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SCIENCE & TECH

Augmented intelligence: The future of dentistry

BY MARY BETH VERSACI

From diagnosis and treatment planning to practice management, augmented intelligence is positioned to transform the way dentists care for their patients.

"The adoption and implementation of augmented intelligence within the dental profession is poised to be a transformative technology in dental care delivery," said Robert A. Faiella, D.M.D., chief dental officer of Overjet, which provides AI services to dental practices and insurance companies. "The intent is to automate, streamline and improve the patient experience, the productivity of the practice and treatment protocols for the office."

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. It is an extension of artificial intelligence in health care, emphasizing its assistive and supplementary role to health care professionals.

Dentists can use augmented intelligence in their practices in many different ways. Some applications include screening radiographs for bone loss, caries, calculus, crown indications and other findings; 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 insurance claim adjudication process more efficient.

WHERE TO START

Dentists who are interested in introducing AI into their practices should first start with a problem statement, said Amol Nirgudkar, co-founder and CEO of Patient Prism, a company that uses AI to analyze conversations between dental offices and new patients to help convert callers into booked patient appointments.

"For example, 'I need more new patients. How do I get them?'" he said.

The answer could be for dentists to advertise their services, but how do they know if their marketing is working? That is where AI comes in.

"I could deploy AI to listen to phone calls that are driven by marketing and figure out whether I am scheduling those patients," Mr. Nirgudkar said.

Another question could be, "Why is our unscheduled treatment percentage so high?" he said.

It could be because some issues are going undiagnosed or patients do not trust a diagnosis, Mr. Nirgudkar said. Applications that use computer vision — a field of computer science that focuses on creating digital systems that can process, analyze and interpret visual data, such as digital images and videos, at the pixel level — could help with those problems.

Understanding available AI applications and the potential development of additional models to advance the patient care journey also will help dentists looking to introduce AI, said Dr. Faiella, who is a past president and trustee of the American Dental Association.

BEYOND HUMAN COGNITION

"The greatest impact of implementing AI is to gain insights beyond human capabilities across large datasets within the practice to identify disease occurrence, improve office efficiencies and advance care to our patients," Dr. Faiella said.

Without AI, the knowledge and clinical expertise required to manage patients can be daunting, he said. Dentists and their staff must acquire information from patients' medical and dental history, interpret the possible influence of medical conditions and current medications, record examination metrics and radiographic imaging, and follow protocols to store and share the information securely.

The use of AI may also help patients trust diagnoses and treatment plans.

"The use of technology to provide objective findings shifts the treatment acceptance from 'trust' alone to 'trust with verification' by demonstration of need," Dr. Faiella said.

AI can also improve the experience of patients in other ways. For example, Patient Prism uses natural language processing to understand phone conversations between new patients and dental offices. If a conversation does not result in a scheduled appointment, the company notifies the office, providing a visual depiction of what went right and wrong.

"The strength of AI is to be able to analyze a missed opportunity quickly so that the dental practice can have a second chance to redo the first impression before the patient has already decided on another office or completely abandoned their quest to see a dentist," Mr. Nirgudkar said.

When it comes to insurance claims, the use of AI could make adjudication more efficient and objective.

"The use of AI-powered technology creates an opportunity for both the payer and provider to share common measurements when considering the documentation submitted for a claim review," Dr. Faiella said.

ROOM FOR GROWTH

Mr. Nirgudkar sees opportunities

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Technology in dentistry

What do you want – and where does it fit in?

The ADA News asked your colleagues and peers about their technology interests and how they want to implement technology in their practices.

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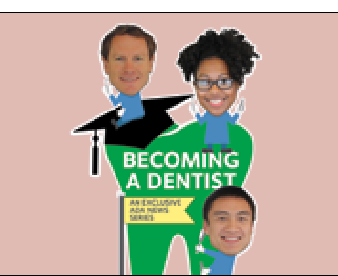

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Group places latest innovations in dental schools so students can learn the most current technology.

SCIENCE & TECH

ADA Science & Research Institute helps dentists of today and tomorrow

BY DAVID BURGER AND JENNIFER GARVIN

Providing indispensable scientific resources. Publishing ground-breaking research. Conducting rigorous product testing.

What do these all have in common? They are all daily and timely impacts engineered by the ADA Science & Research Institute, which leads the way by being on the tech- and science-focused cutting edge of dentistry.

"I want ADA members to know that the ADA Science & Research Institute is here to make their professional lives easier," said Marcelo Araujo, D.D.S., Ph.D., the institute's chief executive officer and ADA chief science officer. "All in all, the institute is working hard to provide dentists with the scientific resources they need."

The American Dental Association launched the institute in 2020, bringing together the Science Institute in Chicago and researchers from Gaithersburg, Maryland, who previously were part of the ADA Foundation.

INNOVATION AND TECHNOLOGY RESEARCH

The innovation and technology research department focuses on early product development of dental research that has the potential for significant clinical impact and public benefit. The scientists who work here study ways to further emerging technologies and translate discoveries into real-world impacts.

Formerly known as the Paffenbarger Research Center and the Volpe Research Center, the innovation and technology research department is located on the grounds of the National Institute of Standards and Technology in Gaithersburg, Maryland.

Though the research center has had name changes, for more than 90 years, scientists have developed technologies for the dental community, resulting in nearly 100 patents and 200 products.

"So many significant discoveries have happened here," said Nick Hammond, Ph.D., senior director, innovation and technology research. "For example, the air-turbine-driven handpiece, composite restorative material, bone cement, panoramic radiography and so much more. It all happened here and patient care has been revolutionized because of ITR research and development."

The department also works with the research and laboratories department to evaluate new technologies and materials for microbial interactions or biofilm development.

"We generally focus on the development of new technology and basic (discovery) research," Dr. Hammond said. "We can rely on input from the evidence synthesis & translation research team to inform knowledge gaps in order to choose the direction of the research and input from research and laboratories to determine the current state of the art and identify the standard by which new discoveries are measured against."

APPLIED RESEARCH

The applied research department is a valuable resource for ADA members as well as the general public.

For Jamie Spomer, Ph.D., senior director, applied research, every phone call or email brings a new challenge.

"The ADA research and laboratories department seeks to answer research and clinical questions ADA member dentists and the public have about dental products through laboratory studies," she said. "This includes laboratory testing of dental materials and devices, as well as for ADA Seal of Acceptance certification of over-the-counter oral health products."

Dr. Spomer said ADA members might be surprised by the variety of resources available to assist dentists in their practices.

"Our work to investigate and determine the safety and efficacy of dental products can be found in scientific journals, as well as on the retail shelves," she said. "We also develop test methods integral to dental product standards, which help provide safe and effective products for the practitioner and patient."

She added that her team's work contributes to the ADA Standards Department's executive summaries for ADA members, which will soon be available and featured on ADA.org.

One exciting thing the dental materials and devices team is doing is working with the Standards Committee on Dental Products to

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July JADA finds psychological conditions, other pain disorders increase TMD risk

BY MARY BETH VERSACI

Psychological conditions, pain disorders, sleep disorders and orofacial symptoms increase people's risk of developing first-onset temporomandibular disorders, according to a study published in the July issue of The Journal of the American Dental Association.

The cover story, "Chairside Risk Assessment for First-Onset Temporomandibular Disorders: Result from the Orofacial Pain: Prospective Evaluation and Risk Assessment Data Set," analyzed potential demographic, systemic and local risk contributors of 2,737 participants of the Orofacial Pain: Prospective Evaluation and Risk Assessment data set, finding coexisting conditions and symptoms from multiple body systems substantially elevated their risk of developing temporomandibular disorder pain.

The study recommended dentists include psychological conditions, pain disorders, sleep disorders and orofacial symptoms when assessing patients' risk of developing temporomandibular disorder pain.

To read the full JADA article online, visit JADA.ADA.org. ■

Manufacturer instructions play vital role in guiding purchase, use of dental products

BY MARY BETH VERSACI

Dentists have a lot to consider when making purchases for their practices, and being aware of the manufacturer instructions that accompany products can help ensure they buy what is right for them and use the items correctly too.

"Practitioners should consider if the product will work under their practice setting, is not incompatible with other materials and will fulfill the specific intent of use," said Ana Bedran-Russo, D.D.S., Ph.D., chair of the ADA Council on Scientific Affairs. "The manufacturer instructions describe the best technique and handling needed to maximize performance of a product."

Instructions can guide the purchase and use of products in many different ways, from helping dentists find the light-curing unit that meets the specifications needed to cure the light-activated, resin-based composites they use in their practice to making sure they know how to safely reprocess an instrument that is intended for multiple uses.

Light-cured, resin-based restorations will function only as the manufacturer intends when they receive the required amount of light energy at the wavelength that matches the photoinitiator within the composite, according to an ADA Professional Product Review that looked at the effective use of dental curing lights.

In an ADA Clinical Evaluators Panel report on light-curing units, written by the ACE Panel Oversight Subcommittee of the Council on Scientific Affairs and ADA Science & Research Institute staff, 4 out of 5 dentists said they read the instructions for information on how to effectively use and maintain their curing units. They also said their top four considerations when selecting a unit were portability, power, durability and cost.

