registration opened June 1, and attendees can register for courses and plan their schedules with the Agenda Builder at SmileCon.org. Courses will come in three formats: Presentations; Experiences & Conversations; and Hands-On Activities. Platinum Smile Pass holders will have access to all Hands-On Activities, while those with a Smile Pass can add them for an additional fee. Formerly known as live patient, workshops and cadaver courses, Hands-On Activities will let participants roll up their sleeves and dig in as they enhance their knowledge and earn more CE hours. Some hot topics include "The Dos and Don'ts of Porcelain Laminate Veneers" and "Utilize Today's Dental Lasers in Managing Periodontal Soft Tissue Conditions." The Women in Dentistry Leadership Series, sponsored by Crest + Oral-B, will share women's viewpoints on the subjects that matter most to them professionally and personally. Talks include "You Do You(ish): Unleash Your Authentic Superpowers To Get the Career You Deserve" with Erin Hatzikostas, TEDx speaker, author and podcast co-host, and "If You Can't Say Something Nice...: Working Together Better" with Sarita Maybin, TEDx speaker, author and communication expert. The Dr. Dennis D. Shinbori Acclaimed Educator Series, named for dental education champion Dennis Shinbori, D.D.S., will feature the dental industry's most sought-after trailblazers who are at the top of their specialties. The series includes "Dentistry and Medicine: The Past, the Present, and the Future" and "Pain Control in Dentistry: Past, Present, and Future," presented by award-winning dentist and author Stanley F. Malamed, D.D.S., and "Real World Evidence Supporting Alternatives to Autogenous Tissue," presented by Michael K. McGuire, D.D.S., founder and chairman of the McGuire

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Source: ADA Health Policy Institute, "Solo Practice Continues to Decline," Infographic, March 2022. Available from: ADA.org/resources/research/health-policy-institute/dental-practice-research.

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## New dentists to learn, grow during SmileCon

BY MARY BETH VERSACI

SmileCon programming will help new dentists power through professional challenges, advance their clinical skills and celebrate their achievements.

"Entering the dental profession during the COVID-19 pandemic showed us that our dental community is only stronger together," said Brenda Shah, D.D.S., a new dentist and member of the ADA Advisory Committee on Annual Meetings. "At SmileCon, new dentists have the ability to meet, learn and play together. The committee is focusing on new dentists at SmileCon, from the continuing education programming to social events."

The joint meeting with the 2022 Texas Dental Association Meeting and the 2023 Greater Houston Dental Society's Star of the South Dental Meeting will take place Oct. 13-15 at the George R. Brown Convention Center in Houston.

Courses at SmileCon will answer financial questions new dentists may have, such as how to pay off their student loans and what they need to know to buy a practice. These courses will help set them up for financial success with tips on managing their finances and coming out on top.

Other CE will share advanced clinical knowledge. In 2021, Dr. Shah attended SmileCon to take Hands-On Activities — formerly known as workshops — on sinus lifts, implant placement, crown lengthening using lasers, and socket preservation and bone grafting, and she continues to use skills she learned when she practices.

# “

SmileCon is a celebration of dentistry, and new dentists are the future of the profession, so we deserve to be recognized and appreciated.

- Brenda Shah, D.D.S.

"Taking top-notch CE as a young dentist is important in order to navigate the various paths of clinical dentistry that you can pursue," said Dr. Shah, who had access to all Hands-On Activities at SmileCon 2021 as a Platinum Smile Pass holder. "Personally, I am trying to figure out what procedures and techniques I want to learn and master."

When class is not in session, new dentists can socialize at happy hours Oct. 13-14 and brunch Oct. 15. Alumni receptions will bring former classmates together, while the Street Fest on Oct. 14 celebrating the culture of Houston will feature a VIP area for new dentists.

When it's time to recharge, dentists can visit the Hope for the Day booth in Dental Central to take a mental break and connect with others around mental health education.

"Beyond the learning, SmileCon is a great place for new dentists to meet colleagues that can become future mentors, business partners and good friends who catch up yearly at the conference," Dr. Shah said. "SmileCon is a celebration of dentistry, and new dentists are the future of the profession, so we deserve to be recognized and appreciated."

To learn more about SmileCon and to register, visit [SmileCon.org](http://SmileCon.org). ■





## Why the Great Resignation offers opportunity for young dentists

BY SUZANNE EBERT, D.M.D.

As the Great Resignation reaches dentistry, it may exacerbate existing access-to-care problems — possibly leading to declining oral health, more dental emergencies, and even an increase in heart disease and other serious health problems.

