Using the Goldilocks principle with pink opaquer for optimal esthetics

SPECIALTIES Restoring edentulous patients with a workflow simple enough for predoctoral students

EQUIPMENT Dental Handpieces Roundup

NEWS AND SOLUTIONS TO DRIVE PRACTICE SUCCESS

SEPTEMBER 2019 | VOLUME 53 | ISSUE 9

RESTORATIVES

Using the Goldilocks principle with pink opaquer for optimal esthetics

SPECIALTIES

Restoring edentulous patients with a workflow simple enough for predoctoral students

EQUIPMENT

Dental Handpieces Roundup

NEW PRODUCTS

Software Secrets REVEALED

Learn how to find the dental software with the best features for your specific practice and check out some of the best “secret” features of some leading dental software applications.

BEST PRACTICES

5 Ways Your Phone Impacts Patient Interactions

Smartphones and other connected devices are changing the ways we can connect with our patients. Learn some of the best ways to use your devices to connect with your current and future patients on their devices.

[ DENTSPLY SIRONA ]

CEREC Ortho SW 2.0

Demonstrate potential orthodontic outcomes chairside almost immediately after the digital impression with this updated orthodontic software.

[ NOBIO ]

InfiniX™ Flowable Composite and Bulk Fill Flow Composite

These composites are the first restorative materials to feature the integrated antimicrobial benefits of the proprietary QASi particle technology.

Software Secrets REVEALED

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Designed to help clinicians reduce the time it takes to place layered posterior composite restorations, the 3s PowerCure System includes AdheSE® Universal single-component adhesive, the Bluephase® PowerCure LED curing light and Tetra™ PowerFill and Tetric Flow composites. The system reportedly requires just three seconds to polymerize the adhesive and to cure the composite in 4-mm layers. The PowerCure curing light detects unintentional movement while curing and alerts the user to ensure proper polymerization of all restorations. While the system components are designed to work together, all components are compatible with other materials and curing lights.

Why this restorative system stands out:
The 3s PowerCure System offers clinicians a way to place posterior composite restorations with greater efficiency. The ability to cure 4-mm layers of dental composite in just three seconds saves time and requires fewer steps to complete a case. With the materials and technologies included in the system all designed to complement one another, this straightforward solution creates time savings that add up to create a more efficient practice workflow. The added benefit of using esthetic materials for posterior cases makes the restorations even more attractive to patients.

Ivoclar Vivadent
800-533-6825
ivoclarvivadent.us

CIRCLE RS #2

CEREC Ortho SW 2.0

Designed to make orthodontic options more accessible to both clinicians and patients, CEREC Ortho SW 2.0 works in conjunction with the new Primescan intraoral scanner. The software can reportedly add a base to the digital model and provide comprehensive analysis, measurements and mostly automated segmentation of the scan immediately after the digital impression is captured. It can create a simulated treatment outcome, which can be used for treatment presentation to the patient. The digital models can be used to plan a wide range of orthodontic treatments and appliances and can be exported as open STL files for use with other orthodontic applications.

Why this software is a big step forward:
The ability to quickly create orthodontic digital models and then automate much of the model analysis puts a wider range of orthodontic options in play for both clinicians and patients. Having a quickly rendered treatment outcome proposal to demonstrate to patients almost immediately after the scan is completed makes for a powerful case presentation tool and can help clinicians to get patients excited about what proposed orthodontic treatments can do to change their smile and overall oral health.

Dentsply Sirona
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dentsplysirona.com

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Infini™ Flowable Composite and Bulk Fill Flow Composite

Infini advanced dental restoratives—Flowable Composite and Bulk Fill Flow Composite—contain Nobio’s proprietary QASi particle technology, which combines a high concentration of antimicrobial molecules that are covalently bound to a solid core, forming an insoluble, potent, long-lasting antimicrobial effect. The materials reportedly maintain the integrity of the restoration and protect the restoration from degradation by bacteria over time. Ideal for posterior restorations, the Infini Flowable and Bulk Fill Flow Composites are the first in a new line of advanced dental restoratives featuring QASi particle technology. Free starter kits are available.

Why these restoratives are innovative:
Nobio’s new Infini composites offer a completely new technology for clinical use. The QASi particles are different than materials that rely on the release of antimicrobial molecules, thus losing efficacy over time. QASi works differently and simply makes the restorations inhospitable for the potentially harmful microbes and continues to work throughout the life of the restoration. The potential to place a composite with this property should provide piece of mind for clinicians and long-term benefits for patients.

Nobio
info@nobio.com
infinis.com

CIRCLE RS #4

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SOFTWARE SECRETS CAN BE A CHEAT CODE FOR PRACTICE SUCCESS

WHEN YOU GET SOMETHING NEW in either your professional or personal life, do you read the manual? If you do, do you read it cover to cover and really absorb all the details? I’m sure some of you can confidently answer yes to those questions, but for most us—myself included—it’s more of a quick skim to catch the big details and a learn as we go approach.

In most cases, this works just fine. Many new technologies are designed with intuitive interfaces and guided workflows. These make it easy to get something up and running right out of the package, and once it’s in use, we rarely look back to see what we missed.

I mean, those instruction manuals can be long and very dry reads. The manuals for some robust software applications can be as large as a multi-volume encyclopedia, and with the type of schedules we all keep today, there’s rarely time to go through an entire manual—especially if it’s a shorter book for a less complex technology.

Instead, we file those manuals on a shelf, in a drawer, or elsewhere out of the way. Then, if we didn’t throw it out and we find ourselves in dire need of answers, it could be a valuable resource. Still, it’s more likely Google or a customer service phone number is the go-to resource.

If the provided instructions aren’t the best resource for learning a new application, we need to turn elsewhere. Sure, you can get by with just mastering the one or two everyday tasks that drew you to invest in the platform, but if you don’t at least get a sense of the full set of capabilities, you’re missing out on additional benefits and features that could greatly increase its value to you, your practice and patients. Those extra features could be time-saving shortcuts, efficiency boosting automations, or capabilities that can open new opportunities for your practice if you just knew they existed.

It’s important to have a plan to unlock these “secret” features. That manual is just one way to learn the application, and it’s most likely among the least effective. Instead, it’s important to make time for training for you and your team, even the team members who won’t be using the software every day. Dedicated training—whether in person or online—is a great place to start and being sure to bookmark any on-demand and online training resources is another great step. This will get you closer to unlocking the potential of the application and discovering all the secrets your software is hiding.

Those secrets are the focus of this issue’s cover story, Software Secrets Revealed, where we look at how to discern which applications best fit your practice, and then showcase a roundup of software titles along with some of their best “secret” features. Understanding those features can unlock new potential for your business. Discovering one of these unexpected software features can be like finding a cheat code for your practice or a shortcut to success.

Implementing these features doesn’t require any special computer skills, but it does require some time and dedication. Just like anything else you use in your practice, it takes some effort to master it completely.

Discovering the full capabilities of your software platforms can be accomplished by seeking ongoing training, connecting with and communicating with experts, finding and using online resources, and simplest of all, trying out every option the software gives you.

Make some time for you and your team to practice with your software. It includes modules and capabilities you never touch, carve out a time every week to dive in and practicing using them. You can delegate different segments of the software to different team members. Let everyone master one area of the application and then dedicate a time at a team meeting for those new experts to share the secrets they’ve learned.

Learning something new is always a great feeling, and this is especially true when what you learn was once hidden or secret. Even if you know you won’t use a feature immediately, understanding it and how it works will help you have a deeper understanding of the full set of resources and capabilities available to your practice.

If you haven’t already, get started learning today to unlock the full potential of your business. And, when you do uncover a secret to your software, pass it along to friends and colleagues because this type of secret is worth sharing.

[ Noah Levine ]

Dental Products Report Editorial Director

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Why some dentists don’t give a rubber dam—and why some do

We spoke to experts with differing views on rubber dams and isolation for composite restorations. Read more: http://bit.ly/RubberDams

How old is too old for overdentures?

Age alone is not a contraindication for implant-retained overdentures, but age-related health conditions can be. Learn more: http://bit.ly/OverdenturesandAge

Clicks & Picks

What dentists were searching and savoring in August @DENTALPRODUCTSREPORT.COM

3 MOST-VIEWED PRODUCTS

01 PREMIOtemp
Primotec, USA
02 Form 2 3D Printer
Formlabs
03 Tetric EvoFlow
Ivoclar Vivadent

3 MOST-READ ARTICLES ONLINE

01 10 questions to test your understanding of infection control requirements by Robert Elsenpeter
02 5 reasons being a dental hygienist is harder than you might think by Kara Vavrosky, RDH
03 The top 16 worst dental patients ever by Laura Dorr

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**GC America**

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CIRCLE RS #10

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**[IMAGING]**

**Dentrix a Series**

The Dentrix a Classic provides a wide field of view (16 x 8 cm) and dedicated panorama. The Dentrix a Extended provides a larger field of view (16 x 14.5 cm) as well as views of the facial structure, sinus, TMJ and dentition. HDX WILL’s newest algorithm, PrecisionMAR™, reportedly offers unprecedented clarity around metal, improving 3D treatment planning.

**HDX WILL**

888-850-8810 | hdxwillna.com

CIRCLE RS #11

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**[SLEEP APPLIANCE]**

**Oasys Hinge Appliance™**

The Oasys Hinge Appliance is designed to gently shift the lower jaw forward during sleep, which activates the airway muscles and ligaments to prevent the airway from collapsing. The device is custom-made for each patient for maximum comfort throughout the night. It’s micro-adjustable with up to 10-mm of advancement based on the patient’s needs. The telescope-style hinge is engineered to allow for natural jaw movement and can be adjusted chairside or at home.

**Glidewell Dental**

800-854-7256 | glideweldental.com

CIRCLE RS #12

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**[EHR]**

**Dental Software Compare**

Dental Software Compare is a free online dental EHR comparison tool. Vendors use a vendor web portal to update their information and share videos and additional comments about the features being evaluated. That information is then added to a relational database and translated to a user-friendly online interface so that a group, DSO or practice can compare various features and vendors using a number of filters.

**Dental Software Compare**

425-434-7102 | dentalsoftwarecompare.com

CIRCLE RS #13
NEW PRODUCTS

[ AUTOCLAVE ]

STATCLAVE G4
The STATCLAVE G4 Chamber Autoclave is designed to deliver speed, capacity and efficiency to your practice. STATCLAVE is a Class B vacuum sterilizer that incorporates both a pre-sterilization vacuum to improve steam penetration and a post-sterilization vacuum to improve drying. SciCan’s G4 equipment can connect and send information to your smart devices so that you can have cycle data, instructions and maintenance notifications at your fingertips.

SciCan
800-572-1211 | scican.com
CIRCLE RS #14

[ BRACKET BONDING ]

BrackFix
BrackFix is a light-cured bracket bonding system that reportedly simplifies the removal of the residual adhesive by making it easily visible as it fluoresces under UV light. This is designed to ensure that after removal of the brackets, all adhesive is removed while minimizing, if not eliminating, any unnecessary damage to the tooth itself. The consistency and viscosity of BrackFix is said to be formulized so that brackets can be positioned precisely and do not slip.

VOCO America
888-658-2584 | vocoamerica.com
CIRCLE RS #15

[ REFERAL MANAGEMENT PLATFORM ]

OurPerioTeam™
This cloud-based software platform is specifically designed to help periodontists expand their referral networks, co-manage patients and build trust among referring GP dentists. The software is said to utilize sophisticated yet easy-to-use technology that simplifies the patient referral process, treatment planning and patient management as well as streamlines internal and external team communications.

SkyDent Technologies
ourperioteam.com
CIRCLE RS #16

[ CURING LIGHT ]

Spring TC24A
The Spring TC24A, with a wide lens, is a corded light that mounts on the delivery system like a handpiece. It features a unique flat-back head and a bigger lens measuring 11 mm. The wider lens is designed to evenly cover a larger area for a fast cure. The TC24A is the latest in high-power LED technology, providing 1,400 mW/cm² high intensity and 700 mW/cm² low intensity, and it’s engineered to deliver consistent, uniform power to the curing site.

Spring Health Products
800-800-1680 | springhealthproducts.com
CIRCLE RS #17
THERE ARE FEW PIECES OF equipment more associated with dentists than the dental handpiece. Most patients refer to them as drills, but in the hands of a trained clinician, these rotary systems are precision instruments.

Whether it’s an air-turbine system or an electric system, the handpiece is the foundation of many procedures. Handpieces are a part of restorative dentistry, dental hygiene appointments, endodontics, oral surgery and plenty more.

While the function of the handpiece hasn’t changed significantly over the years, their designs and features have been innovated and improved in almost every way. Modern dental handpieces are lighter and more compact in design for enhanced clinician comfort and easier access. While they’re more powerful and precise, they’re also quieter. The latest models certainly offer an enhanced experience for clinicians and patients alike.

If you’re in the market for a handpiece upgrade, spend some time looking through the products we’ve collected here. You’ll find details on some of the latest handpiece models and other information to help you find the next system for your practice and patients.