> "The manufacturer instructions describe the best technique and handling needed to maximize performance of a product.

"When looking to purchase a new curing unit, you want to make sure it has the wavelength and energy to polymerize the resin composite you have in your practice," Dr. Bedran-Russo said. "The curing unit manufacturer will specify the energy output of the curing unit and the wavelength range of the light source, and the dental composite manufacturer will specify the energy requirement of the material, along with the absorption wavelength of the photoinitiator. This information can be combined to ensure a successful light-curing procedure."

Manufacturer instructions also play an important role in the reprocessing of dental instruments.

Since 2014, the Food and Drug Administration has shared concerns with the dental standards community that reprocessing instructions are unclear or inadequate for devices such as diamond rotary instruments and carbide burs. Reusable dental instruments that are designed and labeled for multiple uses must be reprocessed by thorough cleaning followed by sterilization or high-level disinfection between patients, according to a technical report from the ADA Standards Committee on Dental Products. If a dental instrument manufacturer does not provide validated, clear and feasible cleaning instructions, then the FDA says the company needs to label its device as single use.

When an instrument is not thoroughly cleaned, the downstream process of sterilization or high-level disinfection may be rendered ineffective, leading to potential cross-contamination or improper functioning of the instrument because of the presence of residual debris, the technical report states.

The committee published the report in January to help manufacturers of reusable dental instruments develop and validate reprocessing instructions that follow FDA guidelines. By validating its cleaning process, a manufacturer can provide documented evidence that its instructions are effective in rendering a dental instrument safe for use in more than one patient.

The ADA Standards Program, founded in 1928, involves active participation by scientists at the ADA Science & Research Institute and the work of more than 600 volunteers from the dental profession, dental industry, government and academia to establish baseline standards and technical recommendations for almost every tool used in modern dentistry.

During the COVID-19 pandemic, manufacturer instructions have been vital in laying out how specific cleaners and disinfectants work.

According to the Centers for Disease Control and Prevention's infection control recommendations for dentistry, cleaning should always precede disinfection, and a disinfectant should not be used as a cleaner unless the product label indicates it is suitable for such use. For disinfection, the CDC recommends dentists use Environmental Protection Agency-registered hospital disinfectants or detergents/disinfectants that state on their label they are appropriate for use in health care settings.

The CDC also states dentists should follow instructions related to amount, dilution, contact time, safe use and disposal when using products for cleaning and disinfection.

For any product or equipment dentists use in their practices, they cannot assume they know exactly how to use it because they used something similar in the past.

"Often you will see that products under a similar category of materials will have distinct instruction," Dr. Bedran-Russo said. "It's important for dentists not to assume they know how a product is supposed to work simply because they used something like it before. Products and techniques are constantly changing, so recognizing your limitations will also play a key role in practice success." ■

—versacim@ada.org

How does the work of the ADASRI impact the products you use?

A look at International Standard 4049, supported by American National Standards Institute/ADA Standard No. 27, and how it forms manufacturer instructions for polymer-based restorative materials

MANUFACTURER INSTRUCTIONS FOR RESTORATIVE MATERIAL

Instructions for use

Recommended compatible curing units and exposure times

- For materials that are photoinitiated, or activated by external energy, the instructions must provide the following curing parameters: emission wavelength regions, irradiance of the curing unit and exposure time. They must also include the depth of cure for those parameters, if it is more than 1 millimeter for opaque materials and 1.5 millimeters for other shades. For example, for body, enamel and translucent shades, cure with LED light in the range of 400-500 nanometers with a minimum output of 400 milliwatts per square centimeter for 20 seconds to an increment of 2 millimeters.
- ***Why it matters:*** For a light-cured, polymer-based restorative material to function as intended, it must receive the required amount of light energy at the wavelength that matches the photoinitiator within the composite. The information provided above can be combined with the output claimed by the curing unit manufacturer to ensure a properly cured restoration.

Statement that the material is radiopaque

- If the material conforms to the requirements of International Standard 4049, then it can claim in its labeling and instructions to be radiopaque. This means that a 1-millimeter-thick disc of the cured material has a radiopacity equal to or greater than 1 millimeter of aluminum.
- ***Why it matters:*** Aluminum has a radiopacity that is equivalent to dentin. Therefore, if a material claims to be radiopaque, then it will be at least as radiopaque as dentin on an X-ray. However, 2 millimeters of aluminum has a radiopacity that is roughly equivalent to enamel, so the material may not appear radiopaque compared to enamel. Note that a manufacturer may claim a specific value for radiopacity but then must test and verify this value according to the standard and state this.

General requirements for labeling

Labeling requirements for storage, expiration and identification

- The recommended condition of storage is mandatory on the outermost packaging and in the instructions. The expiration date for the material, if stored under the manufacturer's recommended conditions, must be included on the outermost packaging and also on the outer pack of the capsules, syringes or bottles if it is not on the individual items and identifiable through the outer pack. Batch identification consisting of a serial number or a combination of letters and numbers that refers to the manufacturer's records for that particular batch of material is mandatory on the outermost packaging, as well as on individual capsules, syringes or bottles, if appropriate.
- ***Why it matters:*** Materials are tested to establish proper storage conditions and approximate shelf life. There is no guarantee the material will function as intended if it is stored improperly or applied past expiration. Batch numbers are fundamental for good record keeping and clinical practice, as that information is necessary in the case of a recall or any other issue that may arise in the lifetime of the restoration.

Declaration of components

Composition and information on components

- The manufacturer must provide, either in the instructions or by means of a materials safety data sheet, the composition and information on components present in the material by more than or equal to 1% by mass, regardless of hazard potential, and any ingredient that is classified as a carcinogen, mutagen or reproductive toxicant present in the material by more than or equal to 0.1% by mass.
- ***Why it matters:*** This means that if companies claim compliance with International Standard 4049, dentists can contact them and they must provide the above information about the components of their restorative material. This can be helpful with patients who have concerns about allergic reactions to certain material components.

ADASRI *continued from Page 2*

develop a standard for the materials used to make sequential orthodontic aligners.

The technical requirements and test methods that are developed in the ADA laboratory are then vetted by dental experts in industry, academia and government agencies, and help establish specifications regarding the integrity and safety of the materials.

EVIDENCE SYNTHESIS AND TRANSLATION RESEARCH

Alonso Carrasco-Labra, D.D.S., Ph.D., leads the institute's department of evidence synthesis and translation research. He described the department's focus as aiming to improve oral health care by synthesizing and translating clinical research to assist patients, clinicians and policymakers.

"Here is where the key dialogue that moves forward oral health occurs," Dr. Carrasco-Labra said. "Witnessing the discussion and formulation of high-level policy informed by evidence is a privilege, and a reason to continue supporting the institute's mission."

The department comprises the ADA Clinical Evaluators Panel, the Center for Evidence-Based Dentistry and the scientific information group. The ACE Panel systematically collects data on the activities and challenges that its panel members face. The Center for Evidence-Based Dentistry supports the dental profession by developing chairside, evidence-based, up-to-date scientific resources in the form of clinical practice guidelines, systematic reviews, evidence synopses and educational workshops. The scientific information group is responsible for analyzing and developing information relevant to the profession, press, public and policymakers.

During COVID-19, the area monitored the effects of the virus on dentists. In October 2020, the team released a study, written in collaboration with the ADA Health Policy Institute, that found the rate of COVID-19 infection among survey dentists was less than 1%. This year, the team published updated data that found that as of Nov. 13, 2020, 2.6% of surveyed dentists had been infected with COVID-19. Both infection rates are much lower than the rates experienced by other health care disciplines.

"My group has always worked behind the scenes answering the science-related questions from members and reviewing content for various ADA divisions to ensure that the scientific content from the ADA is up to date and accurate," said Ruth Lipman, Ph.D., director of the scientific information group. "During the pandemic, even before the situation was declared a pandemic, we were called upon to reprioritize to focus on infection mitigation by reviewing and sorting through any and all available data from the Centers for Disease Control and Prevention, the medical literature and scientists in the field."

"It completely blew my mind to realize that the ADA came out with these resources ahead of everyone else," she added. "The Center for Evidence-Based Dentistry team gathered every shred of evidence that was out there which could inform dentists on what would be needed to practice safely."

WORKING TOGETHER

"It's really exciting to see how the efforts of the departments can build on one another," Dr. Araujo said.

He pointed to several new developments that showed the reach and impact of the institute designed to help the dentists of today and tomorrow.

"I'm really excited that institute researchers will be presenting more than 25 abstracts at July's annual meeting of the International Association for Dental Research and the American Association for Dental Research," he said. "That annual meeting is one of dentistry's premier research events, and our strong presence at that meeting speaks to the importance of ADASRI's research."

Establishing the institute has been challenging, but also revelatory.

"The institute's teams never stop working hard at carrying out their research," Dr. Araujo said. "I'm just really thrilled with what we've accomplished in such a short time."