In a January 2022 poll by the ADA's Health Policy Institute, 69% of dentists cited staffing issues as the top challenge facing their dental practice. In fact, the problem continues to grow. In October 2020, 51.8% of owners said that it was "extremely challenging" to recruit hygienists. By March 2022, 73.1% of dentists made the same claim.

Meanwhile, many older dentists are accelerating their retirement plans.

However, even as the Great Resignation reshapes workplaces everywhere, young dentists are embracing the opportunity to step into established practices and retain hard-working staff. In many cases, these dentists can tap into programs, such as the National Health Service Corps, that forgive student loans for dentists providing care in underserved communities.

### HYGIENISTS ARE LEAVING THE WORKFORCE

At the start of the COVID-19 pandemic in March of 2020, many practices were limited to urgent and emergency procedures, which reduced staff hours. Even as practices began re-opening, many of the 98% of practicing dental

hygienists who are female found themselves juggling child care and helping their children with Zoom schooling. Many didn't want to return to work until a vaccine was available. And while teledentistry has grown, most dentistry still needs to be performed in person. This means that schedules lack the flexibility to pivot when a child has to stay home unexpectedly due to a COVID exposure.

As a result, many hygienists began to exit the profession. A year-long study of dental hygienist employment patterns during the pandemic found that as of August 2021, 74% of hygienists who left their jobs after March 2020 but had not yet returned did so voluntarily, deciding to retire early or pursue other career options. The study suggests that up to 3.75%, or about 7,500 dental hygienists nationwide, may have voluntarily left their jobs during the pandemic.

### DENTISTS RETIRING EARLIER RATHER THAN TRYING TO HIRE STAFF

The timing for this hygienist shortage couldn't be worse. Right as dentists are losing staff, a third of dentists say that new COVID-19 infection control protocols require more staff to see the same number of patients as before the pandemic.

Meanwhile, 32.3% of owners say that trouble filling vacant staff positions limits their ability to run a full schedule.

For some late-career dentists, this challenge has proved to be the last straw.

Some older dentists had planned to work another three to five years. When they closed their practices to all but emergency procedures early in the pandemic, they had time to think — and some found they were truly ready to retire. Long-nagging aches and pains dissolved as they spent more time with family and rediscovered hobbies. Others had health issues that put them at higher risk of complications from COVID-19, making them reluctant to return to practice.

So as practices resumed typical schedules in the summer of 2020, some dentists began accelerating their retirement plans.

In some cases, they turned to practice transition services like ADA Practice Transitions (ADAPT) to find a buyer to continue caring for long-term patients. But in other cases, these owners simply closed their practices, especially if they were struggling with staffing or health-related issues.

Data confirms this trend: a January 2022 analysis of ADA masterfile data by the ADA's Health Policy Institute found that the average retirement age for dentists has dropped to 67.9 years old, down from a peak of 69.1 in 2018.

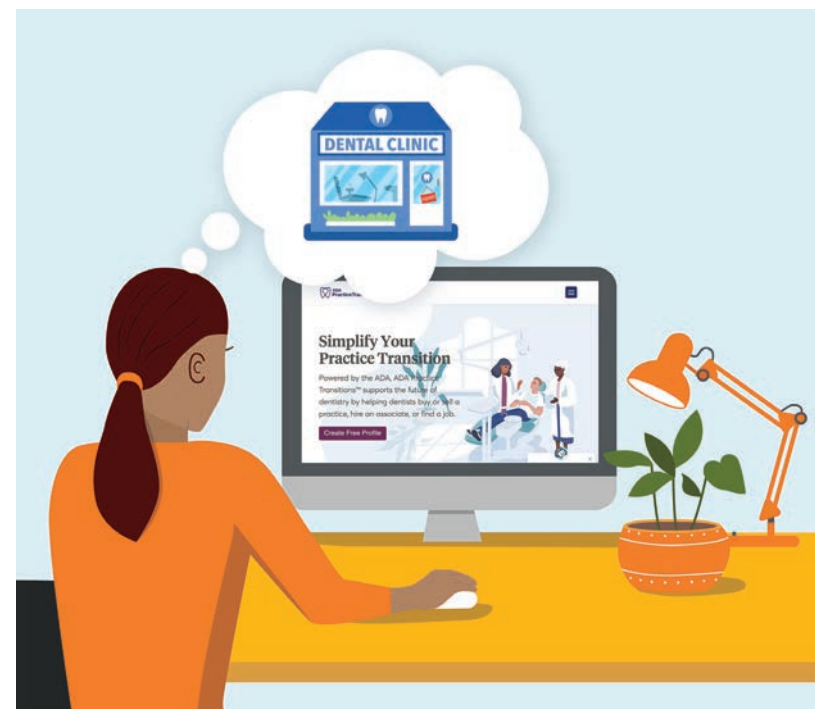
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### FEWER PRACTICES, LESS ACCESS TO CARE

When the only dentist in town closes their doors, the entire community loses out. Patients may now have to drive an hour or more to reach a dentist, making them more likely to forego routine — but essential — care. A patient who now must take a half day off work just to travel to and from an appointment is apt to skip preventive cleanings and exams. They're even less likely to take their child out of school for a half-day.