The foundational and iconic piece of DENTAL EQUIPMENT

[ compiled by Noah Levine ]
**Handpieces**

**Nano 95LS 1:5 Increasing Compact Handpiece**
- The smaller, slimmer, lighter design provides balance and reduces fatigue and is ideal for clinicians with smaller hands
- The titanium body, ceramic bearings and DLC (Diamond-Like-Carbon) applied to the gears adds optimal durability
- The 1:5 increasing handpiece has cellular glass optics that deliver brilliant illumination
- Its patented Clean Head System is designed to automatically prevent the entry of oral fluids and other contaminants into the handpiece head

**UltraPro™ Tx Air**
- The UltraPro™ Tx Air handpiece is designed to reduce hand and arm fatigue thanks to its 2.2 ounce, ergonomic design and 360° swivel
- Its soft-start motor minimizes splatter and is vibration-free to maximize patient comfort
- It safely performs prophylaxis by reducing friction and heat to protect enamel while polishing the patient’s teeth
- Its universal E-type motor runs at up to 4,000 RPM and can be used with other attachments, nose cones and all disposable prophy angles

**TwinPower Turbine® High Speed Handpieces**
- Features double-impeller technology; a unique design that delivers up to 25 watts of superior cutting power even under high load
- A pressurized air system prevents the intake of contaminated aerosol and other particles into the air line
- TwinPower Turbine handpieces also offer compact head sizes for greater access and visibility
- Models include high torque, standard, mini, surgical and basic
- Other features include exceptional balance and comfort, ceramic bearings and rapid braking

**PROPHYflex 4**
- Suits for all teeth, all patients and multiple indications
- Avoid powder mist using the homogeneous, focused powder jet that also preserves the tooth structure
- Bundled jet provides extreme precision and, with marking in line with your WHO probe, you always have a perfect overview of the pocket
- Individually adjustable handpiece lengths provide even more sensitivity when cleaning pockets
- With three levels of adjustment, you can determine the cleaning performance yourself
- Subgingival perio tip can also be used to clean implants, crowns and bridges, and more

**430 Torque High-Speed Handpieces**
- An independent study showed the 430 Torque produces 27 watts of power, which provides excellent cutting ability for all high-speed procedures
- The small head design promotes superior field visibility
- Fiber optic models feature a dual-beam glass design that prevents shadowing in front of the bur
- Dual-drive air control maximizes airflow to the turbine, delivering powerful performance
- With easy, do-it-yourself turbine replacement, handpiece downtime is reduced from days to minutes

**ALTERNATIVES TO “THE DRILL”**

While “the drill” might be synonymous with dentistry in the minds of many patients, it’s not the only option for today’s dental professionals. The tasks traditionally handled by handpieces, such as removing decay and preparing teeth for restorations, cleaning and polishing teeth, and even removing old or damaged restorations, can be managed by alternate approaches and in some cases by less invasive technologies. These options include dental lasers and dental air abrasion systems.
Primea™ Advanced Air® from W&H®
• The first air-driven, high-speed handpiece with an adjustable bur speed and constant removal rate, even with increasing pressure
• A sensor in the handpiece head measures the rotation speed and automatically adjusts the air supply to maintain torque
• Adjustable bur speeds between 60,000 to 320,000 RPM for multiple procedures
• Integrated exclusively on the new A-dec 500 delivery, Primea Advanced Air offers the constant torque and power of an electric with the maneuverability of air, in one handpiece

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Lares 557 ProStyle™ SF Life Highspeeds
• Featuring Lares exclusive new SilentForce™ Technology, it has a compact head size and 18 watts of cutting power
• The Lares SteelGrip™ push button chucking system virtually eliminates chuck replacement and DynamicPrecision™ balancing reduces noise
• Despite the long-lasting stainless steel head and handle construction, it weighs just 38 grams
• Lares highspeeds are available in swivel and fixed back-end models

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Midwest™ Phoenix® Series
• Diamond-like-carbon coated ceramic bearings reduce friction and enhance performance
• Dynamic Speed Control in the head limits free speed but doesn’t limit power
• Tuned airflow in the head manages rotor speed to help protect bearings and limit noise generation, even at higher PSI
• Titanium-coated diamond grip for enhanced tactile feel and abrasion protection
• Midwest Phoenix ZR delivers 15 percent more power than competitive handpieces

Midwest
800-547-1883 | a-dec.com
CIRCLE RS #25

AIR VS ELECTRIC

The biggest decision to make when selecting a new handpiece system is whether the system will be powered by an air turbine or an electric motor. Air turbines have been the most common choice, but recently, electric handpiece systems have been gaining in popularity. Here are some of the differences between the two.

- **Speed:** Air-driven handpieces often achieve higher RPM than electric handpieces, but electric systems can be set to specific RPM with greater precision
- **Power:** While the torque of air turbine handpieces continues to increase, electric handpieces are generally able to provide higher torque and greater cutting power
- **Consistency:** Because they’re powered by an electrically controlled motor, electric handpiece systems tend to maintain a steady RPM while cutting as opposed to air turbines that can drag a bit while cutting
- **Size and weight:** While newer models are becoming smaller and lighter, electric handpieces require more internal parts and thus are often larger or heavier than air turbines
- **Noise:** The noise that so irritates patients is being reduced in all types of handpieces, but electric systems tend to operate at lower volumes than air turbines
- **Maintenance:** All handpieces require regular sterilization and routine maintenance, but air-driven handpiece repairs tend to be lower in cost than repairs to the more mechanically complex electric options

AirLight M800X
• Designed and precisely-manufactured to deliver 27 watts of torque for accurate cutting
• Equipped with specially designed X-Ball Bearings for quieter sound and longer life
• It possesses instant-stop capability (IS Tech) that reduces noise and eliminates backflow
• Four specially-positioned water ports provide optimal cooling, and Direct-LED+ provides a brighter and larger light pattern
• A built-in generator eliminates the need to be tethered to a delivery unit’s fiber optic system

Beyes
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CIRCLE RS #26
**STATIS Highspeed Handpieces**
- With 20 watts of power and a strong chuck mechanism (32 Ncm), tooth preparations are performed with the utmost precision
- Technologically advanced SterResist™ cage increases the useful life of the ball bearings resulting in a low cost of ownership
- Comfortable handling for the dentist due to its lightweight design that’s perfectly balanced when attached to the dental tubing
- Easy access because of the small head design

SciCan
800-572-1211 | scican.com
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**Electric High Speed Dental Handpiece w/ Fiber Optics**
- Fiber optic capability provides ample illumination when used with a fiber optic motor
- Internal irrigation efficiently cools the bur, tooth and contra angle itself during procedures
- Operates at speeds up to 150,000 RPM
- Accepts standard high-speed friction grip burs
- Special coating and new ergonomic design allow for improved handling and grip during use

Aseptic
866-244-2954 | aseptico.com
CIRCLE RS #28

**AeroPro Cordless Handpiece**
- A lightweight, well-balanced, ergonomic, cordless and pedal-less handpiece
- Its innovative design helps to reduce hand and wrist stress by allowing hygienists to rotate the prophylaxis angle a full 360°
- The ChargeSMART™ Battery Technology ensures the quick-charge unit provides a long-lasting charge
- Compatible with most types of disposable prophylaxis angles
- The quick-touch button enables fingertip control and easy switching between low and high speeds

Premier
888-670-6100 | premierdentalco.com
CIRCLE RS #29

**NLXK**
- Available in two head size options, the innovative turbine design provides 26 watts of power
- Equipped with a Clean Head System and a Microfilter to prevent contaminants and particles from entering both the turbine and the water spray
- Precision manufacturing and enhanced bearing technology for improved durability and stability
- Lightweight titanium construction for optimum weight distribution and reduced hand and wrist fatigue
- ComfortGRIP™ surface treatment provides texture to improve grip while protecting against scratching

Brasseler USA
800-841-4522 | brasselerusadental.com
CIRCLE RS #30

**Tornado X**
- Equipped with Accu-Chuck PreciPlus technology that assures a staunch clamping of the bur, eliminating vibrations
- Cool Touch safety features are integrated into the head’s push button for enhanced patient safety
- Wear-resistant Bien-Air ceramic ball bearings extended service life and reduce noise levels
- In combination with an anti-retraction valve, the Sealed Head™ contamination control mechanism prevents infiltration the instrument’s head, water lines and treatment unit

Bien-Air
800-433-2436 | dental.bienair.com
CIRCLE RS #31

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**DENTAL HANDPIECE HISTORY**
- Evidence of drills used to treat damaged teeth can be found dating as far back as 7,000 B.C.
- 1864 George Fellows Harrington invents a clockwork dental drill he named Erado
- 1868 George F. Green invents a pedal-operated pneumatic dental drill
- 1875 Green invents the first electric dental drill
- 1949 John Patrick Walsh patents the first contra angle air turbine driven dental handpiece in New Zealand
- 1957 Dr. John Borden develops the first commercially available air turbine handpiece in the U.S., the Borden Airotor

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Desensitize instantly and prevent bond degradation

How DesensiMAX leads to better bond longevity.

[ compiled by Kristen Mott ]

Information provided by Apex Dental Materials.

THE PROBLEM

Many patients experience sensitivity coupled with the fact that bonds can degrade over time.

MMPs are naturally occurring enzymes that are emitted from growth and normal tissue turnover. MMPs are responsible for the degradation of bonds over time.

THE SOLUTION

DesensiMAX (formerly BondSaver D)

- New DesensiMAX is designed to instantly eliminate sensitivity.
- Said to compare directly to leading desensitizers but priced significantly lower.
- DesensiMAX blocks MMPs from forming, thus leading to better bond longevity.
- Provides fluoride at the restorative-tooth interface.
- Contains chlorhexidine and disinfects with powerful antimicrobial agents.
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SPECIALTIES

Impact your patients’ health and improve their quality of life

Using SICAT AIR, dentists can enhance patient experience and lead to greater case acceptance. [compiled by Patti Phelps]

Information provided by SICAT.

THE PROBLEM

According to the American Sleep Apnea Association, sleep apnea is “a debilitating and life-shortening ailment estimated to affect 22 million Americans.”

Thus, being undiagnosed, obstructive sleep apnea (OSA) can mean a serious health risk for patients.

THE SOLUTION

SICAT AIR and OPTISLEEP

- Facilitates patient consultation by using 3D visualization of the airway in SICAT Air to clarify the necessity of treatment
- Easily analyzes the airway by recognizing anatomical anomalies
- Increases patient case acceptance by utilizing a fully digital workflow
- Treats snoring and OSA with OPTISLEEP, said to be the most innovative appliance due to its slim design, maximum production accuracy and high patient comfort
- Integrates into the practice by utilizing the easy-to-use SICAT Air software

1. https://www.sleepapnea.org/learn/sleep-apnea/do-i-have-sleep-apnea/
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✓ Bond Degradation - SOLVED
✓ Sticky Composite - ELIMINATED
✓ Provide IDEAL bonding surface - SOLVED

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► Desensitizes INSTANTLY! DesensiMAX is a direct replacement for GLUMA**.
   Save up to 44%
► MMP inhibitor, improving bond longevity.
**GLUMA® is a registered trademark of Kulzer GmbH

Clean & Boost®
► Removes contaminants from surface of tooth structure reducing risk of debonds and secondary caries.
► Using Clean & Boost® with a self-etch adhesive will improve bond strength by up to 33%*.
   *Data available upon request

Seamfree
► Wetting resin designed to eliminate tackiness associated with handling composite.
► SeamFree™ will NOT add film thickness or visible seams between composite layers.

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THE PROBLEM

Limited diagnostic area captured on size #2 dental X-rays with hard sensors versus ScanX size #2 PSPs

Due to the rigid nature of sensors, dental professionals are reporting hard sensors are difficult to place to capture all of the image area that's desired, on top of being uncomfortable for many of their patients.

THE SOLUTION

ScanX wireless phosphor storage plates (PSPs)

- Provide 100 percent active area (edge-to-edge), allowing for more clinical data to be displayed
- Durable, thin and flexible, they're easy to place, especially in the hard-to-reach molar region
- More comfortable for the patient; reduced gagging reflex and ideal for pediatric, geriatric, pronounced tori and patients with special needs
- Same workflow as conventional X-ray film with a minimal learning curve
- All dental intraoral image formats (size #0 through #4)
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Information provided by Air Techniques, Inc.

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- The GOLD STANDARD OF DENTAL ADHESION
- producing highest bond strength available, 60+MPa.
- No post-operative sensitivity, perfect margins, exceptionally easy to use.

Simplicity™
- 2-component system etches enamel and is not thickness dependent (cured film thickness 6-8 microns).

Superb®
- Universal Adhesive reduces steps, leading to little or no technique sensitivity and extremely consistent results.

*Data provided upon request
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Safeguard your patients’ Protected Health Information

How Vyne Connect makes communicating with patients convenient and efficient. [ compiled by Kristen Mott ]

Information provided by NEA Powered by Vyne.

THE PROBLEM

Sending information to patients via email can cause compliance nightmares

While email is a quick and convenient way to send information to your patients, it can lead to numerous compliance issues if your practice isn’t using an encrypted email service.

THE SOLUTION

Vyne Connect

• Vyne Connect encrypted email makes sending PHI or any other information necessary to parties outside of your organization a breeze and helps keep you in line with increasingly complex security regulations such as HIPAA
• It utilizes trusted encryption standards for its messaging platform
• A minimum of two encryption protocols are used for every delivery of a Vyne Connect message or attachment: 128-bit HTTP over SSL and 256-bit AES
• Minimal training is required, and you can continue to use your existing email address
• Send encrypted records from your dental practice to anyone, including other providers, patients or payers

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Titan
► Flowable composite with unsurpassed strength and durability
► High radiopacity in a high modulus flow, maximizing the performance of your adhesive.