Read the full story at ADA.org/ADANews. ■

FUTURE *continued from Page 1*

for continued growth in the AI sector, including within the capabilities of his own software. The response time after a call started at three hours, and now it's 15 minutes or less. He also sees the possibility of having a live AI coach listen to conversations and guide receptionists in real time.

"AI will continue to get better and reduce the time to analyze and thereby allow greater chance of course correction," he said.

David L. Botsko, D.M.D., a general dentist in Davenport, Iowa, and Ahmed Mahrous, B.D.S., a clinical assistant professor in the University of Iowa College of Dentistry and Dental Clinics Department of Prosthodontics, have developed digital teaching applications that are helping to prepare the next generation of dentists to use AI.

One program allows dental students to propose treatment plans for different scenarios. Their proposals are then compared to ideal treatment plans based on the rules of treatment planning programmed into the application's algorithm.

Another focuses on the design of removable partial dentures, again comparing student designs to ideal designs based on an algorithm.

The ADA has formed a new standards working group to look at AI in dentistry. The group's mission is to develop educational materials and determine best practices for the growing use of AI tools that support clinical decision-making in dentistry.

"AI is here today to both improve our clinical intelligence in the delivery of care, as well as identify efficiencies for insurers and reduce subjectivity in the adjudication of claims to advance the delivery of care to our patients," Dr. Faiella said.

Read an expanded version of this story at ADA.org/ADANews. ■

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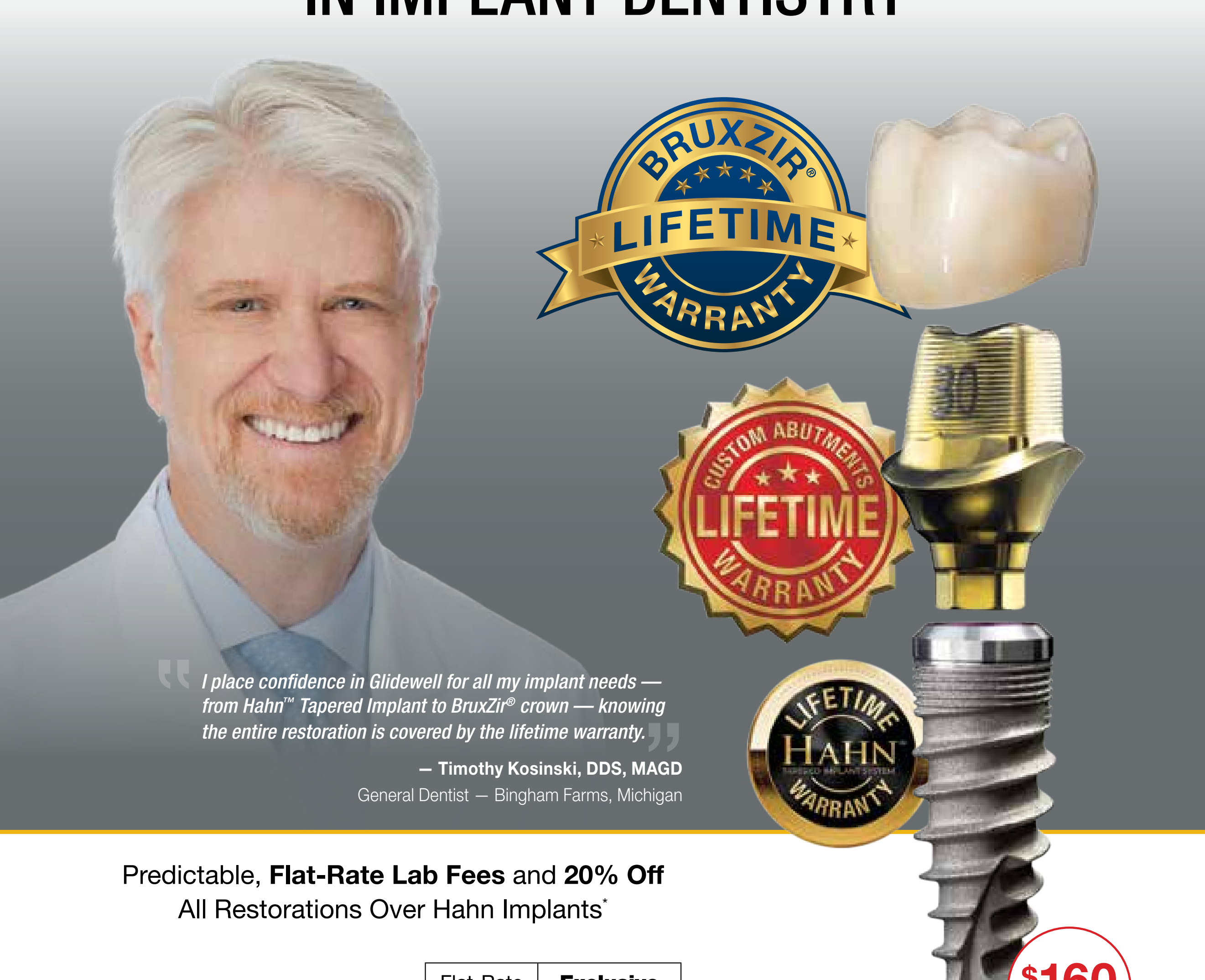

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GOVERNMENT

HHS to reimburse providers who administer COVID-19 vaccines to underinsured patients

New program addresses compensation gaps caused by health plans that do not cover vaccination fees

Health care providers who administer COVID-19 vaccines to underinsured individuals have the opportunity to be reimbursed for claims not covered by their patients' insurance.

The U.S. Department of Health and Human Services' Health Resources and Services Administration announced a new program May 3 that would cover the costs of administering COVID-19 vaccines to patients enrolled in health plans that either do not cover vaccination fees or cover them with patient cost-sharing.

To address these gaps, the COVID-19 Coverage Assistance Fund, supported by the Provider Relief Fund program, will compensate providers for eligible claims at national Medicare rates, according to an HHS news release. This new program builds on the Health Resources and Services Administration's COVID-19 Uninsured Program, which reimburses providers for vaccine administration fees associated with uninsured individuals.

While the COVID-19 vaccines themselves are free to all U.S. adults, providers incur other costs when administering them related to training, storage and staffing.

Providers would typically bill either insurance plans or patients for these expenses, but the Centers for Disease Control and Prevention issued guidance in February stating that all organizations and providers participating in the CDC COVID-19 Vaccination Program — which currently includes any provider administering COVID-19 vaccines — must provide the vaccines regardless of a recipient's coverage status or ability to pay the vaccine administration fees. While the vaccine must come at no out-of-pocket cost to the recipient, providers may seek appropriate reimbursement from a program or plan that covers administration fees for the recipient, according to the CDC.

The COVID-19 Coverage Assistance Fund program will accept eligible claims from providers dated on or after Dec. 14, 2020. Claims must be submitted electronically, and they are subject to available funding.

For more information on the assistance fund, visit hrsa.gov. ■

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Dental practices 'largely exempt' from OSHA rule

BY JENNIFER GARVIN
Washington

The ADA is pleased that dental practices are mostly exempt from the Occupational Safety and Health Administration's new emergency temporary standard to protect health care workers from COVID-19.

The OSHA emergency standard, released June 10, provides additional guidance for health care settings, including hospitals and nursing homes, where all employees may not be screened for COVID-19, and non-employees and patients with suspected or confirmed cases of COVID-19 are allowed to enter and may be treated. Dental offices most likely to be affected by the new standard include hospital-based oral surgery practices or those dentists who provide care for COVID-19 patients. The federal emergency temporary standard does not apply in states that have their own OSHA plan.

"The great news is that dentistry is largely exempt from this additional federal regulation," said ADA President Daniel J. Klemmedson, D.D.S., M.D., in a video message to dentists. "Why? Because of dentistry's proven ability to practice safely during the pandemic."

Dr. Klemmedson pointed to the profession's widespread adoption of the guidance outlined in the ADA Return to Work Interim Guidance Toolkit as key to that success and praised his fellow dentists for their strong adherence to the use of increased personal protective equipment and infection control precautions throughout the pandemic.

"The new infection control guidance and very low COVID-19 infection rate for dentists and dental hygienists prove that dental practices are safe workplaces," said Dr. Klemmedson in an ADA news release.

Dental offices should have a written COVID-19 plan in place. If an office is covered under the emergency temporary standard, it is mandated to do so. If an office is exempt, it still should do a hazard assessment and written plan as recommended in OSHA's Recommended Practices for Safety and Health Programs. Dental practices must also conduct workplace-specific hazard assessments for COVID-19 and should also continue pre-appointment patient screenings to identify individuals with suspected or confirmed COVID-19, rescheduling their appointments if possible or referring them as necessary.

The ADA has been advocating for dentistry on this issue even before January, when the new administration issued an executive order making the health and safety of workers a priority. Earlier this month, Dr. Klemmedson and ADA staff met with the White House Office of Management and Budget to discuss how the rule could impact dentistry. During that meeting, the Association told officials there wasn't a "grave danger of being exposed to COVID-19 in dental settings, particularly as the pandemic is decelerating" and noted that dentists have experienced "exceptionally low monthly incidences of COVID-19" despite several regional and national spikes during OSHA's study periods.