Skipping this routine care has consequences. And without a nearby dentist, patients are more likely to ignore a problem when it could be fixed by a simple early intervention. Instead, they may wind up in the emergency room with more serious issues, such as a raging infection. Such infections can be expensive for both the patient and the health system. After all, emergency departments aren't equipped to treat dental problems and can typically only provide antibiotics and painkillers. This can contribute to the opioid crisis and antibiotic resistance while increasing overall healthcare costs — without solving the underlying dental problem.

### AN OPPORTUNITY FOR WOULD-BE PRACTICE OWNERS

These challenges pose a great opportunity for ambitious young dentists. According to a February 2021 study conducted for the ADA by KJT Group, 83% of current dental students want to own or partner in a practice within ten years of graduation.

Now is the perfect time for them to do so. Banks are willing to lend to young dentists, even if they have student debt, because dental practices rarely fail. This is especially true in underserved markets where local banks are willing to write a loan that keeps a dentist in town.

Interest rates are still historically low while practice values are depressed. Many owners are willing to settle for a lower price if they can find the right person. I've seen practices valued at \$800,000 list for just \$500,000. I've even seen sellers practically give their practices away for the cost of the building, relieved that long-term patients will still have a trusted caregiver. This can give an incoming dentist some budgetary breathing room to upgrade the office.

Plus, I have spoken with dentists who have had hundreds of thousands of dollars of debt forgiven by the National Health Service Corps and similar state programs for committing to work in underserved markets.

These smaller-market practices can be very lucrative. I have talked to many owners who earn a very comfortable living working only three days a week. Many underserved areas lie within an easy drive of a larger city, enabling dentists to

have the best of both worlds: the lower cost of living and lower crime rate, with ready access to urban entertainment and international airports.

At ADAPT, we're matching these would-be buyers with owners ready to sell. Our goal is to help preserve access to care by helping sellers find someone with a similar philosophy of care who can care for their practice long after they retire. We also connect buyers with resources from the ADA and elsewhere to help them gain the skills they need to manage a successful practice — including hiring and retaining hygienists and other staff.

### SOLVING THE STAFFING SHORTAGE BY RETAINING GOOD STAFF

Practice owners seasoned and new can take proactive steps to retain their staff, including investing time and energy in understanding what staff want and need. Talk to each staff member to learn how satisfied they are — and what can increase that satisfaction. Evaluate:

- How much flexibility is possible. Consider adjusting the schedule a bit to meet staff needs.
- How compensation and benefits stack up. Look beyond other dental practices to understand where staff may find better options. (For example, a personable hygienist who's great with patients may realize she can take her skills to a customer service career she can do from home, or on a more flexible schedule.)
- Career path satisfaction. Learn where staff want their careers to go. Do they want more responsibility, management, or autonomy? Do they want to learn new skills? Help them build a plan, then offer support along the way. Above all, ensure staff are always treated fairly and with respect. Celebrate their successes, share compliments from patients or other team members and show gratitude through little things, such as unexpected PTO or celebrating birthdays or work anniversaries.

Inevitably, even the happiest staff will leave at some point. And when they do, pay close attention to finding the right fit for the practice: someone who will fit in with the office culture, treat patients to the same level and share similar expectations about their role within the team. While it may take longer to find the right person, it will be worth it when they prove to be a better fit who sticks around for the long run.

### FINDING OPPORTUNITY IN THE GREAT RESIGNATION

Early-career dentists are seizing this moment to take the next step in their careers, one that allows them to find satisfaction in practice ownership. And while many long-tenured hygienists have left, others are enrolling in dental hygiene school, eager to pursue a stable, rewarding career.

Together, this new wave of dentists and hygienists will continue to evolve the future of dentistry while building satisfying careers.

Meanwhile, the Great Resignation offers young dentists an unparalleled opportunity to purchase an established practice where they can continue to deliver care — as long as they take proactive steps to retain hardworking staff.