Injectafil®
► Bulk-fill eliminating shrinkage stresses and ensuring a complete cure in all parts of the restoration.
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Improving clinical outcomes with TheraCem

How BISCO’s dual-cure resin cement solves some of the challenges of using modern, esthetic, indirect restorative materials.

by Dr. John Flucke

We live in an ever-changing world. The evolution of technologies is continually pushing us in a direction of progress in dentistry. Sometimes, the breakthroughs are game-changing, such as digital impressions, and other times, they’re more subtle, such as the greater predictability we have with direct bonding.

One of the things I truly love about dentistry is we’re constantly in a state of change. Those changes help us to perform at levels previous generations of dentists could only dream about. I don’t think any of our predecessors could’ve conceived of the concept of esthetic dentistry we enjoy today.

Moving forward

With advances in technologies, materials and techniques, the evolution of dental esthetics now allows us to completely change a patient’s appearance in a very short amount of time. Not only do we now have the capability of producing gorgeous, lifelike esthetics, but many of our patients expect gorgeous, lifelike esthetics.

In a few short years, we’ve gone from the concept of sometimes hoping for success with porcelain-fused-to-metal (PFM) restorations, to creating beautiful, lasting smiles with remarkable products such as lithium disilicate and full-contour zirconia.

In most clinical situations, my first instinct is to push the esthetic envelope to give the patient the best result possible. Now, don’t get me wrong, even though I love to push the envelope, that mainly involves doing so with hardware. This approach doesn’t usually apply to materials, especially new materials for fixed work. Before I place anything permanently, I need a high degree of confidence it’s at least as durable and effective as other materials currently available.

Changes and potential problems

New esthetic materials often require us to rethink our preparation process. Using the same preparation design frequently results in material stresses, which can contribute to restoration failure or greatly reduce restoration longevity. Changes in preparation design also can greatly affect retention.

With a PFM crown, we can frequently get away with “under reducing” and still achieve strength. We can conserve tooth structure, allowing for longer wall length and increased retention. Also, because it’s necessary to hide PFM margins in the esthetic zone, retention can be increased by adding a 2- to 3-mm bevel past the shoulder.

Those aren’t really much of an option with highly esthetic materials. We need adequate reduction for material strength as well as proper esthetics. Without adequate reduction in all dimensions, material strength is sacrificed and there’s a much greater incidence of material fracture. The proper amount of reduction also allows for the materials to achieve optimal appearance and react to light in the way they were designed.

Sometimes, to achieve a material’s minimum reduction recommendation, we’re faced with a situation that creates short walls and occlusal surfaces reduced to the point of inducing pulpal irritation. That isn’t to say irreversible pulpsitis will result, but the preparation process can cause postoperative sensitivity.

Mainly, this is caused by the occlusal reduction on posterior teeth. Zirconia requires a 1.2-mm reduction, while lithium disilicate requires a 1.5-mm reduction from the occlusal surface of the opposing tooth. This can lead to sensitivity. Also, while the occlusal surface is being reduced to allow for material thickness, the walls are being reduced in an occlusal-to-gingival aspect. This means adequate occlusal reduction can lead to short wall lengths that can affect retention.

So, we now have an incredibly beautiful and strong restoration, but we must address the potentially problematic issues of sensitivity and walls of less-than-ideal length. The solution to these issues lies in the final step of this restorative process.

All cements aren’t created equal. This, like other technologies, is another aspect of restorative dentistry that has seen a tremendous amount of research, development and success in the past few years, and today, the problem is less of an issue. One of the recent permanent cements to come on the market is BISCO’s TheraCem, and it provides a number of ways to help fixed prosthodontics attain long and stable clinical success.

BISCO’s TheraCem

TheraCem is an interesting and well-designed material. It’s a dual-cure resin cement delivered using the standard double-barrel syringe and a disposable spiral mixing tip. It delivers excellent retention to both lithium disilicate and zirconia.

Efficiency is important, and one of the things that increases efficiency is using the right products and as few products as necessary. Because TheraCem works well with either material, it’s possible to streamline setup, delivery and cleanup in the operator while only having one material to keep in inventory.

I love materials that are easy to use, and TheraCem definitely fits that category. It’s a self-adhesive dual-cure resin cement exhibiting easy cleanup. It delivers an incredibly strong bond to both lithium disilicate as well as zirconia. These bond strengths of 34.5 MPa with lithium disilicate and 26.8 MPa with zirconia (as measured by BISCO’s in vitro testing) are incredibly helpful to minimize problems with restoration retention.

It provides strong retention without the need for primers or etchants. The process is to remove the temporary, clean the tooth structure, dry but leave dentin moist and seat the crown with TheraCem inside. Its chemistry quickly transitions from an acidic to an alkaline pH in minutes, while a high degree of conversion of these chemistries provides a high physical strength. TheraCem is highly radiopaque and can be used in a variety of clinical situations, including luting crowns, bridges, inlays, onlays and posts.

Wrapping up

The amount of progress dentistry has made in such a short time is nothing short of amazing. Our profession relies on a high degree of skill and knowledge, but it also requires support from an industry as dedicated to success as we the practitioners are. As we move forward, I continue to be impressed with the problem-solving abilities of the companies that support us. Thanks to the hard work of folks like the good crew at BISCO, the future of dentistry is bright!

**The Best Kept Secrets in Dentistry**

✓ Deliver, repair, and bond to eMAX and porcelain
✓ Deliver, repair, and bond to Zirconia
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A natural approach to optimal dental health

StellaLife® provides safe, effective alternatives for dental patients.  [by Jo Donofrio]

Consumer interest in natural products and homeopathic approaches to dental care is on the rise. While many dental procedures require patients to take narcotic pain medications and steroids to aid in post-operative recovery, patients are now looking for safer, effective and natural alternatives to pain management and optimal healing.

“I see a variety of patients, mostly adults, in my periodontal surgical practice,” says Roxanne Lowenguth, DDS, MS, a periodontist who has been in practice in Rochester, NY, for approximately 30 years. “Many of them are naturalists who don’t want to take medications or use products containing chemicals.

“We are sensitive to patients becoming more health conscious and increasingly aware of what they are putting into their bodies and the long-term impacts on their health. As technology has advanced and alternative techniques have become available, we have adjusted our focus to include healthier treatments and management options.”

StellaLife® VEGA® Oral Care products are all-natural and formulated as an adjunctive therapy for pre- and post-surgical treatment. These homeopathic solutions are clinically proven to accelerate healing and reduce pain, bruising and swelling and can significantly reduce the need for narcotic pain medications (opioids) and steroids.

Dr. Lowenguth has been using VEGA Oral Care products for more than a year, but admits she was skeptical at first. “I first heard about the StellaLife products in early 2017 but didn’t try them for almost a year. I was unsure of the product and not comfortable selling products in my office.” After receiving some sample kits from the company and giving them to her patients to try, she was sold. “Clinically, I saw more favorable healing at an earlier time point,” Dr. Lowenguth says. “A patient who returned in one week presented with what looked like three weeks of healing. Since using these products as an adjunct therapy, I have also been able to reduce my prescriptions for pain medication.”

The VEGA Oral Care Recovery Kit consists of three products: an antimicrobial rinse, sublingual/systemic spray and an award-winning topical gel. All are formulated with organic ingredients and are nonstaining, sugar-free, nontoxic and non-GMO. The products can be used after all dental surgical procedures, including bone and tissue grafting, extractions, implant placements, dental implants, osseous surgery, biopsies and other nonsurgical dental procedures.

The VEGA Oral Rinse is formulated to hydrate the oral cavity, promote healthy gums, and kill bacteria that causes tooth decay and periodontal disease. It supports healthy healing following oral surgery and periodontal treatment. It also can be used as part of a daily oral hygiene due to its antimicrobial properties and nonstaining property.

“My patients who have used prescription mouth rinses containing chlorhexidine don’t like that it stains their teeth, has an unpleasant taste and can alter their taste buds,” Dr. Lowenguth says. “With the StellaLife mouth rinse, I see a significant difference in patient acceptance. They like the taste, the way their mouth feels and the overall sense of healing. My perception is one of faster and better healing.”

The VEGA Oral Care Gel accelerates healing and reduces swelling after both surgical and nonsurgical procedures. It’s effective in the management of dry sockets, oral ulcers, mucositis, cold sores, dry mouth and sores associated with dentures.

The VEGA Oral Care Spray, like the gel, is formulated to accelerate healing as well as reduce pain and swelling. The spray works systematically by spraying under the tongue, while the gel works topically.

Each product can be used separately or as the complete kit. “I don’t routinely just give a patient the whole kit,” Dr. Lowenguth says. “The severity of the case, the intensity of the inflammation, the extent of the healing and the overall health of the patient determine if I will recommend using one product or the whole kit.”

All StellaLife products are manufactured in the United States, FDA registered and follow the Good Manufacturing Process (GMP) guidelines.

“StellaLife has the propensity to heal,” Dr. Lowenguth concludes. “The end result is always going to be the same. By using the StellaLife products, the patient is going to feel better, heal faster and get to the end result sooner.”

StellaLife® VEGA® Oral Care products
Oral health and pain management solutions that are said to improve dental patients’ experience. VEGA® Oral Care solutions are reported to reduce pain, bruising and swelling with a faster healing time. Additionally, these solutions deliver an all-natural long-term oral health care option.

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“Doctor, you take care of the preparation and we’ll ensure maximum disinfection, no post-op sensitivity and better bonds!”

Hemaseal & Cide™ with 4% Chlorhexidine
New Independent Testing Results

In a head-to-head comparison, Hemaseal & Cide has roughly double the antimicrobial potency/activity of the leading brands (GLUMA® and MicroPrime G®); both based on Glutaraldehyde. Hemaseal & Cide is based on Chlorhexidine, which has a long track record in medicine and dentistry.

Post-incubation photos of one agar plate inoculated with S. mutans per each treatment group.

The Definitive Choice for Dental Professionals

- Recent clinical evaluation by Catapult® clinicians reported ZERO cases of post-op sensitivity with Hemaseal & Cide.
- Hemaseal & Cide is Glutaraldehyde-free, meaning it’s non-toxic, and will not burn the free gingiva.
- Hemaseal & Cide reduces micro-leakage and enhances bond strength with self-etch and total-etch systems.

Hemaseal & Cide has twice the protection at roughly half the price.

*Studies available @ advantagedentalinc.com/pages/landing.html

800.388.6319
EVERY CLINICIAN'S GOAL is to provide smooth, quality endodontic care to their patients as comfortably as possible—but that can become challenging when your equipment isn’t up to the task. Dr. Bernice Ko, a private-practice endodontist in west Los Angeles, California, was frustrated by this during past endo treatments. “My experience with cordless endo motor options was there was not enough power in the handpiece, so the rotary file would get stuck during the canal preparation,” Dr. Ko says. “This created problems with the elements e-motion. It is a powerful endodontic motor,” she says.

The features
In addition to providing the necessary power, the elements e-motion uses an enhanced adaptive motion algorithm to provide greater cutting efficiency and better resistance against breakage, deformation and transportation.

“Plus, it provides improved safety since it has dynamic adjustment from rotary to reciprocating motion,” she adds. “I particularly like the movement safety features (auto-stop, auto-reverse and auto-reverse forward) and the clockwise and counterclockwise motor rotation options.

The solution
In April, however, Dr. Ko found a solution to these problems in the new elements™ e-motion endodontic motor by Kerr. “I don’t run into these problems with the elements e-motion. It is a powerful endodontic motor,” she says.

The power to provide quality treatment
How the new elements™ e-motion endodontic motor enables optimal endodontic care. [by Laura Dorr]

The benefits
Dr. Ko has in fact integrated the motor into multiple procedural steps, including crown-down root canal preparation, glide path creation and the completion of root canal shaping. She has found it simplifies procedures not only for herself but also for her patients. “Other cored endo motor options I’ve tried were relatively loud, which can be unsettling for patients,” she explains. “The motors also didn’t have smooth operation, which makes procedures more difficult. However, the elements e-motion is much quieter and operates much more smoothly.”

And, thanks to the motor’s ergonomic design, the procedure itself will go more smoothly. Four mounting options for handpieces make it easy for left- or right-handed practitioners to customize to their needs and their operator’s setup. Additionally, the handpiece’s small head makes it easier to reach posterior areas and allows for more visibility.

Why you should invest in the elements e-motion endodontic motor
Overall, Dr. Ko thinks the elements e-motion is a good addition to any operatory. “I would definitely recommend the elements e-motion to other clinicians,” Dr. Ko says. “It is a powerful, complete and user-friendly system. Once you try the elements e-motion, it will be quite difficult to return to your previous endodontic motor of choice.”
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A simple and effective way to reduce sensitivity

Why reviewers gave Hemaseal & Cide Desensitizer a 100 percent acceptance rating. [by Daniel H. Ward, DDS]

Nothing is more frustrating than completing a beautiful restoration and having a call back from a patient saying the tooth was sensitive. All that artistry for naught! If we’re going to pour our creative talents into aesthetic procedures, we must make sure the patient is comfortable. After all, a sensitive yet beautiful restoration is a failure in our patients’ eyes.

Fifteen reviewers from Catapult Education were asked to test Hemaseal & Cide (Fig. 1) in their offices to see if the product fulfilled these four stated benefits:
1. Elimination of post-operative sensitivity
2. Superior disinfection of preparations
3. Enhancement and prolongation of bond strengths
4. Reduced microleakage

Studies have shown these benefits to be accurate, but only the post-operative sensitivity could be effectively evaluated in our initial clinical evaluations. The reported results were unanimous; the group voted with 100 percent acceptance, a rare event.