"This is a win for science, a win for ADA advocacy and especially a win for you," Dr. Klemmedson told dentists in his video message.

To help dentists understand the OSHA emergency temporary standard, the ADA has created a fact sheet that includes some key points to help walk dentists through the process. Visit ADA.org/virus to access the fact sheet. ■

> **This is a win for science, a win for ADA advocacy and especially a win for you.**
> – ADA President Daniel J. Klemmedson, D.D.S., M.D.

World Health Assembly's historic resolution: Global health agenda should include oral health

BY DAVID BURGER

The World Health Assembly approved May 27 what the FDI World Dental Federation calls a "landmark" resolution that puts oral health back on the global health agenda.

The resolution recognizes the global burden of oral diseases and their associations with other conditions, urging member states to address shared risk factors, enhance the professional capacity of oral health professionals to deliver consistent and quality care and to include oral health in universal health coverage benefit packages.

"The ADA is pleased that the World Health Organization recognizes that oral health is integral to systemic health around the world," said ADA President Daniel J. Klemmedson, D.D.S., M.D. "We look forward to being an active, collaborative stakeholder in striving to achieve the goals set forth by the WHO's World Health Assembly."

The World Health Assembly is the forum through which the World Health Organization is governed by its 194 member states.

The resolution also asks the WHO to develop a global strategy and action plan on oral health with 2030 targets, among other follow-up actions.

The resolution, in addition, recommends a shift towards a preventive approach to care that includes promotion of oral health within the family, schools and workplaces that includes timely, comprehensive and inclusive care within the primary health care system.

Sri Lanka and other member states first put forward the resolution to the World Health Organization executive board in January.

The FDI World Dental Federation, along with the International Association for Dental Research, delivered a statement supporting the resolution.

"Oral diseases affect almost half of the world's population and are strongly associated with other [noncommunicable diseases]," according to the statement. "Optimal oral health for all will only be achieved if the response is integrated within the [noncommunicable disease] and [universal health care] agendas." ■

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Dentists look ahead in wake of repeal of McCarran-Ferguson antitrust exemption

ADA ADVOCACY URGES ACTIVE ENFORCEMENT OF COMPETITIVE HEALTH INSURANCE REFORM ACT

BY DAVID BURGER

Editor's note: Dental Insurance Hub is a series aimed to help dentists and their dental teams overcome dental insurance obstacles so they can focus on patient care.

The Competitive Health Insurance Reform Act, legislation that repeals the McCarran-Ferguson antitrust exemption for health insurance companies, became law on Jan. 13.

The law is the culmination of a multi-year effort by the ADA and dentists to persuade Congress that health care insurance, including dental plans, should no longer be protected from some of the federal antitrust laws.

So, the question is, what happens now?

The new law, aimed at improving transparency and competition in the health, dental and vision insurance marketplaces, was lobbied by the ADA in hopes that this will lead the Federal Trade Commission and the Department of Justice to investigate alleged anticompetitive practices and activities of health care insurers, said David White, D.D.S., chair of the ADA Council on Government Affairs.

"With the new law's clear message that there is no basis for continuing the exemption, we hope that the FTC and DOJ will now investigate suspected anticompetitive conduct and pursue sanctions when it is found," Dr. White said.

The main rationale for the McCarran-Ferguson Act, when it was adopted in 1945, was to have states manage the regulation of the business of insurance. Therefore, Dr. White said, the FTC and DOJ may have been hesitant to proceed against insurance companies, even when their conduct was not protected under the limited exemption. Another aspect that may have cooled any investigations was insurance companies claiming McCarran-Ferguson exemption in defense of antitrust allegations, he added.

For example, before the exemption was eliminated, Delta Dental asserted it as a defense to the pending class action lawsuit against the company in which the ADA is a plaintiff.

Consumer Reports, which has long advocated for the reform legislation, praised the passage of the bill as being good for both consumers of health care services and providers. On Dec. 22, Consumer Reports wrote "the antitrust exemption has essentially allowed health insurers to act as a monopoly, making demands in lockstep on the terms they will offer consumers and healthcare providers. The resulting squeeze puts pressure on providers to cut corners on service in order to increase the profits the health insurers can extract."

The repeal of the McCarran-Ferguson antitrust exemption for health insurance companies was the subject of the May 17 Tooth Talk podcast. Download the episode at toothtalkshow.com.

The ADA has developed an FAQ as well as a one-page summary for ADA dentists with questions about how this law will affect dentists and dental practices.

The ADA has a new online hub for ready-to-use dental insurance information that can help dentists address and resolve even their most frustrating questions at ADA.org/dentalinsurance. ■

> "We hope that the FTC and DOJ will now investigate suspected anticompetitive conduct and pursue sanctions when it is found.
>
> – David White, D.D.S., chair, Council on Government Affairs

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ADA urges CMS to prioritize oral health issues

ASSOCIATION ALSO SUPPORTS TAX CREDITS FOR BUSINESSES HIRING NATIONAL GUARD MEMBERS, MAKING VA FACILITIES SMOKE-FREE

BY JENNIFER GARVIN
Washington

The ADA is asking the Centers for Medicare & Medicaid Services to prioritize several oral health issues.

In a June 9 letter to the new CMS administrator, Chiquita Brooks-LaSure, ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., said that under her leadership, the new administration is "well-positioned to tackle the most serious issues in oral health care today."

The ADA asked CMS to:

- Ensure that the permanent position of chief dental officer within CMS is filled, a position that has been vacant since 2017.
- Expand the participation of dentists in Medicaid through increased reimbursement and reduced administrative burden, such as the easement of credentialing, audit processes and encouragement of clean claims paid within 15 days.
- Require the CMS Center for Program Integrity to issue guidance to state Medicaid agencies concerning best practices in dental audits and develop standardized training for dental auditors.
- Provide guidance to state Medicaid agencies to streamline dentist credentialing by utilizing the ADA Council for Affordable Quality Healthcare credentialing service or equivalent.
- Establish a benchmark floor for all Medicaid dental fees at 75th percentile of regional dental fees based on ADA survey data.
- Work to enhance consistent adult dental benefits across all Medicaid programs.
- Work with the dental community to establish an appropriate Healthcare Common Procedural Coding System billing code to help address ongoing challenges regarding access to dental rehabilitative services.
- Make pediatric oral health coverage mandatory within the Affordable Care Act's exchange plans for families with children and include maternal oral health as an essential health benefit for one-year postpartum.
- Promote activities to increase oral health equity, including incentivizing dentists to practice in underserved communities across the United States and strengthening support for Action for Dental Health initiatives.

ADA SUPPORTS BILL OFFERING TAX CREDIT TO BUSINESSES THAT HIRE, RETAIN MEMBERS OF NATIONAL GUARD AND RESERVE

The ADA is supporting legislation that would provide tax credits to small businesses that hire and retain members of the National Guard and Reserve.

In June 9 letters to the House and Senate, ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., thanked lawmakers for sponsoring HR 1854 and S 1178, the Reserve Employers Comprehensive Relief and Uniform Incentives on Taxes, or RECRUIT Act.

If enacted, the bill would provide tax credits of $1,000 to small businesses for each service member they hire, plus an additional amount based on the amount of days served beyond the member's 39 days of weekend training and annual training. The credit would also be offered as a payroll tax credit for businesses that haven't been profitable during the prior year.

COALITION SUPPORTS MAKING VA FACILITIES SMOKE-FREE

The ADA and more than 50 stakeholders are supporting legislation to make facilities of the Veterans Health Administration completely smoke-free.

In June 7 letters to the House and Senate, the coalition thanked lawmakers for introducing bipartisan legislation that includes banning most forms of tobacco under the jurisdiction of the Department of Veterans Affairs.

"Tobacco use is the leading cause of preventable death in the United States, killing more than 480,000 Americans each year, and the scientific evidence on the health risks associated with secondhand smoke is clear, convincing and overwhelming," the coalition said.

The groups noted that in 2019 the Veterans Health Administration determined that exposure to secondhand smoke creates "unacceptable medical risks" and issued directives to make all VHA facilities smoke free effective by Oct. 1, 2019.

"Your legislation gives this directive the force of law and will protect current and future generations of veterans from the risks of secondhand smoke when they seek care at a VHA facility," the letter concluded.

Follow all of the ADA's advocacy efforts at ADA.org/advocacy. ■

—garvinj@ada.org

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[1]Benefits for confinement in a Skilled Nursing Facility or Home Healthcare will be payable only if such post-hospital confinement begins within seven days after at least three consecutive days of confinement in a hospital.

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EDUCATION

Becoming a Dentist: UMSOD trio graduates

LASHONDA, DAN AND BEN BECOME DENTISTS

BY JENNIFER GARVIN
Baltimore

The labs are done.

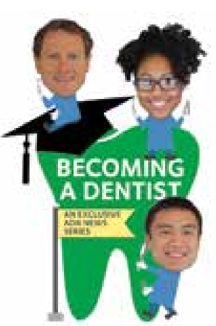
The patients have been transferred.