*Dr. Ebert is the vice president of dental practice & relationship management at the ADA Business Innovation Group.*

## A New Day for Dentistry

### Meet Dr. Alexandra Otto

BY KIMBER SOLANA

A New Day for Dentistry is a new ADA campaign that celebrates the Association's vibrant community of dentists. It seeks to honor the dentists who power the ADA and commemorates the contributions dentists make to their communities and the profession every day.

Each month, the ADA News will profile one dentist who represents the diverse range of ages, career stages, practice paths and backgrounds that make the ADA what it is.

### It's a new day for dentistry

Alexandra Otto, D.D.S., member since 2009.

Location: Buda, Texas.

Dental school: Virginia Commonwealth University School of Dentistry.

Practice type: Co-founder of a multi-location pediatric specialty practice called Kids Tooth Team Pediatric Dentistry.

**Why did you choose dentistry?** Looking back, it's hard to articulate what my 21-year-old self had in mind when she applied to dental school, but I couldn't be more grateful that she did. I knew I would like working with my hands and building relationships with my patients, but dentistry turned out to be much more than I could have imagined. The ability to be in a profession that allows me to help and better the lives of the children I serve, be a leader in my community, and create jobs for some incredible people is an honor and privilege that I will never take for granted.

**Why did you join the ADA?** My experience in the American Student Dental Association introduced me to the importance and value of membership and leadership in organized dentistry, so it was a given for me to continue on to ADA membership once I graduated.

**What do you like most about your ADA membership?** My ability to participate in the

process at every level of the tripartite has been the most valuable part of my ADA membership to me. It's important for me to be knowledgeable about the issues that affect my ability to own my business, operate my nonprofit organization and treat my patients according to best practices.

**When I'm not in the office, you can find me:** Enjoying the outdoors with my husband Tim and our two fur-babies. We love spending time on Lake Travis when we are home in Austin and take every opportunity we can to be in the mountains when we have time for a weekend away.

**Favorite movie/TV show:** We've recently been binging the last season of "Ozark."

**What was your first job?** I worked at Outback Steakhouse throughout high school and college as a hostess and waitress. I always say

that I learned more about customer service from working in the hospitality industry than I ever did in dental school.

**Fun fact about me:** I am expecting our first (human) child this September! We are really excited to welcome a baby boy to our family in a few months. We haven't told the dogs yet.

**What does A New Day for Dentistry mean to you?** Being a part of the new generation of dentists that are celebrated for the unique paths we have chosen in the profession. Success isn't defined by "owning your own practice" anymore. It's about work-life balance and pursuing your passions. The profession is finally coming around to realizing that practice ownership simply isn't the right choice for everyone. We aren't a one-size-fits-all profession anymore and I love it. ■

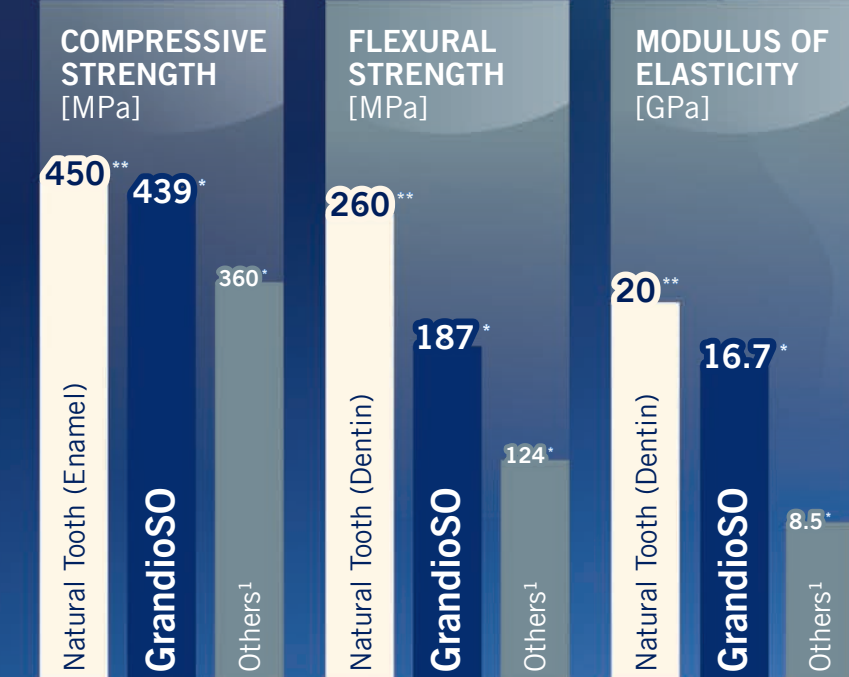


Family: Alexandra Otto, D.D.S., with her husband, Tim, and two fur-babies Rambo and Bremer.

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