More than 150 restorations were placed using this product and none reported post-operative sensitivity from patients. The majority have worked with other formulations that reduce sensitivity, including those containing glutaraldehyde, chlorhexidine, benzalkonium chloride and potassium oxalates.

There are several reasons for post-operative sensitivity, but the primary cause is opened, unsealed dentinal tubules created during the bonding process (Fig. 2). This allows fluid flow within the tubules, which causes pain. HEMA, which is present in Hemaseal & Cide, increases the ability of primers to infiltrate the dentinal tubules, allowing better sealing of the tubules. This occurs while increasing bond strengths. Disinfection is important prior to the placement of a bonded restoration. Bacterial invasion can cause post-operative sensitivity, decreased bond strengths and secondary caries. Chlorhexidine is an effective broad spectrum antiseptic. Recent studies have demonstrated a wide inhibition zone around Hemaseal & Cide placed on agar plates inoculated with Porphyromonas gingivalis and Streptococcus mutans (Fig. 3). This was shown to be superior to several well-known glutaraldehyde containing desensitizers.

Long-term stability of dentin bonding agents has been a concern due to a number of factors. Matrix Metalloproteases (MMPs) and Cathepsins (cysteine proteases), which are present within dentin, become activated when exposed to acids. They subsequently attack and dissolve collagen, which is the dentin component of the hybrid layer, resulting in diminished bond strengths. Studies have shown a loss of up to 30 percent within the first year. Chlorhexidine, which is present in Hemaseal & Cide, has been shown to be effective in initially preventing dentin bond degradation due to protease activation.

Microleakage affects the longevity of composite restorations. Recurrent decay is the primary cause for their failure, often resulting in replacement sooner than other traditional metallic direct restorations. Studies have shown that HEMA results in lower leakage scores because it helps to rehydrate collapsed collagen fibers that may have been overdried during the dentin bonding process (Fig. 4). HEMA aids in better infiltration of the opened dentinal tubules with the bonding agent and a stronger hybrid zone (Fig. 5).

Hemaseal & Cide can be used in a number of clinical situations to seal the dentinal tubules, wet the dentin surface and desensitize the tooth. It’s indicated for use under direct restorative materials such as composites, glass ionomers and amalgams. It can...
be used on crown preparations after shaping or before seating. It’s effective in reducing cervical sensitivity.

Hemaseal & Cide is simple to use. Place several drops into a dappen dish and apply to the dentin using a brush. Agitate into the surface for 10 to 15 seconds. Suction away excess with high-volume evacuation or wick away with a brush leaving the surface slightly wet. Care should be taken to avoid splashing excess liquid onto the gingiva, as reddening may occur. Also, be aware there have been reported allergies in a few individuals.

When using under composites with the total-etch technique, the dentin should be etched, rinsed and then the Hemaseal & Cide applied (Fig. 6). This is followed by placement of the dentin bonding agent and the composite (Fig. 7). With the self-etch technique, the desensitizer is placed prior to dentin bonding agent placement.

With glass ionomers, the Hemaseal & Cide is placed after the dentin conditioner has been applied and washed. If no conditioner is used, place immediately prior to glass ionomer placement. Under amalgam restorations, Hemaseal & Cide is placed following tooth preparation immediately prior to amalgam placement. Suction or wick away excess, but leave the surface slightly moist.

Following crown preparation and/or prior to crown placement, Hemaseal & Cide is placed following tooth rinsing and excess moisture removal. If placed at the crown preparation appointment prior to seating the provisional, you’ll notice a significant reduction of sensitivity at the crown seating appointment, and you’ll often be able to seat the crown without anesthetics (Figs. 8-9). This is especially useful on lower molars since an inferior alveolar nerve block can often be avoided.

To use Hemaseal & Cide as a desensitizer, first treat the area with EDTA for 15 seconds and blot away the excess. Apply desensitizer for 15 to 20 seconds. For best long-term results, apply a dentin bonding agent and light cure (Fig. 10).

In summary, evaluators give Hemaseal & Cide the Catapult Vote of Confidence. It’s a simple, effective way to reduce sensitivity and enhance the lifetime of restorations, and it costs significantly less than other popular desensitizers. We recommend you try it to keep patients comfortably smiling and recommending you to friends.

ABOUT THE AUTHOR

Dr. Ward is in private practice in Columbus, Ohio. He is a fellow of the American Society for Dental Aesthetics, fellow in the Academy of General Dentistry and fellow in the American and International College of Dentists. He is a member of Catapult Education. He has lectured internationally and authored numerous articles in the field of proportional smile design. Email: dward@columbus.rr.com.
HOW TO ESTHETICALLY MATCH SURROUNDING TOOTH STRUCTURE WITH A SINGLE SHADE

Why one clinician enjoyed using OMNICHROMA to restore a compromised posterior tooth

[by Michael A. Miyasaki, DDS]

A COMMON NIGHTMARE CLINICIANS face every day has to do with shade selection of the materials we use in our patients’ mouths.

For most of us, gone are the days of silver amalgam fillings and gold crowns; our patients want naturally looking teeth. Natural today is relative to how many times they’ve bleached their teeth. This shade selection anxiety goes up when working in the well-lit and highly visible anterior smile zone.

Dr. Israel Abramov, of the City University of New York, has found that women are better able to discern hues and subtle color differences; therefore, I often rely on my female team members to confirm the color choices of the material we use. In my 30-plus years in practice, I’ve just accepted that I’d have to choose colors for the rest of my career, and one of my dreams would be to not have to worry about the color of the composite restorative materials I place.

Then, I was approached by Tokuyama Dental America to try its newest material, OMNICHROMA, a one-shade composite that it said would adapt to match the color of the surrounding tooth. Indeed, when I was told the company had a new material where one shade would be appropriate for almost every direct composite restorative need, I was very skeptical. Could a dream come true?

Tokuyama Dental has developed a composite material based on the concept of “wide color matching.” The company has created a single material that can cover a wide range of natural tooth colors.

This means savings with less time spent anguishing over composite shades as well as the monetary and space savings from not having to inventory so many different shades, each in varying degrees of opacity. After years of research and development, Tokuyama Dental has developed the very impressive OMNICHROMA composite, which can tour the simplest shade system I know of.

OMNICHROMA is a single-shade, structurally-colored universal composite. The single-shade OMNICHROMA has the ability to esthetically match the 16 classical VITA shades with Tokuyama Dental’s Smart Chromatic Technology, achieved using uniformly-sized 260 nm spherical fillers.

OMNICHROMA’s spherical fillers work as an additive color mixing system, which is different from most composites that use the subtractive color mixing system of pigments and dyes.

The subtractive color mixing system requires us to select a shade matching the tooth because the material color is established by pigment. Using the additive color mixing system, OMNICHROMA generates a red-to-yellow structural color equivalent to the surrounding natural tooth.

Sounds good, but we also know a tooth has many different opacities that make up its color. Typically, the dentin is more opaque than the more translucent enamel. The translucency of the enamel gives us a natural depth.

So, with most composite materials, we load up with the more opaque dentin shades, the more translucent esthetic enamel shades, perhaps a universal shade and others. Again, OMNICHROMA fills all these shoes, but with a caveat.

When doing a large Class III or IV restoration, the darkness of the oral cavity would make the restoration have the appearance of having a lower value (value is the relative lightness or darkness of a color). With the OMNICHROMA system, there’s OMNICHROMA BLOCKER to use as a lingual layer to maintain the higher value of large anterior restorations or to mask slight staining, unlike with most composite systems.

OMNICHROMA is appropriate for use in both the anterior and posterior teeth. The patient in this case report needed an occlusion amalgam replaced on a posterior tooth, and we elected to use OMNICHROMA as the restorative material to demonstrate its working qualities.

STEP 01 One carpule of 1.8 cc 2% lidocaine 1:100,000 epi was administered.

STEP 02 The tooth was isolated with a rubber dam (Fig. 1).

STEP 03 No time was taken to select the shade because we were using OMNICHROMA.

STEP 04 The tooth had areas of interproximal decay and the distal-lingual cusp was compromised. The amalgam restoration, decay and weak areas of the tooth were removed. The occlusal margins were beveled to improve the bond and color (Fig. 2).

STEP 05 Seek™, a caries indicator from Ultradent, was used to ensure there was no decay left behind (Fig. 3).

STEP 06 The tooth was then air abraded with Danville Material’s MicroEtch™ CD, a 27-micron aluminum oxide abrasive (Fig. 4).

STEP 07 The Triodont® V3 Sectional Matrix system was used to create the distal contact (Fig. 5).

OMNICHROMA

• OMNICHROMA is said to be the first universal composite that matches every patient’s tooth shade, from A1 to D4, with a single shade of composite
• Saves doctors time and money by removing the need for shade selecting and eliminating the need to keep excess product for incidental shades

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CIRCLE RS #46
STEP03 The tooth was selectively etched with Clinician’s Choice’s Max Etch, a 35% phosphoric acid. The etchant was placed on the enamel margin trying to avoid any significant phosphoric acid etching of the dentin (Fig. 6).

STEP04 The etchant was then rinsed off the tooth thoroughly and the dentin area of the tooth was kept moist. Clinician’s Choice G5 was scrubbed into the tooth for its antimicrobial, desensitizing properties (Fig. 7).

STEP05 Tokuyama Universal Bond from Tokuyama Dental America was placed on the tooth. Tokuyama Universal Bond is a two-bottle system that’s mixed in a well, and then the mixed bond is applied to the tooth (Fig. 8).

STEP06 A weak air stream was applied to the surface until Tokuyama Universal Bond stops moving, and then a mild air stream is used. There’s no need to light-cure the bond before placing the OMNICHROMA composite material. Using Tokuyama Universal Bond saves chair time and negates the concern about curing light shadowing (Fig. 9).

STEP07 A small amount of Estelite Universal Flow from Tokuyama Dental America flowable composite in Medium Flow was placed on the enamel margin. The etchant is placed where the tooth was darker on the preparation floor (Fig. 10). Then, OMNICHROMA composite was placed incrementally.

STEP08 OMNICHROMA BLOCKER, which is more opaque, was placed where the tooth was darker on the preparation floor, allowing for its ideal contouring. Before it is cured, OMNICHROMA will typically appear more opaque and white than the surrounding tooth structure but will blend in, becoming semi-transparent, when it’s cured.

STEP09 Each increment of composite was cured with Ultradent’s VALO™ Grand curing light (Fig. 13). Complete curing is critical when working with any light-cured composite material.

STEP10 Once the preparation was completely filled, the occlusal surface was polished with Clinician’s Choice’s A.S.A.P. polishers.

STEP11 Using composite instruments, such as Dr. Ronald Jordan’s, allows me to work with the composite materials without sticking (Fig. 12). It should be noted that even when exposed to ambient light, OMNICHROMA had sufficient working time, allowing for its ideal contouring. Before it is cured, OMNICHROMA will typically appear more opaque and white than the surrounding tooth structure but will blend in, becoming semi-transparent, when it’s cured.

STEP12 TOKO® DentalProductsReport.com and click “Subscribe.”

STEP13 Complete curing is critical when working with any light-cured composite material.

STEP14 Polishability is easily achieved, and both patient and clinician are pleased with the results after restoring a compromised tooth.

STEP15 When it’s cured.

STEP16 Otherwise it’s cured.

STEP17 This case demonstrates that OMNICHROMA excels in many areas. It handles very well, and the single shade has excellent esthetics with the surrounding tooth structure. Polishability is easily achieved, and both patient and clinician were pleased with the results after restoring a very compromised tooth (Fig. 14).
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RESTORATIVES

HOW TO ACHIEVE ESTHETIC SUCCESS WITH OPAQUE COMPOSITE RESINS

Use the Goldilocks principal to mask dark underlying structures and obtain “just the right” result. [by Taiseer Sulaiman, DDS, PhD]

INTRODUCTION

Contemporary materials in dentistry have evolved to become increasingly more cutting edge and accessible, whether helping to simplify procedures, enhance esthetics or advance our restorative techniques.

Composite resins are a great example. They’re becoming easier to handle, more durable and providing better esthetics for our patients. The newest generation of composites also features improved versatility and simplicity. In some cases, they give us the tools we need to mask dark underlying substrates while still achieving an esthetic final result.

While the benefits of opaque composite resins have been widely known for years, these materials have historically been available only in flowable viscosities. While there are some advantages to a flowable viscosity, there are also drawbacks.

Specifically, controlling the thickness may be challenging as well as controlling the placement of a lower viscosity resin. Gravity sometimes causes the material to run or slump away from the discolored area we’re attempting to mask.

Fortunately, 3M™ has designed a pink opaque (PO) shade, available with its newest universal composite, 3M™ Filtek™ Universal Restorative. The pink opaquer features a more viscous consistency, so the material is less likely to pull away from substrate needing to be masked and is easy to apply in a controlled thickness. Along with the consistency, the opaquer has been designed to block out dark substrates when applied in a layer only 1-mm thick.

Because the pigmentation has been designed to increase the opacity of the composite resin, you’ll need to increase the amount of time you spend light polymerizing the restoration (1 mm requires 20 seconds with an LED curing light versus 10 seconds for the Filtek Universal Restorative body shades). This will ensure enough light energy penetrates through the restoration to secure a successful polymerization.

Opaquers are essential to use in any situation where there’s underlying discoloration present. This discoloration can occur for a variety of reasons, such as dark existing tooth structure, amalgam restorations, implants or metal restorations where the ceramic has chipped off to name just a few.