The competencies, experiences and vertical learning assignments are all complete.

The only thing left is to call them dentists.

For the dental Class of 2021, getting to the finish line has been rife with challenges posed by the COVID-19 pandemic, from adapting to virtual learning and wearing proper personal protection gear to logging enough clinical hours and attending countless online meetings.

But that's just made the joy of becoming a dentist all the sweeter for Dan, Ben and LaShonda. Since 2017, the ADA News has followed



these University of Maryland School of Dentistry graduates from their first year as dental students until May 20 when the trio graduated with their Doctor of Dental Surgery degrees. To celebrate the Class of 2021, the school held several small in-person and virtual ceremonies in accordance with COVID-19 safety protocols.

"It's really a cliché to say this,

Crossing the finish line: Drs. Ben Horn and LaShonda Shepherd celebrate on graduation day.

but time has really flown," Dan said. Still, "I feel much older after these four years."

LaShonda agreed: "I can't believe it."

Said Ben, "It's time for the next step. The last four years have gone quickly, but I am definitely ready, and I feel good!"

FINAL WEEKS

The end of dental school is always a stressful time, but wrapping up four years during a pandemic? Let's just say more than one new graduate might need to be fitted for a mouthguard.

Like all fourth-year students in their last few months before graduation, Dan, Ben and LaShonda had many projects and assignments to complete. They also needed to make sure that, although they're moving on to the next phase of their careers, their patients' care will continue uninterrupted. That meant making sure their patient contact lists are organized and updated and ready to be passed along to members of the rising fourth-year class.

"I'm just wrapping up things like paperwork and administrative stuff, cleaning up the Rolodex because we're transferring patients. I'm trying to go through things in order to smoothly transfer patients to the third-year students I worked with before. Making sure that I'm transferring patients to people that they already know," LaShonda said.

"For me, this definitely has been the most stressful year especially because of COVID-19," she added. "Because this is it: The end of this chapter of my life."

"It was super stressful, trying to put everything together and hit all my competencies and meet clinical requirements and just tie up loose ends," Dan said. "I'm looking forward to getting away from it all for a little bit and recharging."

LaShonda, too, is picturing herself taking a break at one of her favorite places — the beach.

"I would love to be there now," she said.

Ben's planning a getaway with his family before beginning his one-year advanced education general dentistry residency at the Naval Postgraduate Dental School at Walter Reed National Military Medical Center in Bethesda, Maryland. Following his residency, Ben will either be assigned to one of the many bases or ships where the Navy has dentists stationed, or he will stay at Walter Reed if he is selected for the three-year residency in periodontics he has applied for. Prior to dental school, Ben served as a naval aviator for 12 years. In this next chapter, he will serve as a Navy dentist.

He said, "I'm ready for whatever the Navy has in store for me and I'm excited to be back in the fleet."

SAYING GOODBYE

Dan, Ben and LaShonda all said the strong ties they formed with their classmates were among the best parts of dental school.

"Where else can you gather together a group of about 100 people and have this exchange of knowledge and sense of camaraderie that you feel when you walk down the hall and see somebody else in green scrubs?" Dan said. "I think that's a pretty special and something that I will cherish."

He is particularly grateful to have met his fiancée, classmate Jennifer Kim, D.D.S., during their first semester at UMSOD. The two are planning to be married in 2022. "I'm very thankful that I met my future wife here in school," he said.

During their four years at the school of den-

Family matters: Dr. Dan Yang poses with his parents following graduation.

tistry, the graduates built strong relationships with faculty members.

"I'm really going to miss the safety net of having the faculty to help you out if you have questions," LaShonda said. "Going out into the real world, I won't really have access to all these specialists to help me come up with treatment plans. I'm about to be doing this on my own."

They also created memorable bonds with their patients.

LaShonda recently treated a patient with deep anxieties about receiving dental care. In cases like these, she said, she discusses each procedure with the patient before performing it.

One day, she heard the patient tell a dental assistant how comfortable he felt with her as his dentist — and how much he appreciated her patience.

"I overheard him talking to someone who was assisting me, and he was like, 'Yeah, she's really awesome,'" LaShonda said. "It's amazing to have this kind of impact on people. It's what you hope for, and to overhear it in person was special."

A willingness to listen has helped Ben build trusting relationships with patients. "I did an extraction yesterday, and the patient told me, 'I hope I have you when I come back next week.' That was super rewarding to me," Ben said.

Another patient told him she wanted to be able to chew her favorite foods, steak and crab, without being in pain. During her final visit, he presented her with a set of crab mallets to help her get started again.

"That was fun to do," he said.

WHAT'S NEXT?

Although Dan, Ben and LaShonda are looking forward to resting and relaxing after graduating, they also are ready for their next adventures.

"When you first start doing dentistry, it's so foreign. When you're just learning it, it seems insurmountable," Ben said. "But then for lack of a better term, you just kind of keep swimming and all of a sudden, the appointment's over and you did the procedure. And you're, like, 'Wow.'"

Dan is shadowing an orthodontist during the early part of the summer before heading to New York for a general practice residency. Afterwards, he plans to apply to residency programs — with an eye toward teaching at a dental school one day.

"I have a real passion for that," he said.

After his year at Walter Reed, Ben is also planning to apply for a future residency program.

"I'm just still so thankful for the opportunity the last four years have been," he said. "Four years later, I can sit here and wholeheartedly say that I have chosen the right profession."

LaShonda is beginning her general practice residency in Long Island, New York, later this month. She's still considering whether she wants to specialize. Something that hasn't changed since her first day of dental school is her desire to mentor and give back: She dreams of returning to her hometown of Grady, Alabama, and volunteering with a community health center.

"I'd love to be able to give back and change the way people think about oral health," she said.

EDITOR'S NOTE: *In November 2017, the ADA News launched Becoming a Dentist, a series of stories that follows three dental students at the University of Maryland School of Dentistry — Dan Yang, LaShonda Shepherd and Ben Horn — during their journeys to becoming dentists. This is the final installment of the series.*

See the complete series at ADA.org/BeADentist. ■

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Connecting industry with students to improve dental education, access to oral care

BY KIMBER SOLANA

With the increasing pace of technological advances one group has made its mission to help build a collaboration between industry and schools to introduce dental students to the latest innovations that can ultimately help their patients.

"We want to show the students something about the dental profession that they probably wouldn't see because of the economic constraints on a dental school," said Edward Rossomando, D.D.S., Ph.D., president of the Center for Research & Education in Technology, or CRET.

CRET, which was founded in 2004 by a group of dental industry leaders, awards a dental school with an innovation center. These innovation centers are modeled on a private practice setting and equipped with the latest in dental technology and products.

The dental school builds the innovation center and funds the staff. In return, the CRET award provides all the equipment and merchandise for the innovation center at no cost to the school.

On April 6, the Lincoln Memorial University College of Dental Medicine in Tennessee received the 2021 CRET innovation center award. The timetable calls for the innovation center to be ready when the school welcomes its first dental students in the fall of 2022.

Based on past awards, the award to Lincoln Memorial should provide about $1 million in equipment and merchandise.

The innovation center is designed as a private practice dental office with treatment rooms, a dental laboratory, a sterilization area, reception area, records area, staff areas and consultation areas. CRET is providing equipment for six treatment rooms and all the associated technology, including dental chairs, laboratory equipment, X-rays, equipment for sterilization, handpieces and instruments, consumable materials, restorative materials and digital technology.

"The integration of state-of-the-art technology into the college of dental medicine changes the world of dental medicine and dental education," said Denise Terese-Koch, D.D.S., Lincoln Memorial University dental school dean. "Our graduates will be equipped to provide patients with quality, comprehensive patient- and person-centered care in a stress-free environment utilizing the most current technological advances."

Lincoln Memorial University joins the University of Missouri-Kansas City, the University of Mississippi and West Virginia University among the dental schools in the country that have received CRET innovation center awards.

"This is a tremendous opportunity as we continue to build the foundation for our college of dental medicine," said Lincoln Memorial University President Clayton Hess. "The CRET innovation center will ensure our students are practice ready upon graduation so they can make an immediate impact in the health of the communities they serve."

BENEFITING COMMUNITIES

And to think that CRET started with donated dental equipment collecting dust in a janitor's closet.

In 2001, in an effort to get their new technologies and equipment to students and faculty, dental manufacturers donated equipment to dental schools.

One year later, when the industry representatives returned to the schools to see what the faculty and students thought of the donated items, Dr. Rossomando said, the equipment could not be located.

"After a thorough search, one of the custodians was asked about the equipment," Dr. Rossomando said. "The custodian replied, 'Oh yes, here it is.' And he opened the door to the closet and there it was, the CAD/CAM dental milling machine donated a year ago and sitting there still packaged."

In 2004, a group

See CRET, Page 16

Industry: University of Mississippi School of Dentistry students examine the equipment and handpieces donated by dental industry to their innovation center, which is modeled on a private practice setting and equipped with the latest in dental technology and products.