This photo series showcases the use of Filtek Universal Restorative pink opaquer when applied using the Goldilocks principle: Applying a layer that is not too thick or too thin...but just right. Using the technique I’ve outlined below, you’ll be able to achieve highly esthetic outcomes using the new Filtek Universal Restorative Pink Opaquer in combination with Filtek Universal Restorative body shades.

PROPER USE AND APPLICATION OF PINK OPAQUER AS A FUNCTION OF THICKNESS

In order to successfully mask dark discolorations when placing direct composites, the pink opaquer should be carefully applied. If applied in too thin a layer, the opaquer will not properly hide the dark underlying structure. If applied in too thick a layer, there will not be enough room for the body shades of the composite to cover the opaquer and the final esthetics will be less than ideal. However, when applied correctly, the opaquer will mask the discoloration while the composite resin will match the natural tooth structure, resulting in a restoration with an optimum esthetic outcome.

CAVITY PREPARATION:

Step 1: After evaluating the soundness of the tooth, the shade is determined prior to any preparation (in this case, the shade was A2), add retentive features within the amalgam and ensure the presence of an enamel bond. In order to optimize the bond of the composite to the amalgam, retentive features may be added through mechanical or interlocking grooves, roughening the surface with a diamond bur, or sandblasting the area to be restored (Figs. 1-3).

TOO THIN PINK OPAQUER:

To showcase what happens when we apply the pink opaquer in too thin a layer, roughly 0.5 mm of the opaquer was placed into the cavity. The final outcome is a restoration that didn’t successfully block out the silver amalgam restoration underlying the composite and resulted in a tooth with a grayish hue (Figs. 4-7).

TOO THICK PINK OPAQUER:

On the other hand, applying too thick a layer of pink opaque will result in a final esthetic result that appears too opaque. To demonstrate this phenomenon, 2.5 to 2.7 mm of the pink opaquer was applied to the tooth and cured in 1-mm increments per the instructions for use. Keep in mind the entire cavity is roughly 3 mm. As a result, approximately 0.3-
AT A GLANCE

1. Premolar tooth restored with a proximal amalgam restoration.
2. Amalgam restoration with facial fracture and retentive features shown.
3. Showing the depths of the prepared cavity (entire depth is roughly 3 mm).
4. Thin layer of pink opaquer has been applied. Layer of opaquer is roughly 0.5 to 0.7 mm in thickness.
5. Facial view of thin pink opaquer layer.
6. Final result of the thin layer of the pink opaquer (facial view).
7. Final result of the thin layer of the pink opaquer (side view).
8. Thick layer of pink opaquer has been applied. Layer of opaquer is roughly 2.5 to 2.7 mm in thickness.
9. Final result of the thick pink opaquer layer (facial view).
10. Final result of the thick layer of the pink opaquer (side view).
11. Ideal layer of pink opaquer has been applied. Layer of opaquer is roughly 1.0 mm in thickness, which leaves ~1.5 to 2.0 mm of space for conventional composite resin to be added on top of pink opaquer.
12. Final result of the ideal pink opaquer layer (facial view).
13. Final result of the ideal pink opaquer layer (side view).
to 0.5-mm space remained for the final body shade of Filtek Universal Restorative. While the thick layer of pink opaquer successfully blocked out the dark amalgam, the final layer of composite was too thin to mask the pink opaquer, which resulted in a final restoration that lacks vitality (Figs. 8-10).

**IDEAL APPLICATION:**

Now that you’ve seen the results of pink opaquer application that was both too thick and too thin, I’ll highlight an aesthetic restoration you can achieve with the proper application.

For a 3-mm cavity, the ideal layer of the pink opaquer is roughly 1-mm in thickness. This will leave around 1.5- to 2-mm of space for the body shade of Filtek Universal Restorative to be placed on top of the pink opaquer. The final result is a restoration that mimics the natural tooth structure and effectively masks the amalgam restoration (Figs. 11-13).

**CONCLUSION**

One of the challenges we tackle when working with composite resin materials is to achieve esthetic outcomes for our patients. To achieve the best result, we must manage the depth of the composite layers. Knowing we’ll need roughly 1-mm of space to apply the pink opaquer to mask dark tooth structure or metal, it’s important to measure the entire depth of the cavity prior to placing the opaquer. This will ensure you’re able to apply the pink opaquer to the proper level of thickness in order to leave enough room for the conventional composite to mask the opaque layer (1.5–2 mm is optimal).

This photo series demonstrates the highly esthetic results that are possible when using Filtek Universal Restorative Pink Opaque. However, if too much opaquer is used, the final restoration will look dull and lifeless. If too little opaquer is used, the final result may be too gray due to the shine through of dark dentin or metal. However, when the proper layer of opaquer is applied, the final result is a highly esthetic restoration that properly covers the underlying dark substrate and mimics the brightness and vitality of natural tooth structure.

**Goldilocks principle**

The Goldilocks principle states something must fall within certain perimeters, in contrast to reaching extremes. When the effects of the principle are observed, it’s known as the Goldilocks effect. The Goldilocks principle is an analogy taken from the children’s story “The Three Bears.”
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Omnichroma simplifies each day. Innovated to color-match like you’ve never seen before, our unique dental composite is the first formula to match every smile from A1 to D4 with just one shade of composite.

Every shade. One choice.

Class II

Class V

Case images courtesy of Dr. James Chae, Diamond Bar, CA

*Limit one sample kit per doctor. While supplies last. Offer valid until 12/30/19. Please allow 4-6 weeks for delivery of complimentary goods. Offer valid in US and Canada only. For evaluation purposes only. Participating doctors or dentists are obligated to properly report and reflect any bonus product, rewards, rebates, discounts or other benefit they receive on their submissions to Medicare, Medicaid, state or federally funded healthcare program and/or private insurance.

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Patients with edentulous arches are prevalent in today’s society. But with the advent of implants, more patients are able to have similar form and function to what they were previously accustomed. Within our dental program, we wanted to find a material and system that would allow optimal outcomes and allow our predoctoral students to complete cases from start to finish.

Complete edentulism is a multifactorial concern for a patient’s physical and psychological health. Our patients’ chief complaints with total edentulism and the available prostheses are the following: loss of taste; difficulty chewing efficiently; maintaining stability and adherence to soft tissue and bony structures; speech concerns; texture of prosthesis; size of soft tissue and bony structures; speech complaints with total edentulism and the psychological health. Our patients’ chief concern for a patient’s physical and psychological health. Our patients’ chief concern for a patient’s physical and psychological health.

Finding the right materials to create a simplified restorative workflow for predoctoral dental students.

Previous patient retrospective studies found some patients didn’t like the bulkiness of the fixed hybrid restoration and the resulting time-consuming maintenance needed to retain proper oral hygiene. Material tests
TRINIA blocks were obtained from commercially available stock, and a Beuhler IsoMet® 5000 slow speed rotary diamond linear precision saw was used to cut 0.25 mm thick samples from the block in directions parallel to, perpendicular to, and 45° to the long axis of a TRINIA block. Samples were placed into dimethyl sulfoxide (DMSO) solvent for 30 days, sputter-coated with gold, and imaged in a scanning electron microscope (SEM). Fiber orientation and the interaction between fiber and polymer were photographed (Figs. 1-2).

To measure the flexural strength of TRINIA, blocks were cut into microtensile bars following ISO 4049. The resulting bars were individually measured using an electronic digital caliper. Specimens of TRINIA with final dimensions of 2 x 2 x 25 mm (+/- 0.1 mm) were made without regard to orientation of the cut within the block. Specimens were stored in reverse osmosis (RO) water at 23°C for 24 hours before flexure testing. A universal testing machine was used to perform 4-point-bend testing (crosshead speed = 0.5 mm/min). Flexure strength and flexural modulus were reported. Data was analyzed using two factor ANOVA along with post-hoc tests (Table 1).

TRINIA displayed densely packed perpendicular bundles of interwoven fibers. These bundles ran continuously in both directions regardless of the orientation of the sample cut.

patients wanting a fixed hybrid type of prosthesis present to our clinic on a regular basis. These cases can be very complex in a graduate program but can be insurmountable in a predoctoral program. We set out to find an implant system and restorative material suited for faculty guided predoctoral procedures.

Because of the patient pool’s concern for metal allergy, we were also looking for a metal-free option. In dealing with edentulous maxilla and mandibles, there’s a wide array of treatment options to consider. Our goal was to stay away from complicated procedures such as bone augmentation or distraction osteogenesis. Short implants have had very good success rates and could reduce the restorative complexity for our patients. In addition, the material for the prosthesis needed to be forgiving, repairable and relatively easy to seat in the mouth. The combined Bicon SHORT® implant system and the TRINIA fiber-reinforced hybrid resin material showed great promise as a solution. Before placing the fiber-reinforced composite substructures in patients, we performed in vitro studies to determine the material’s flexural strength and flexural modulus. We compared those to zirconia and cast metals. Having a flexural modulus similar to bone would be advantageous in that it would allow the two systems to work in synergy and preserve bone support around the implants while reducing post placement chipping and fractures of teeth and the substructure. A second concern was the material should have a density similar to bone in order to help the patient have a more natural feeling, as if they had their own dentition.

Finding the right materials
It’s estimated 30 percent of adults over the age of 65 are edentulous, especially in underserved communities. Edentulous patients wanting a fixed hybrid type of prosthesis present to our clinic on a regular basis. These cases can be very complex in a graduate program but can be insurmountable in a predoctoral program. We set out to find an implant system and restorative material suited for faculty guided predoctoral procedures.

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TRINIA displayed densely packed perpendicular bundles of interwoven fibers. These bundles ran continuously in both directions regardless of the orientation of the sample cut.
1. Scanning electron micrograph showing “layers” of woven fibers. Each of these layers has glass fibers running into and parallel to the image plane, similar to the warp and weft of fibers in a woven textile.

2. A lower magnification scanning electron micrograph of one of the sections through the TRINIA material. Notice that the cut shows four “layers” of woven fibers.

3. A radiograph of Patient 1 upon initial evaluation.

4. A radiograph of Patient 1 before uncovering of implants.

5. An intraoral photograph of the four implant abutments at time of first seating of the TRINIA prosthesis for Patient 1.

6. A photograph of Patient 1 at time of seating of TRINIA prosthesis.

7. A photograph of Patient 2 at initial consultation.

8. A radiograph of Patient 2 at initial consultation.

9. A radiograph of Bicon implants and abutment at time of initial try in of the TRINIA fixed hybrid prosthesis.

10. An intraoral photograph of mandibular arch of Patient 2 with healing caps over the Bicon implants showing the AP spread established in this case.

11. Patient 2 at delivery appointment of Maxillary and Mandibular TRINIA prosthesis.

AT A GLANCE
The following case studies demonstrate an example of a difficult restorative case for a prosthodontic dental student made simpler with available products and techniques. We found Bicon SHORT Implants and TRINIA metal-free substructures are a strong combination when used for completely edentulous patients.

**PATIENT 1**
A 71-year-old male presented with a full maxillary denture and retained lower left canine and lower right first premolar (Fig. 3). He desired a semi-permanent solution to improve fit, function of upper and replace all missing teeth on the lower.

An initial panoramic radiograph was taken for surgical and restorative planning purposes. The patient and doctor discussed options and it was decided a new maxillary full denture and a fixed hybrid prosthesis on the lower arch would be acceptable treatment options.

The patient’s medical history was evaluated for a mandibular fixed hybrid prosthesis using four Bicon implants and a TRINIA substructure. A CBCT revealed adequate bone for implantation and reviewed clinically after properly dissecting the mental nerve to avoid paresthesia. Four implants were placed through the anterior to increase the AP spread. Mandibular full thickness mucoperiosteal flap across the ridge was released and mental foramen were identified bilaterally. The posterior implant was placed 5 mm anterior to the mental foramen. All sites were prepared, checked for parallelism and enlarged to receive four implants each 4 mm x 8 mm with a 2.5 well (Fig. 4).

After normal healing and integration, 5 x 5 mm healing abutments with 2.5 mm wells were placed. At the impression appointment, the sulcus was prepared using a sulcus reamer and a PVS impression was taken and sent to the lab. The patient was happy with the wax try-in and the lab was instructed to finish the case. Delivery was uneventful (Figs. 5, 6).

At the one-month, post-op appointment the patient reported being able to eat corn on the cob and was happy with the fit and function of his hybrid, and the prosthesis continued to perform properly at subsequent follow-up visits.

**PATIENT 2**
A 67-year-old male presented with an existing maxillary full denture and mandibular fixed partial denture (Tooth Nos. 22-27) with pain and suppuration on abutment teeth supporting the FPD (Figs. 7, 8). All existing abutment teeth were carious and periodontally involved. It was decided with the patient the best treatment option would be to extract the remaining mandibular teeth. All options were presented to patient and patient desired a fixed hybrid for both arches.

All dental records were taken including a CBCT which revealed inadequate bone height for traditional implant lengths. The decision was made to use four Bicon SHORT implants with a TRINIA framework and Ceramic teeth from Nobel.

Surgical guides were fabricated using Anatomicase software. A maxillary sinus lift was performed on the upper right and left quadrant areas using a lateral sinus window approach. Bone grafts were placed with 50/50 allograft and xenograft with a PRP membrane. After normal healing time all remaining mandibular teeth were atraumatically removed and socket preservation performed using non-degradable bone grafting material and CollaTape. The patient was fitted with interim full dentures on both arches.

Healing occurred without incident and an appointment was made for implant placement. The maxillary arch received two 5 x 6 mm, one 3.5 x 8 mm and two 4 x 8 mm Bicon SHORT Implants during the first implant placement appointment.

The implant in the upper left area was placed as a precaution against the possible loss of one in the premolar area. All Maxillary implants successfully integrated.

At a second appointment, four Bicon SHORT implants, three 4 x 6 mm and one 3.5 x 8 mm were placed in the mandibular arch (Figs. 9, 10). After normal healing time both the maxillary and mandibular arches were fitted with a fixed hybrid prosthesis fabricated from a TRINIA substructure and Ceramic denture teeth. The patient was happy with the fit, function and comfort (Fig. 11).

**Conclusion**
The previous case studies demonstrate difficult restorative cases made easier with the products and techniques now available. Using Bicon SHORT Implants and TRINIA metal-free substructures in our predoctoral clinics has become a successful combination for completely edentulous patients.

TRINIA telescopic prosthetic material has revolutionized the ability for our predoctoral students and general practitioners to be successful with all-on-four semi-removable prosthetic appliances. This combination is a great option for patients who do not want any metal prostheses in their mouth, but want a semi-permanent restoration when edentulous. Many patients comment that their new fixed-hybrid feels very similar to their original teeth because they do not have the additional weight of a metal framework. This product has a lower flexural modulus than zirconia, and can be used with a greater distal cantilever on the prosthesis without undue torque or component failure. Having a material with a flexural modulus close to that of bone allows it to bend at relatively the same rate and helps to maintain healthy bone support around the implants; but more importantly this allows the patient to function similar to when they were dentate. TRINIA has high flexural and compressive strengths. It is also easily adjustable chairside and can be bonded for exact fit.

Using the Bicon implant system and telescoping crown abutments, the TRINIA base is a perfect match. Within the system of four implant copings, two are passive and two are retentive. The patients report the restorations feel natural, lightweight and chew and function similar to their natural dentition.

Our in-vitro findings demonstrated TRINIA could not only withstand the compressive and functional loads placed upon it during mastication, but it had a more favorable flexural modulus when compared to metal or zirconia materials.

Patient satisfaction has been noted to be highly positive to the use of these two materials as a system. Patients especially appreciate the similar density to bone, so there is a weightless feeling to the prosthesis similar to natural dentition.

One of the most important physical characteristics of TRINIA is its isotropic mechanical properties. Deformation in the mouth is significantly reduced due to the interwoven glass fiber mesh contained in the resin matrix. The torque on the mandible is negligible because of the matched modulus. These two properties allow a greater distal extension on the substructure, which in turn allows for safety and more predictable implant for predoctoral dental students.

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Technology experts tell you what you need to know about selecting and getting the most out of your software.

by Terri Lively
SOFTWARE FOR YOUR PRACTICE ISN’T AN INSIGNIFICANT INVESTMENT. IT’S A BIG ONE. NOT ONLY THAT, SOFTWARE DICTATES HOW YOUR PRACTICE WILL OPERATE IN THE FUTURE. AS A RESULT, IT CAN BE OVERWHELMING.

We spoke to technology experts to get their take on how practices should manage a software search and acquisition for their practice. We also learned some of the insider secrets that can help a clinician make the best decision possible for one of the most critical decisions for his or her operations.

“It’s one of the biggest decisions you’re going to make for your future as a group,” says Mike Uretz, executive director of Dental Group Partners and founder and editorial director of DentalSoftwareAdvisor.com. “If you do it wrong and get the wrong vendor and get the wrong software, there are a lot of bad repercussions.”

Uretz helps group practices and DSOs find new software for their operations and has been for more than 20 years. He says the software field in dentistry has evolved from straight practice management for operations in the past to including more robust clinical features and functionality today, including electronic health records and clinical analytics, which support improved patient care.

“It’s important that when we talk about looking for software, we need to understand where healthcare and specifically dentistry is going. Do not just look at practice management functionality that supports administrative and financial areas but also look at the clinical applications,” Uretz says.

John Flucke, DDS and technology editor for Dental Products Report, believes getting your staff members involved is crucial to your process. You want their buy-in to any changes that occur in the software. You also want to ensure it does what they want. Having the support of the team to make the change will make the integration and all the related pain points go smoother than if you surprise them with it.

“Human beings don’t deal with change very well,” Dr. Flucke says. “Getting the staff involved in that and saying, ‘Yes, we understand there’s going to be some pain with this, but the long-term benefit for everybody involved is going to be so much better.’”

Beginning your search

Uretz says when you look at new software, there are many factors to consider. These include:

1. The functionality: Does it do what you want it to do?
2. The navigation and UI: Is it easy to use?
3. Technical analysis: Does it use “scalable” state-of-the-art or older technology?
4. Implementation/training: Does the vendor have an implementation and training plan?
5. Support: Do they have a support agreement that outlines remedies for you should their support be sub-par?
6. Contract: Does it have your best interest at heart?

Dr. Flucke says to consider all the team’s needs when picking software for the functionality. For example, if you love the way it charts, but the accounting staff need reports the software can’t produce, it’s not the right choice.

“You need to be aware of all those facets of it. Sometimes, for doctors, that can be hard,” Dr. Flucke says.

Uretz says one of the significant areas he always considers is the technical analysis.

“You can have software that looks good to a layperson, like a dentist or an administrator, but the technology might be very old or proprietary. Also, it might not be scalable, and when you grow, you might be stuck with something badly technically five years from now,” Uretz explains.

In other words, he ensures that his clients don’t buy software that looks like a Ferrari but with the engine of a Volkswagen.

Implementation and training follow because none of the other things matters if it’s not installed correctly and your team doesn’t know how to use it. Plus, it can take a long time to get what you need. Uretz says it’s vital to look at the software company’s implementation and training plans and ask about how they work.

Support is another area Uretz says people sometimes neglect. However, it’s critical because you need to know if you have a problem if there will be someone at the software company who’s going to take care of it on a timely basis.

“When you are selecting software, look at the company, talk to references and find out how they support, as well as what guarantees there are,” Uretz says. “Find out how they support you when there is a problem.”

After you have considered all these aspects, Uretz says the contract itself is essential. You have to make sure it includes all the right steps that are logical.

“Make sure it’s a good fit,” Uretz says.

The decision process

Uretz works through this decision process a lot with clients. He starts with a needs requirement analysis. He talks with all the departments to determine what they need and how software features can help them. Uretz also has them list what they liked about what their previous software did. The result is a list of what the practice is looking for regarding features and functionality.

Dr. Flucke agrees that a needs analysis is key to the decision process. He advises doctors to consider all the factors of the software rather than the ones they like best.

“A lot of doctors get hung up on the clinical part of things, and I think that’s good,” Dr. Flucke says, including himself in that group.

“But, sometimes doctors don’t get hung up on the business side of things, and we need to pay attention to that as well.”

Dr. Flucke encourages taking a detailed look at the competition by comparing and contrasting features. In particular, he says to see what you gain, but also what features you lose if you make a change.

MORE THINGS TO REMEMBER ABOUT SOFTWARE SELECTION

Mike Uretz, executive director of Dental Group Partners and founder and editorial director of DentalSoftwareAdvisor.com, advises practices not to “shoot from the hip” and think what you see is what you get. Make sure it can do what you want with the software. He offers five observations that have helped his clients prepare for the process.

1. There’s going to be some work. You can’t just wake up, talk to a salesperson and spend money on software. You need to do the steps of analysis to make an informed decision.
2. Think ahead. Don’t be short-sighted and consider all the possibilities and what you might need.
3. Be committed. The process takes time and needs to have someone driving it to its conclusion. If you wait in and out of progress, it can get lost along the way.
4. Run the demos. It would be best if you take control of the demonstrations to ensure the software does what you want to do, how you want to do it.
5. Negotiate, negotiate, negotiate. There’s more wiggle room in pricing and contracts than you might think.
“You sure don’t want to have some function that somebody in the office really leans on and then suddenly have that function disappear because you need a change,” Dr. Flucke says.

Dr. Flucke also recommends making a list in these type of decision-making situations. Make a list of pros and cons for each system you have under consideration. Once you eliminate one of the options, redo the list again for the remaining systems to narrow it down further.

“I would sit down and do the standard accounting chart where you just balance the credits and debits the pluses and minuses,” Dr. Flucke says. “It becomes much more black or white because you see everything.”

The next step per Uretz is a request for proposals (RFPs). Using the list from the needs analysis, ask vendors to tell you what they do and don’t have from the list. Then, you get a proposal from them in writing with all the details, including technical framework and the areas of training and support.

Based on the RFPs, Uretz has the team narrow down its options to the top two or three and has it schedule demonstrations. Here is where Uretz says the practice and groups make their biggest mistakes because they let the salespeople show them what the salespeople want them to see. Instead, Uretz says it’s vital for the practice or group to ask to see various features and functionality they need and only let the salespeople “drive” the software. He recommends having people from all the departments present with specific tasks they want to see in the software to ensure the software does what the team at the practice wants it to do.

Dr. Flucke takes a different approach. He asks the reps to tell him why they have a better product than the other options. He also says you should contact your current company and let them know you’re considering a change.

“Theoretically, you might be looking for solutions that your system already offers, and you just don’t know it,” Dr. Flucke says.

The last step is negotiating the contract between the top two software providers. Uretz says it’s an excellent way to determine if the companies are going to work with you or not. From there, you can choose the proper vendor.

“People don’t like to do the work; they don’t like to spend the time,” Uretz says. “But, these are the logical steps you take to get to a good decision.”

The secret to integration

Even though you might be integrating third-party applications and devices in your initial implementation, it’s critical to think ahead about what you might be integrating in the future. To prepare, Uretz recommends having a discussion about any future plans with your potential vendors to see if they can integrate everything you plan on adding. He also says talking to current users is a good idea, too.

Uretz says many times, practices don’t plan enough ahead to see what their need might be after they implement the software. Imaging is an example. Some practices buy software knowing they’ll likely buy a new imaging device in a year but don’t check to make sure the vendor can interface with it and what the cost will be. Sometimes, this oversight can lead to extra unexpected expenses when it comes time to integrate after the original deal is inked. The more you know about what your needs might be in the future, the better when negotiating your deal.

“When you are selecting software, try to think of everything you are going to do in the future to the extent you can,” Uretz says. “If you can, you are going to save yourself money and headache if you know ahead of time before you do the deal.”

Dr. Flucke agrees, adding that when you’re planning a software change, be sure you know who makes your sensors. Sensors are intrinsically critical to the whole operation.

“There are certain sensors that just don’t get along well with certain operating or certain practice operating systems, and you need to know that,” Dr. Flucke explains. “One of the things that I would do right out of the gate is that I would call the sensor company.”

Another area that’s growing in practice software is the direct integration of electronic clearinghouse for claims processing. Some vendors have relationships that allow for payments processing for insurance claims to occur electronically. In other words, the software you buy integrates automatically with the clearinghouse interface, creating a seamless experience for the practice.

However, Uretz says not all software companies have this level of integration with the clearinghouse, so you need to check with your vendor.

Uretz says when it comes to integrating third-party systems into software, it’s more easily done in the cloud. A number of third-party applications have emerged that handle such functions as social media, customer service, analytics, patient education and CRM (customer relationship management).

Dr. Flucke agrees that over the past five years, the cloud has gained traction over systems housed on servers in the practice. He thinks a couple of excellent benefits of a cloud-based system include no backups and fewer hardware compatibility issues because the interface is handled through a browser.

“From the standpoint of still using the old-fashioned client-server model that a lot of us are still on, you need to upgrade your stuff from time to time to stay current,” Dr. Flucke says.

In the past, Dr. Flucke says updating hardware was necessary from a memory standpoint. These days it’s essential from a security standpoint. The operating systems keep evolving to keep the bad guys out of our networks and that requires you to update the operating system with all the security patches constantly, and that aspect does take advantage of the latest and greatest in hardware,” Dr. Flucke says.

Networking is another critical consideration per Dr. Flucke. It would be best if you had the fastest cabling you can find, such as Category 6 Ethernet (Cat 6) to move your data and your images around efficiently.

“We’re getting more and more stuff we have to move around our networks like Cone Beam imaging and things like that, and you don’t want to wait five minutes for something to load when you can wait 15 seconds,” Dr. Flucke says.

Timing is everything when you go live with the new system, Dr. Flucke says. He suggests building a buffer to work out the kinks once you go live. Have the install on a Friday, so you have the weekend to tinker with everything or blocking out the first few appointments the next day after the install.

“I know you’re going to leave some money in the production there, but come in and make sure everything works,” Dr. Flucke says. “The time to find out you can’t take all the photos and your sensors don’t work is not when the 8 a.m. patient is in the chair.”

Dr. Flucke also advises dentists to consider why they’re making a change. If they aren’t gaining a ton of benefits to patient care, clinical outcomes or operations efficiency, maybe table the move for the time being.

“If you are replacing things, look at improving things,” Dr. Flucke says. “Don’t replace things just for the sake of replacement.”
CS PracticeWorks

Designed to maximize efficiency and productivity, CS PracticeWorks helps everyone in a dentist’s office work in sync. Practice Central provides patient information, as well as custom views of the day’s critical tasks for team members. Office Expert gives a management-level summary of recent activity. Every morning, Office Expert automatically prioritizes these issues, identifies the ones that need immediate attention and provides suggestions for resolving them.