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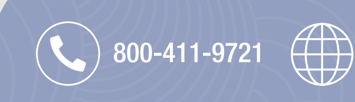

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Innovation: Students from the University of Mississippi School of Dentistry assess one of the dental chairs in Regions Center for Research and Education in Technology Innovation Suite, which opened in June 2019.

CRET *continued from Page 15*

of about 10 dental manufacturers and dental industry leaders approached Dr. Rossomando to help them figure out how to develop a program to provide equipment and merchandise to dental schools. And CRET was created.

CRET's mission is "to develop a technology educational program for dental students, dental residents and dental faculty that will promote knowledge and competency in 21st century technology."

And like the technology and equipment used in the innovation centers, CRET's mission also continues to evolve.

"Our focus is on students," Dr. Rossomando said. "We want to show them what dentistry could be like, and is like in many situations."

However, along with the students and school, the innovation centers can also benefit the community, especially in areas with a high degree of dental insecurity.

It's become part of CRET's selection process to consider dental schools that can use the innovation centers to elevate access to dental care in the surrounding communities.

"This effort to help the communities through this industry-dental education partnership is part of our mission," Dr. Rossomando said.

'WE ARE A FAMILY'

Building and equipping an innovation center can vary by school, and it's not uncommon for an innovation center to have more than one company provide similar equipment.

"It's very much encouraged to have a variety of different manufacturers provide similar products," said Mia Cassell, CRET executive director. "Students can try them all and find what's most comfortable for them. Equipment in the innovation center should not already be available in the school's dental clinics, hence it being innovative."

At the University of Missouri at Kansas City, it took about three years of discussions and agreements to build the 2,026-square-foot Dr. Charles Dunlap Innovation Center for Research and Education in Technology, which opened in 2012. The school provided the space for the seven-chair clinic, while the dental manufacturers equipped the operatories. The equipment, provided by CRET members, include dental chairs, cone beam X-ray, CAD/CAM, sterilization equipment, impression materials and electronic practice management systems.

At the most recent innovation center, which opened at the University of Mississippi School of Dentistry in 2019, students and faculty utilize a dental microscope, lasers, digital impressions and cone beam computed tomography and have the ability to design and mill dental prostheses.

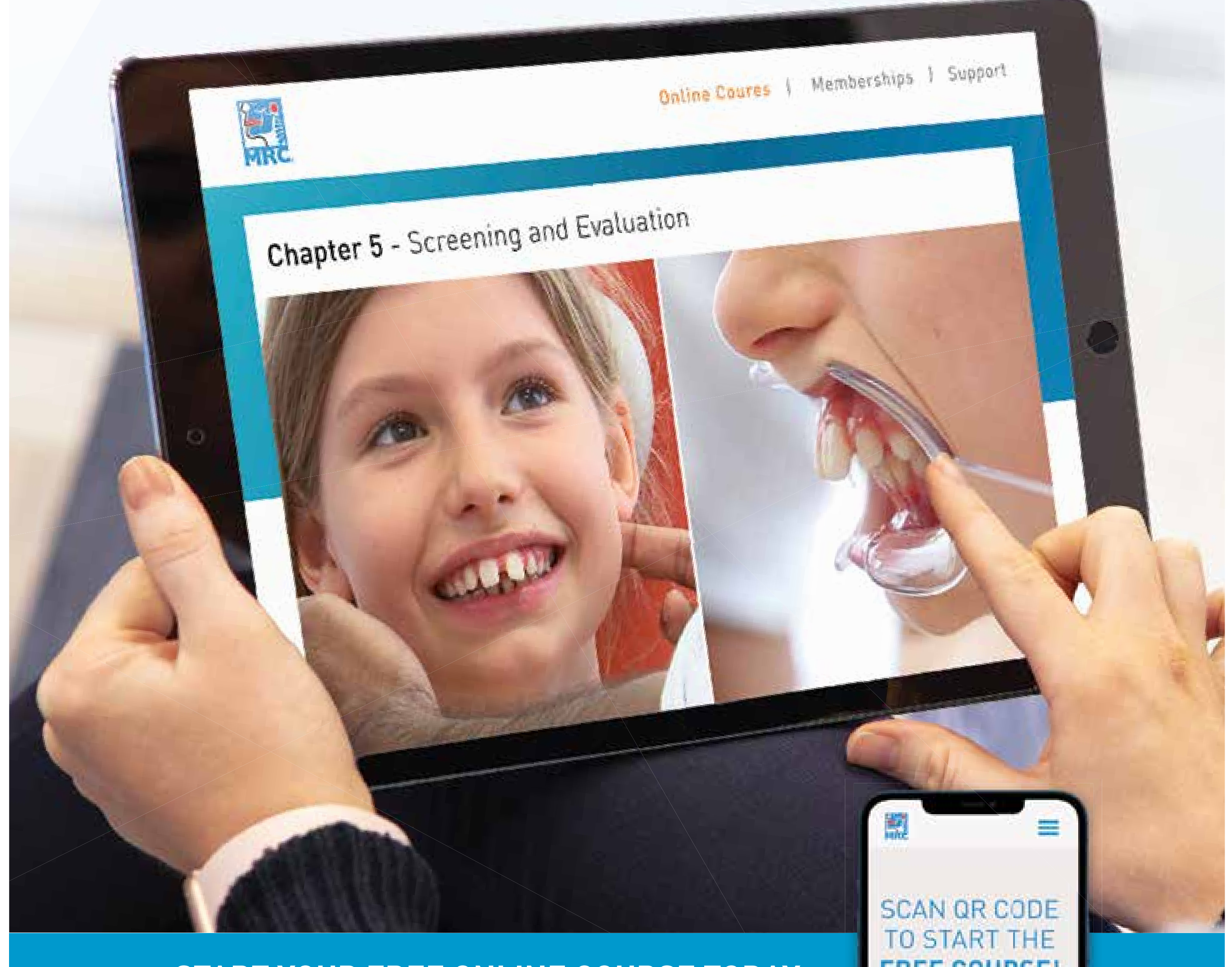
While there is a sense of competition embedded in the participating member companies, CRET promotes a unified mindset to get behind improving dental education and the mission of improving access to care in the school's surrounding communities.

"It has been very rewarding for me to work with this group of industry professionals and to promote dental education," Dr. Rossomando said. "We are a family."

For additional information on CRET and how to apply for a CRET innovation center award, visit cretdental.org. ■

solanak@ada.org

> **This effort to help the communities through this industry-dental education partnership is part of our mission. We are a family.**
> — Edward Rossomando, D.D.S., Ph.D.



ACCESS TO CARE

Society of American Indian Dentists celebrates graduates with blanketing ceremony

BY MARY BETH VERSACI

For Brianna Chavis-Locklear, D.M.D., marking her dental school graduation with a traditional blanketing ceremony held by the Society of American Indian Dentists was a proud moment.

"Having the opportunity to participate in the ceremony felt surreal," said Dr. Chavis-Locklear, a member of the Lumbee Tribe who graduated in 2020 from East Carolina University School of Dental Medicine in Greenville, North Carolina. "As my husband blanketed me, I began to feel a sense of accomplishment and gratitude. With all the odds stacked against me, as an American Indian woman, I'd finally reached a goal some only dream about. My hope and goal is to inspire other American Indians to pursue a career in dentistry."

The Society of American Indian Dentists holds a blanketing ceremony each year to honor its graduating dental student members. Because last year's event was canceled in light of the COVID-19 pandemic, the society blanketed both 2020 and 2021 graduates June 19 during a virtual meeting.

"Blankets have a deeply woven history with Indigenous peoples in North America," said Janice Morrow, the society's executive administrator. "Originally created from fur, animal hides, grasses or cedar bark, wool is now the typical material used for blankets and shawls. Blankets were and continue to be integral in ceremonial practices such as weddings, namings, coming of age and funerals. We consider graduation from dental school an exceptional achievement and a ceremonial rite of passage for our students as they move on to their next phase in life."

During its 30-year history, the society has typically blanketed three to five students each year. This year, the ceremony included 10 dental school graduates and one member who had completed a dental residency program.

"Our student dentists are of American Indian heritage, and we support their dental school efforts in a variety of ways, including mentorship, scholarship, test prep, volunteer opportunities and hosting our students at our annual conferences," Ms. Morrow said. "Each year, over 20 students attend the conference. And, you can be sure, our graduating students especially attend to participate in the very special and very humbling blanketing ceremony."

During a typical in-person ceremony, the society's president and president-elect blanket each student, but the virtual nature of this year's event allowed family members to take on that role.

Jacob Collins, D.D.S., a member of the Choctaw Nation of Oklahoma, was blanketed by his wife.