THE SECRET: Bulk Archiving Claims

Users can easily archive all claims with a status of Refused, Collected, Dead claim or Not sent at once. It’s recommended users archive claims with a date range from one to two years old. To bulk archive claims open the Insurance Claims window and select the filters: Refused, Collected, Paper and Electronically. Claims with a status of Waiting to Submit or Submitted cannot be archived. Use the date range and additional filters to define the list. Next, click Filter Claims. The filtered list is displayed and the Archive buttons are activated under Claim actions. Select a claim from the list and click Archive claim or click Archive all. Next, click OK. When the process is complete, a prompt is displayed asking if the user wants to reset the filters and view the other claims. Finally, click OK and the Insurance Claims window will display only claims that have not been archived.

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CIRCLE RS #52

DentiMax Practice Management Software

DentiMax Practice Management software is intuitive, flexible and powerful. From registering a new patient, to viewing X-rays while treatment planning, to understanding the patient’s financials, DentiMax flows just like your office. The software is packed with easy-to-use but comprehensive features such as e-Rx, electronic patient registration, live patient insurance updates, patient texting and electronic document signing. With cloud-based solutions, you don’t have to worry about upgrades or servers—you data is secure, and your software is always up to date.

THE SECRETS: Family ties

Connecting or separating family members can be a real chore, but DentiMax made this task simple. In DentiMax, a common Head of Household connects people as family members. For example, mom could be the designated Head-of-Household (HOH) for each family member’s profile. The bill for the family would be in mom’s name if you ran a family statement, but dad can be the subscriber for the insurance. When you view the ledger for any patient in this family, you can view the patient data or the entire family account by checking or unchecking the “view family” box. The same box is available when you go to post a payment or print a statement. To separate a grown child into his or her own account, you select that he or she is the head-of-household. The prior insurance subscriber information can remain the same. Just check one box, and you have the account updated, patients connected or disconnected, and all of your billing perfected.

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CIRCLE RS #53

Dentrix G7 featuring Smart Image

A powerful, feature-filled practice management platform, Dentrix G7 is designed to manage all the front desk, clinical and business management tasks of any dental practice. Features are designed for simple integration with straightforward workflows allowing a practice to coordinate and manage scheduling, billing and insurance claims while making it simple to manage patient charts, clinical notes, treatment plans and communications with dental labs. Business tools allow a practice to set goals and track progress to guide and manage every aspect of a thriving dental practice.

THE SECRET: Automatic image coding

Dentrix Smart Image expands your ability to provide quality care by connecting your clinical and financial process into one efficient workflow. When you acquire diagnostic images, Smart Image automatically associates them with the correct CDT codes for accurate billing, and displays them in the patient chart. Now, the patient’s 2D and 3D images can be accessed without leaving Dentrix. Connecting the CDT codes with the images saves you time from manual entry and helps you get paid for the procedures you perform. The feature is designed to improve coding accuracy while enhancing office efficiency to maximize each clinician’s time and reduce duplicate data processes.

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CIRCLE RS #54
Apteryx XrayVision

Apteryx XrayVision allows you to acquire, store, optimize and enhance clinical images captured from all of your imaging devices, including digital intraoral sensors, phosphor plate scanners, digital panoramic and cephalometric systems, flatbed scanners and intraoral/extraoral cameras. Featuring an open-architecture design that allows for direct integration with the most widely used brands of imaging technologies, Apteryx XrayVision delivers the freedom to choose which imaging device brands work best for your practice. XrayVision integrates with all practice management systems, so patient data is easily coordinated between your management and imaging software.

THE SECRET: Open-architecture integration with imaging devices

Apteryx XrayVision’s open-architecture design is a great feature of the software. The ability to directly integrate with imaging devices from most major manufacturers makes XrayVision unique. The majority of imaging software systems feature proprietary integration that makes the use of third-party technologies more difficult. XrayVision users can use digital sensors, intraoral cameras and other technologies from a wide variety of manufacturers in one software without sacrificing workflow efficiency.

MacPractice DDS Gen 11

MacPractice DDS Gen 11 is practice management and clinical software for dentists who prefer to use Macs, iPads and iPhones. Its all-in-one design enhances workflow, simplifies tasks, and protects patient information from ransomware and PC malware. MacPractice received the highest user satisfaction from Clinician’s Report (92 percent), including return on investment and clinical, business and overall satisfaction. It optimizes workflow to enable practices to focus on delivering the best patient care. New Gen 11 services include integrated two-way texting for patient communication; integrated credit card and other payment processing through TSYS; and enhanced integration with Jive phone system.

THE SECRET: Security and savings only a Mac can provide

Running your practice on macOS software has never been more affordable. Apple’s user-friendly design, ease of use and native security has never been more popular. Healthcare cyber attacks are growing in 2019, especially Windows ransomware. Employees are frequently culprits of breaches that can infect their PC and potentially every device they are connected to in the office or cloud. Because most cloud servers run Windows and this server is shared with multiple Windows users, it is vulnerable to Windows ransomware and other malware. Studies show Macs require less on-site and remote IT support and users are far more satisfied.

Patient FastTrack

Initially launched in 2018, Patient FastTrack is a fully HIPAA-compliant, convenient way for new dental patients to register right from their mobile devices and save both patients and caregivers time and effort. This system can simplify the patient registration process and reduce the amount of time patients spend waiting for their appointments. It’s simple for patients to access and complete your customized registration form on their own, and the software makes their information easily and securely accessible for the practice.

THE SECRETS: Customer-driven enhancements

The following new features were all developed as the direct result of customer feedback. Customizable Questions: Practices can now choose the patient info that matters most to their practice, from insurance and medical history to contact info and more. Editable Patient Agreements: By request, the default privacy/financial agreements can now be edited—or new agreements added. And all agreements can be quickly and conveniently signed by patients right from their mobile device. PMS Autofill: Patient data is securely delivered to the clients’ Lighthouse portal, and for select software, that info can now be directly entered into their patient management software. Improved Patient Forms: Lighthouse added top requested fields such as insurance info, plus streamlined the patient experience for even simpler registration.
Medcohere
As administrative work continues to grow in dentistry, many dentists find themselves compromising the time they spend with their patients. Medcohere offers a completely paperless office solution for healthcare providers, including both dentists and physicians, so you can focus on the most important aspect of your practice. Medcohere is built to revolutionize healthcare by eliminating redundant chores and processing office tasks instantly through connecting providers in real time.

THE SECRET: Real time referral reporting
With its built-in analytics feature, Medcohere provides real time reports on referrals, eConsults, patient numbers, and more. Oversee referral statuses, referral volumes, and completion rates to ultimately increase the number of patient cases accomplished. This tool also allows dentists to discover local clinics and specialists by tracking where patients are being referred and where new ones come from. Scope out competition and find a niche market through Medcohere to develop strong promotional strategies specific to your dental practice. Reports on total savings (calculated per month) are always available to you so your dental practice runs cost efficiently. Optimize the way you run your dental practice with Medcohere.

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CIRCLE RS #58

MMG ChairFill
MMG ChairFill is an automated marketing software designed to automatically fill your schedule with the right kind of patients at the right time. Integrations with major practice management applications allow ChairFill to monitor open chair time and search existing patient records 24/7 to proactively select, contact, and appoint patients without requiring any staff interaction. ChairFill can fill last-minute cancellations as well as fill open appointments months or weeks in advance. Practitioners set goals for total chair time filled as well as selecting what kinds of patients ChairFill targets. In addition, ChairFill uses MMG’s Marketing Tracker technology to constantly monitor all of practice’s marketing campaigns.

THE SECRETS: Automated workflows
ChairFill’s most unique feature is automation. In today’s data-centric world, segmenting patient records or determining which patients have the most unmet treatment can take hours or days. ChairFill completes these tasks instantly and at a fraction of the cost. It can automatically determine how best to communicate with each patient. ChairFill helps you strategically set up automated Campaigns. Automated communications meet your Patients where they are throughout the day and week with a combination of Email, Texts, Video and Direct Mail with Custom messaging. ChairFill sends custom messaging to each patient.

Integrated Texting: Allows two-way texting that can be combined with other eServices. eReminders/eConfirmations: Sends automated text messages and/or emails to get confirmation from patients about upcoming appointments. Web Sched Recall: Automatically texts or emails patients approaching their recall date. Web Sched New Patient: Allows new patients to schedule online. Additional eServices include Web Sched ASAP to fill last-minute openings, MobileWeb for remote schedule access, Web Forms and a Patient Portal: for secure online patient communication and information collection.

Open Dental Software
Open Dental Software provides a powerful, highly customizable and affordable practice management solution well-suited to many types of practices. Open Dental is Open Source, and users maintain full control of their data, while interoperability with third-party software adds even more functionality. Rapid software release cycles give customers timely access to new features, while ensuring an intuitive, easy-to-use interface. Exceptional customer support, along with a variety of measurement and reporting tools, boost productivity and profitability.

THE SECRET: Enhanced eServices
eServices from Open Dental is a suite of Internet-based features to provide enhanced access for patients and providers. By automating tasks eServices help practices improve communication and accelerate practice growth. Providing patients with convenient self-service options facilitates access to the care. Integrated Texting: Allows two-way texting that can be combined with other eServices. eReminders/eConfirmations: Sends automated text messages and/or emails to get confirmation from patients about upcoming appointments. Web Sched Recall: Automatically texts or emails patients approaching their recall date. Web Sched New Patient: Allows new patients to schedule online. Additional eServices include Web Sched ASAP to fill last-minute openings, MobileWeb for remote schedule access, Web Forms and a Patient Portal: for secure online patient communication and information collection.

Open Dental
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CIRCLE RS #60
Eaglesoft 21

Eaglesoft 21 empowers dental practices to streamline efficiency and simplify daily processes. Create efficient and profitable work schedules using the flexible appointment management tool. Acquire, save and enhance digital X-rays from the Advanced Imaging Window, or integrate directly with leading imaging management solutions. Images can be associated with a digital chart in the Chart window. Eaglesoft makes it easy to post transactions, apply payment in person, and submit claims and statements electronically. The latest updates include end-of-period processing, silent install and updates and simple Safety Data Sheet management.

THE SECRET: IntelliCare automated patient alerts

The IntelliCare feature can help you track key data for your patients by creating automated patient alerts. Upon opening a patient record, you can be notified of: Overdue balances; Missing patient information and recare appointments; Upcoming birthdays; Overdue imaging; and Missing referral data. Reminder popup windows can be tailored to appear in different areas of the software based on user preference. There is no limit to the number of IntelliCare Alerts you can set up. When the criteria set by the IntelliCare reminder is fulfilled, the indicator icon or pop up disappears.

Pelident

Pelident provides data visualization via fully customizable dashboards that go beyond the basic profit and loss statement. The platform offers multiple modules including the base-level, always free Pelibooks that creates easy to understand graphs and custom dashboards from imported data. Pelident Financials makes profit planning simple using localized benchmarks and artificial intelligence (AI) for easier and faster financial planning. Budgets can be set to localized benchmarks and are monitored to alert you. Pelident brings clinical data into the mix and combines it with practice financials to provide a real-time picture of what is happening in your practice. Reports can be customized and viewed in multiple ways.

THE SECRETS: AI at work for your practice

Our proprietary AI algorithms search through and combine data in unique ways giving you new insights. Pelident AI searches through all of the data in your practice and looks for opportunities for growth. Essentially it helps you create the "why," "what," and "how" of practice growth and offers deeper insight into your KPIs (Key Performance Indicators). With every data set, there is a list of actionable items. For example, Pelident AI pulls in and combines the data to not only show you which insurance companies are more profitable, but it also shows you a list of all your procedures broken down by provider and insurance company along with their profit margins. AI algorithms can make profit planning, literally push-button simple. By selecting the suggested or predicted goal button, your income goal is planned for the year and it’s done in under 30 seconds. For the adventurous, you can also create custom goals with our income slider bars. With budgeting and other KPIs, we take the guesswork out of where you are and should be.

Denticon Cloud-Based Enterprise Practice Management Software

Denticon is practice management software for the modern dental organization. It was built from the ground up for multi-location groups in the cloud, and provides a comprehensive solution that includes all the tools needed to standardize, centralize, and grow. Denticon helps a wide variety of dental organizations achieve their goals, from large groups with hundreds of locations, to solo offices, and mobile clinics.

THE SECRET: Advanced Charting

Denticon’s Advanced Charting module is an enhanced tabbed interface providing a comprehensive view of the restorative chart, peri chart, X-rays, and progress notes. These four different tabs can be popped out, allowing clinicians to view multiple windows at one time on the same screen, giving users the ability to enter progress notes while reviewing the restorative chart among other benefits. Even better, Advanced Charting allows clinicians to view X-ray images within the odontogram itself. Just click on a tooth in the odontogram and watch a thumbnail of the X-ray for that tooth appear on the same screen. This thumbnail can be resized, moved around, or even displayed on a second monitor. Advanced Charting contains a number of other time-saving features, including a timeline view showing previous chart versions. Best of all, it’s part of Denticon’s all-inclusive cloud solution, available online via web browser anytime, anywhere you have internet access.
Planmeca Romexis®

Planmeca Romexis® supports the most versatile range of imaging modalities and workflows from high patient turnover 2D imaging to advanced specialist 3D treatment planning. It offers easy-to-use tools, compatibility with other systems and full support for both Windows and Mac OS operating systems provides additional freedom. With a complete set of tools for image viewing, enhancement, measurement, drawing and annotations, Planmeca Romexis® improves the diagnostic value of radiographs. Versatile printing and image import and export functionalities are also included.