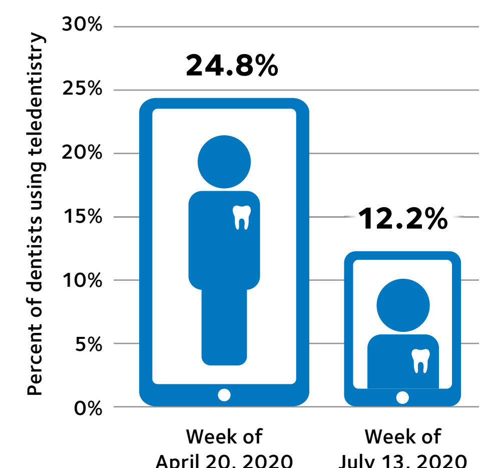
"To me, the blanketing ceremony was very special because it is symbolic of me beginning my career path in dentistry," said Dr. Collins, who graduated this year from the University of Michigan School of Dentistry in Ann Arbor, Michigan. "After spending many years preparing to work in oral health care, this is a big transition from dental school to dental practice. My blanket will always represent the end of one journey and the beginning of another." ■

Sense of accomplishment: Brianna Chavis-Locklear, D.M.D., a member of the Lumbee Tribe and 2020 graduate of East Carolina University School of Dental Medicine, hopes to inspire other American Indians to pursue a career in dentistry after accomplishing her goal of becoming a dentist.

HPI CORNER

Teledentistry use

Dentists' use of teledentistry in their practices has gone down since the early days of the COVID-19 pandemic. In April 2020, 1 in 4 dentists said they were using virtual technology/telecommunications for appointments. By July 2020, this fell to about 1 in 8 dentists.



Source: ADA Health Policy Institute "Economic Impact of COVID-19 on Dental Practices." Available from: ada.org/en/science-research/health-policy-institute/covid-19-dentists-economic-impact.

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SmileCon to highlight dental technology

BY MARY BETH VERSACI

SmileCon will bring together the leading voices in dental technology when it convenes Oct. 11-13 at Mandalay Bay Resort and Casino in Las Vegas.

In the ADA Cellerant TechX area of the meeting, attendees will hear from dental technology pioneers about the top technologies that are globally impacting dentistry and learn what could work best for their practices. The area will also include some winners of the 2020 and 2021 Cellerant Best of Class Technology Awards, allowing those who visit to explore these technologies and other cutting-edge products from the winning companies.

"Once a year and only at the ADA do the top technology leaders in dentistry come together to provide three days of the latest education in the ADA Cellerant TechX area," said Lou Shuman, D.M.D., president and CEO of Cellerant Consulting Group and creator of the awards. "From the logistical design to the tech topics covered, it really is a special event by the ADA that makes me proud to be part of every year."

The awards recognize innovative products that set the standard of quality in their respective categories and manufacturers who are pushing the envelope and reimagining how dental offices will operate in the future. The 2021 winners will be announced ahead of SmileCon.

ADA Cellerant TechX speakers include Cellerant Consulting Group chief development officers Christopher Salierno, D.D.S., chief dental officer of Tend; Martin Jablow, D.M.D., president of Dental Tech Advisors; John Flucke, D.D.S., chief editor and technology editor of Dental Products Report; Paul Feuerstein, D.M.D., editor-in-chief of Dentistry Today; and Pamela Maragliano-Muniz, D.M.D., editor-in-chief of Dental Economics.

SmileCon will also highlight dental technology on Oct. 12 when its continuing education theme is science and technology. The courses offered that day will center on envisioning the next frontier of dentistry.

Classes will discuss various technologies, including intraoral scanners, 3D printing, cone-beam computed tomography systems and more. For a complete list of science and technology courses, go to SmileCon.org/Learn and click on the science and technology tab.

For the latest information on SmileCon, visit SmileCon.org. ■

SmileCon offers place for new dentists

BY MARY BETH VERSACI

ADA New Dentist Committee member Daryn Lu, D.D.S., is ready for the in-person experience offered by SmileCon and the surprises the revamped annual meeting has in store.

"When we think about dental meetings, we're all too familiar with the past year of staring at a computer with people shouting, 'You're muted!'" Dr. Lu said. "There's a lot to get excited about with SmileCon — a next-generation meeting designed from the ground up, solely focused on the attendee experience."

New dentists will have a place at SmileCon, to be held Oct. 11-13 at Mandalay Bay Resort and Casino in Las Vegas, where they can share their dental journey with others who are new to the profession and pave their own way with support from the New Dentist Committee.

The New Dentist Reception will take place from 7-8:30 p.m. Oct. 11. The reception is included in the meeting's Platinum Smile Pass and costs $30 in advance or $40 on-site for Smile Pass and Dental Central Pass holders.

Dental Central — SmileCon's reinvented exhibit hall — will offer resources to help new dentists take time for a little self-care. The New Dentist Committee is also planning other programming focused on mental health and wellness.

Hosted by Dr. Lu, the opening session at SmileCon will take place from 8-9:30 a.m. Oct. 11 and celebrate the accomplishments of the dental community, including the winners of the ADA 10 Under 10 Awards. The keynote speaker is Michelle Poler, a social entrepreneur whose work has been featured on the "Today" show, CBS and CNN.

For the first time, the annual meeting will also include a closing session from 3:45-5 p.m. Oct. 13. To demonstrate how the ADA drives dentistry forward as one community with different voices and journeys, attendees will be able to share their stories in a video testimonial booth at the meeting to be featured during the closing session.

To learn more about SmileCon or to register, visit SmileCon.org. ■

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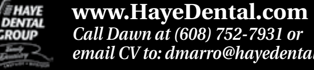

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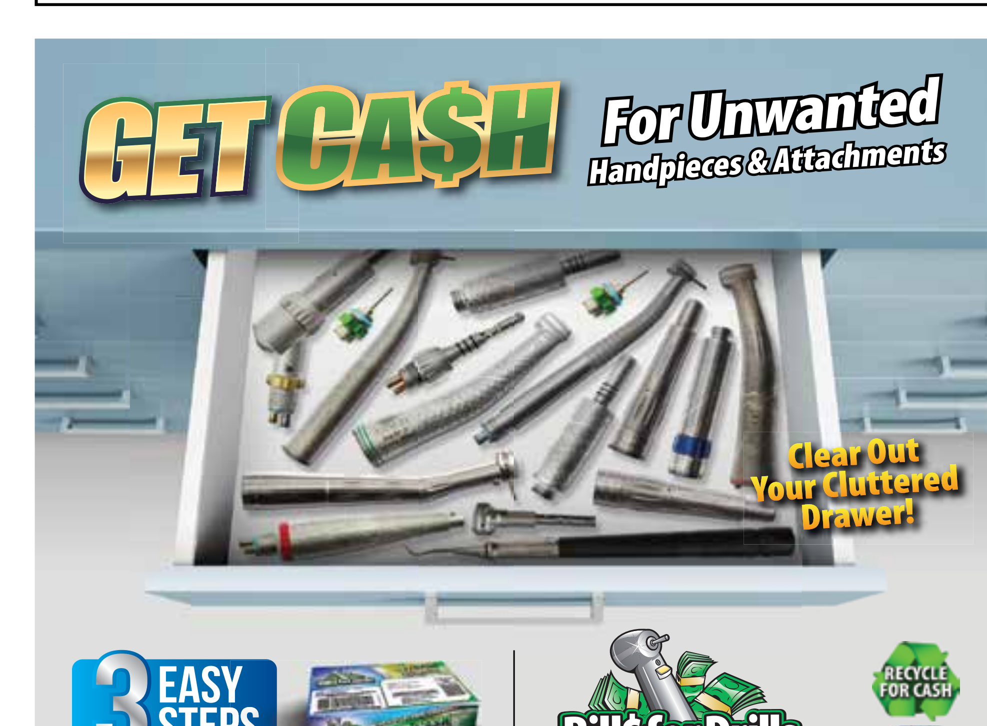

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VIEWPOINT

Digital Dental Technology: A Means to an End, or an End Itself? Perhaps it May Be Both

Start to finish: This case sequence, treated by the Dr. Barwacz, highlights one example of how digital workflows can facilitate prosthetic planning, guided surgery and implant provisionalization for a patient with congenitally missing lateral incisors.

CHRISTOPHER A. BARWACZ, D.D.S.

Mention the term "digital dentistry," and depending on the clinical background and training of the individual, it will likely evoke various conceptions. These may range from intraoral scanning, chairside CAD/CAM workflows, static or dynamic guided surgery, or additively manufactured removable prostheses, to name just a few. The past 10-15 years have seen an exponential growth and adoption by the dental profession of digital approaches to manage clinical scenarios that were traditionally addressed by analog and, many may legitimately argue, less precise and informed treatment modalities. There can be little debate that disruptive digital technologies and workflows have facilitated a more personalized and intentional methodology to address the oral health needs that our patients present with. In parallel, adoption and routine incorporation of such digital workflows has necessitated a high degree of commitment by clinicians to learn and master, in order to leverage its full potential.

As I myself have increasingly adopted and enjoyed the fruits of various segments of "digital dentistry" in recent years, a question that has crossed my mind from time to time, both as a clinician and full-time academic faculty who mentors dental students, is whether "digital dental technology a means to an end, or an end itself?" In other words, is "digital dentistry" merely a unique set of tools that promises to achieve superior clinical outcomes, or is it itself an irreducibly critical element that without which, we couldn't achieve such results? I would assert that the answer doesn't necessarily have to be a binary yes or no but is rather often more nuanced, and in many instances, may be both.

Take, for instance, tooth replacement therapy with dental implants, a multidisciplinary overlap of restorative and surgical dentistry that has undergone significant technological workflow enhancements over the past decade. From start to finish, there are several clinical steps that should ideally be attended to in order to achieve superior and yet predictable outcomes, regardless of the preoperative clinical situation. They may include, but are not limited to: diagnostic record acquisition, surgical planning, implant guide fabrication, provisionalization, impressioning, and restoration design and fabrication. At each of these stages of therapy, there are multiple points by which a clinician may opt to either enter or bypass a digital workflow. Usually, the decision will hinge on the comfort level, proficiency, and experiences and preferences of the individual provider. Additionally, patient preferences for and clinical efficiencies brought about by digital workflows may hasten the clinician's rationale to adopt such treatment strategies.[1, 2]

At first glance, when I reflect on the evolution of my own clinical career in oral implant therapy, I can clearly trace a progression towards adoption of digital workflows as a means for me to achieve improved outcomes for my patients. As an example, prior to routine incorporation of intraoral scanning and digital implant planning software, I would painstakingly plan cases with my referral surgeons and fabricate an analog surgical guide using analog gypsum stone models. To make these guides predictable and with accuracy based on a prosthetically driven treatment plan, it would take me several hours from start to finish. And while we often employed a CBCT scan of the patient with the analogic guide simultaneously in place, any information we garnered was a posteriori, and therefore allowed minimal adjustments other than peri-surgically, potentially leading to less-than-ideal outcomes. In the second half of my career, since adopting intraoral scanning diagnostics, coupled with digital planning software, I have completely transitioned to static guided surgery workflows based on fully digital diagnostic records. Adoption of such digital technology and workflows served as an alternative means for me to achieve better and more predictable surgical outcomes for my patients.[3] Such workflows allow a priori planning that takes into account all aspects of care, from prosthetic, anatomic and surgical viewpoints. However, it could be argued equally that such a digital workflow may be an end in itself, as without one or more of the aforementioned digital tools, we would not achieve our desired endpoint, at least not consistently. I also would not be able to communicate with my interdisciplinary colleagues, nor educate my patients about why their treatment may require one approach, as compared to another without such digital tools. Therefore, upon further reflection, both sides of the argument have merit in this instance, and for other situations in clinical dentistry.

Another example of how digital workflows have gone hand in hand with conservative, personalized dentistry is with adhesively retained, nonretentive partial-coverage ceramic restorations. Recent in vitro studies have demonstrated that both analogic impressioning as well as digital intraoral scanning generates clinically acceptable lithium disilicate onlay restorations, when evaluated from a marginal-gap outcome measure.[4,5] One could argue, yet again, that digital workflows in this instance, facilitated by the intraoral scanner and CAD/CAM mill, represent a means to acquire a clinically acceptable and conservative treatment outcome for a patient, all in a single visit. However, using that same logic, it would also be plausible to argue that these same digital tools are an end itself. That without said digital tools, the patient would require a second clinical visit, a provisional restoration prone to losing retention, and would achieve no superior outcome as a result. Yet again, we find ourselves in the conundrum of arguing both sides of the same argument, that often times in clinical dentistry, digital technology offers both the means, as well as the end itself, to achieving personalized, conservative and predictable clinical outcomes.

Dr. Barwacz is an associate professor in the department of family dentistry at the University of Iowa College of Dentistry & Dental Clinics.

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Letters

DIVERSITY IN HEALTH CARE

While reading the April 12 My View "Why Diversity in Dentistry Matters and How You Can Help," by Laila Hishaw, D.D.S., I was thoroughly impressed. Here is a dentist, addressing the stagnant growth in the number of Black dentists in the U.S. workforce and the effect a lack of diversity in health care can have on disparities in treatment.

I was inspired to write a response to the op-ed congratulating Dr. Hishaw on her dedication and determination to begin a mentorship program on her own to specifically address this need. We all know how busy our lives become and many times, just managing the day-to-day challenges as a private practitioner can be enough. But here was a mom, pediatric dentist and private practitioner starting her own program to encourage and mentor the next generation of diverse dentists.

Kudos to her.

Well, that bubble burst when ADA membership received a letter from our president, Daniel J. Klemmedson, D.D.S., M.D., regarding an unfortunate response to Dr. Hishaw's intentions. The National Dental Association also posted a statement regarding a letter sent to Dr. Hishaw accusing her of "talking the talk but not walking the walk." The letter, from an ADA member dentist, essentially questioned her credibility and right to speak on the topic of diversity in dentistry. The accusing dentist questioned why Dr. Hishaw's practice was not located in the section of the city that had more minorities and economically challenged people. The letter writer also stated that after looking at Dr. Hishaw's picture, he did not see a Black woman with tight, kinky curls. What?

This is disturbing. Dr. Hishaw has been discriminated against: 1. As a woman because men do not attack other men based on their looks; 2. As a Black woman because her hair is supposed to be tight, kinky curls (so, what about us white women with tight curls?); and 3. As a "privileged" dentist because her practice was not located where he thought it should be located? Does this imply that one does not help minority or economically challenged people unless their practice is in a certain section of town?

Basically, this is unprofessional, discriminatory and disturbing behavior. Why?

Why does one member feel entitled to attack another member who is essentially helping to secure the future of our profession, our association and our minority communities? Fear is what is usually behind such issues. Fear of change, fear of disturbing "my status quo," fear of disturbing my way of life and fear of my comfort zone changing.

Whether one can see it or not, the future of our profession is changing. Classes are 50:50 male to female, and they are diverse. If we ignore this, we might as well ignore the future of the ADA, as our membership numbers will continue to decline. Why? Because diversity is being invited to the party; inclusion is being asked to dance. If we see the diverse students and do not ask them to dance, why should they join us?

Accept diversity and help the next generation of our profession to succeed. Welcome and support the underrepresented segment of the population into the pipeline of a future in dentistry. And, by all means, consider the work Dr. Hishaw has done on her own time, while still practicing and raising a family, to address an unmet need to strengthen the diversity pipeline within our profession.

Kudos to her.

Judith M. Fisch, D.D.S.
Rutland, Vermont
Former ADA First District Trustee

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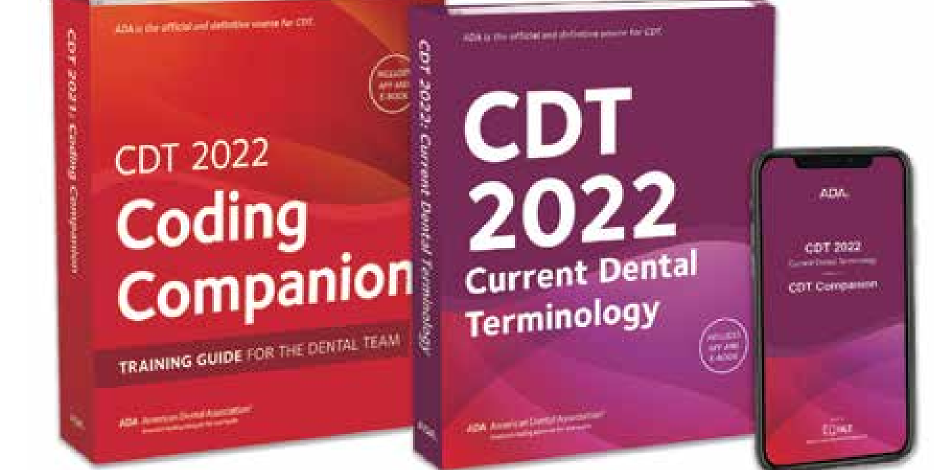

BY DAVID BURGER

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The ADA offers multiple solutions to support the learning of coding, including the ADA Dental Coding Certificate: Assessment-Based CDT Program, available online that the dental team may enroll and complete at any time.

More information on coding is available at ADA.org/en/publications/cdt/coding-education.

The ADA developed the CDT as a standardized language to help dentists and other members of the health care industry communicate effectively. CDT is updated every year. The ADA is the exclusive copyright owner of CDT. Except as permitted by law, all use, copying or distribution of CDT, or any portion in any product or services (including works prepared for clients by consultants and other professionals), whether in printed, electronic or other format, requires a valid commercial user license from the ADA. ■

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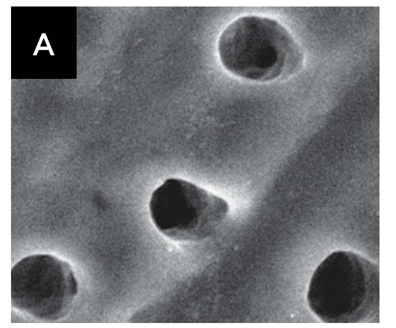

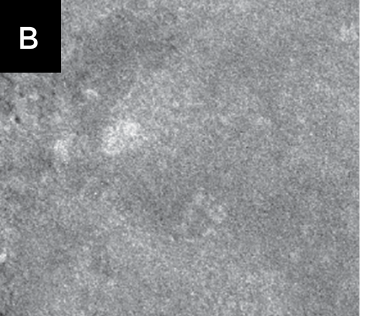

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