THE SECRET: Planmeca CALM™

Planmeca CALM™ (Corrective Algorithm for Latent Movement) is the first end-user solution for patient movement correction in the industry. Planmeca CALM virtually eliminates the effects of patient movement during CBCT acquisition. This exclusive technology removes distortion caused by movement providing clear, diagnostically rich images while reducing the risk of unnecessary exposures for the patient. Planmeca CALM is available on all volume sizes and resolutions Planmeca ProMax® 3D systems® and Planmeca Visio™ G7. Simply swallowing during a scan can ruin a CBCT image requiring a retake. This feature is incredibly beneficial with children who are easily distracted and patients with physical conditions that make standing still a challenge.

Stop Gap Dental

Stop Gap Dental, (SGD) uses a proprietary booking system to revolutionize how dental offices and professionals find and fill immediate temporary and future vacancies. The simplicity, convenience, and security of SGD can help with tasks including personnel recruitment, posting and finding work opportunities, managing your schedule, making secure instant payments, tax tools and more. The vast capabilities of SGD use a patent pending algorithm, and its feature rich, robust user interface was built for ease of use that is a culmination of factors derived from users geographical location, current and/or future needs, availability, position type and skill set matching.

THE SECRET: My Financials within the Dashboard of SGD

SGD manages your work schedule and simplifies filing of taxes with its inbuilt financial capabilities. Sarah Penland, Founder/CEO of SGD worked with licensed tax professionals to create the My Financials feature to provide a truly novel twist. Any and all jobs, payments and earnings are automatically saved. You can manually add expenses related to a specific job or your career in general, both of which can export to your CPA with a simple tap helping you make the most of available deductions. The abundance of features in SGD were individually curated to provide exceptional solutions. Another standout feature of SGD is its dual capability for finding and filling available jobs. This feature has revamped prior singular concepts of how jobs are filled. This dual feature of SGD allows dental offices to view the profiles and reviews of and submit a bid directly to dental offices offering available temp jobs. SGD can help with tasks including personnel recruitment, posting and finding work opportunities, managing your schedule, making secure instant payments, tax tools and more. The vast capabilities of SGD use a patent pending algorithm, and its feature rich, robust user interface was built for ease of use that is a culmination of factors derived from users geographical location, current and/or future needs, availability, position type and skill set matching.

Solutionreach

Solutionreach is focused on providing the technology and the expertise on how to effectively use it to deliver better care and build a more profitable practice. We show practices how to improve patient experience and connect with patients in the way they want to connect. The result? More patients schedule more appointments and actually show up for them. More patients leave glowing reviews of their providers for others to see, and then they book appointments. And all patients get regular communications that keep them connected to the practice and coming back.

THE SECRETS: SR Conversations

More than two-thirds of patients want to text with their healthcare providers. Don’t believe it? Well, Solutionreach did the research to back that up. Solutionreach sent the first text in healthcare, and no one knows texting better. That’s why Solutionreach built SR Conversations to be more than just two-way text messaging. So much more. Finally, you can categorize incoming texts and know which ones need your immediate attention—whether you’re at the office or the beach. With its easy-to-use HIPAA consent tool, conversations can be both in-depth and compliant. Send text balance reminders with a link to pay securely. Let patients communicate with emojis and images. The list of features goes on and on. Best of all, patients don’t have to download an app or register for a portal. The whole thing is just ridiculously easy.

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Stop Gap Dental

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Planmeca
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**XLDent**

The XLDent dental practice management system takes advantage of the latest in software development and design tools to provide you with the most intuitive, robust, easy-to-use dental program available. XLDent is committed to the continual development of electronic health records, and features realistic tooth charts, restorative and periodontal exams, and progress notes. XLDent incorporates solutions to fully automate your practice and be truly paperless, and is suitable for any dental specialty, is multi-location capable, and has cloud-based options.

**THE SECRET: Enhanced data management with enhanced grids**

The XLDent practice management software features enhanced grids, giving practices the power to sort, filter, and group complex lists of data. The enhanced grids give dental teams the ability to organize and arrange patient record details in real-time. When insurance claim follow-up occurs, the interactive grid makes all outstanding claim details accessible on-demand. Drag-and-drop functionality allows data to be arranged in a way that is most efficient for the practice. Single or multi-field sorting is done with a click. Data can quickly be filtered and grouped by either single or multiple fields. XLDent's enhanced grids allow users to manage data with modern tools in a simple interface.

**CS WinOMS**

Whether it’s billing and scheduling or a more comprehensive chartless solution, CS WinOMS helps users achieve all the workflow goals of their OMS practice. The WinOMS software interfaces seamlessly with Carestream Dental imaging systems and software to create streamlined workflows for enhanced productivity and functionality. Standard features of WinOMS include insurance processing and tracking, referral tracking, referral letters, referral analysis, financial reporting and analysis, implant, stage and recall tracking, day sheet and night call list, comprehensive ADA, CPT and ICD-10 cross-coding, prescription writing, state-of-the-art client server database technology, and patient dock.

**THE SECRETS: The Scheduler Snapshot & Patient Chart Status**

This Scheduler Snapshot provides the user with quick access to details on patients scheduled for an appointment within a three-day range. (Yesterday, Today and Tomorrow). Navigating through allows the user to view different doctor, office or type of appointments. Clicking on a patient’s name launches the patient’s EMR. To configure filter options on Schedule Snapshot, select Tables > Appointments > Types. Then, search for an appointment and click edit. Finally, assign an EMR type from the dropdown menu. The Patient Chart Status displays a list of elements to complete and track for the patient’s current appointment. A red X indicates the element needs action and a green arrow indicates the element is complete. The list includes EMR Consents, EMR Notes, Anesthesia, Encounter Slip and Referral Letters. To configure Patient Chart Status, Click the gear icon as a shortcut to configure the Chart Status settings for the Appointment Type.

**DentiMax Imaging Software**

Whether you need imaging software to run on your in-house server, or you’d rather have a cloud-based platform, DentiMax has the solution for your specific needs. With DentiMax Cloud Capture, you can simplify your workflow by having access to your own website where you can log in and view your X-rays from wherever you have an internet connection. With our client/server imaging software, you can find the solution that works best for your practice. DentiMax Imaging is designed to work with touchscreen, while Advanced Imaging includes a menu-driven application with customized toolbars.

**THE SECRET: X-rays integrated into the chart**

There are a few other software systems on the market that have figured out that it’s a smart move to add the X-rays and images directly to the charting screen. However, most of them have it set up where you can’t see the odontogram and perform your charting at the same time you look at your X-rays. With DentiMax imaging and DentiMax practice management software you can have both. DentiMax has a 1-click button for opening up the full-blown imaging software from any screen that you can select a patient from in order to capture, modify, merge, measure, and other advanced options. Once you save the image how you like it, you can see the saved image inside the chart. You will also be able to see how many X-rays you have captured per tooth to quickly identify “problem” teeth at a glance. There’s no bridge or third-party link required to filter, view, enlarge, and enhance your images right on the chart screen.
XVWeb

XVWeb Cloud Imaging is dentistry’s leading picture archiving and communication system (PACS), delivering state-of-the-art clinical image capture, visualization, analysis and backup as a cost-effective SaaS (software-as-a-service) subscription. XVWeb subscribers can access the totality of their clinical image data 24 hours per day, seven days per week from compatible web-connected devices. The XVWeb 3D module adds the same level of accessibility and security for patient CBCT image data. All CBCT visualizations, including 3D image rendering, are processed and performed via the cloud and are complemented by a full range of image analysis and annotation tools.

THE SECRET: Secure case collaboration via the web

While XVWeb’s cloud technology has many benefits, the ability to serve as a secure portal for image and case sharing vastly improves collaboration with referring doctors. XVWeb allows users to create temporary log-in credentials, providing secure, HIPAA-compliant access to patient images from anywhere via the web. Records are accessible instantly, speeding the flow of information between collaborating practices while ensuring data integrity. XVWeb’s online image sharing is compatible with both 2D radiographs and CBCT datasets and provides clinicians with a full array of treatment planning tools. Image enhancement, optimization and analysis can all be performed and saved via a web browser, making updated clinical information instantly available between two practice locations.

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When it comes to patient interaction, patient expectations are changing. [by Terri Lively]

WAYS YOUR PHONE IMPACTS PATIENT INTERACTION
Mobile phones have changed our lives from the way we navigate through city streets to how we shop to where we get our information. Communication itself has changed because of mobile phones. What’s more, patients expect you to communicate with them via their preferred methods.

Micah Dickerson, vice president of product for Lighthouse 360 says it is essential to reach patients how they want. Whether through email, text, phone or even mail, Dickerson says meeting (or even better, exceeding) patient expectations and showing their preferences and convenience is a concern of the practice is vital to the patient experience.

When you use terms such as automation concerning patient interaction, some practices have concerns it will take away from the personal relationship. Dickerson says while he understands that concern, the opposite is usually the case.

“Using patient communication software can actually help practices provide a more personal touch in two ways,” Dickerson says. “First, it automates their most repetitive daily tasks, so staff have more time to devote to the patients in front of them. But, it also enables practices to respond more quickly to patient requests, lets them easily text back and forth with patients, and even automatically sends messages like birthday greetings that help strengthen patient loyalty.”

From a practice standpoint, Madi Bullock, PR and content manager for Weave, sees the features of patient interaction software helping practices to pay attention to all the touchpoints of a patient’s journey. It not only helps them to see what the patients like, but it also allows the practice to be aware of where it needs to adjust.

For example, if your patients don’t like calls after work hours, you can find a different time to call, email or text. Perhaps patients get annoyed when they have to leave a voicemail. Bullock advises sending a text to them, a “Sorry, I missed your call” message so they can text back their request.

“You need to understand as a practice how your patients communicate and what their preference is in those interactions,” Bullock says.

Jennifer Gibbs, client experience manager for XLdent, says from a patient’s point of view, convenience is crucial. With many demands on people’s time, Gibbs says patients want a way to get things done, including at times outside of practice hours, and will seek out practices that offer this type of service and relationship.

“Dental practices are just now starting to understand availability of care and, more importantly, communication outside of the clinic is something patients value,” Gibbs says. “Even if they don’t come out and say so, it’s something we’re seeing patients value more and more.”

John Flucke, DDS, technology editor for Dental Products Report, says patients want to feel like their practice cares about them. Using technology to enhance the relationship with patients is vital to his practice philosophy.

“Patients want to feel special; they want to feel like they have a relationship with the practice. So, one of the things Voice over Internet Protocol (VoIP) has done is nobody who calls my office ever gets a busy signal,” Dr. Flucke says of his Weave VoIP system.

John Flucke says of his Weave VoIP system. “Whether someone is confirming an appointment, the practice remains respectful and professional throughout. This type of service and relationship is what everybody prefers,” Dickerson says.

Second, Dickerson advises practices to stay abreast of new developments in the patient interaction space because it changes quickly. For example, a new Lighthouse 360 feature called “Fill-in” detects last-minute cancellations and helps find patients to take the spot.

“I always recommend calling your software’s support team every year to make sure you’re up to date,” Dickerson says.

**BEST PRACTICES**

Meeting patient expectations for communication is essential to the patient experience. However, the practice benefits in many ways, too. Here are the five ways our experts say your phone changes patient interaction from the practice’s perspective.

**1. It provides the level of immediacy patients expect.**

With the speed of communication increased across many interactions, patients become accustomed to that level of efficiency in all their interactions, including the one with their dentist office. Dickerson thinks by operating on that level of communication with patients, you remain relevant while allowing the practice to focus on other parts of the patient experience.

“Whether someone is confirming an appointment, they’re running late, or even registering as a new patient, when those interactions are right on their phone, it becomes fast and easy. We’ve even heard the word ‘fun!’” Dickerson says. “Plus, it eliminates the need for the practice to make phone calls, fill out forms long-hand, etc., saving tons of time, so they can apply the personal touch where it matters most.”

Dickerson offers the following advice for practices about modern communications methods. First, he says you should keep the patient experience front of mind and not allow your biases to influence it.

“Don’t assume the way you prefer to communicate is what everybody prefers,” Dickerson says.

While dentists are healthcare providers, they’re also small business owners. Improving receivables is a vital part of business success.

Practices usually call patients about outstanding balances or past due receivables. However, Bullock says patients prefer to receive texts for payment requests. Texting the balance reminder replaces the awkward conversation with the front office.

Weave offers the Text-to-Pay feature for free to its customers. The collection text gives the amount due and a link to pay right in the text, no phone call to the office required. Weave shows patients pay 70 percent of all request made from Text-to-Pay the same day.

“We know through data from our internal team traditional invoices cost between $12 and $30 per invoice, taking into account payroll, stamps, envelopes, ink, paper and all of that,” Bullock says. “When you can eliminate the cost and time of that by sending a quick text to someone—let alone knowing they’re probably going to pay it within a day or two—it’s incredible.”

Bullock says the texting collection
mitigated the pain point and made it nonconfrontational. People are more responsive to a text asking them for their payment because they don’t have to explain to anyone why they haven’t paid yet. “They can pay their bill and get on their way,” Bullock says. “So, it gets rid of the pain points so that their actual interactions with your practice are positive.”

Mobile payments must be both HIPAA- and payment card industry-(PCI) compliant. (PCI compliance policy details how businesses protect cardholder data.) Bullock thinks we will see more and more payments handled via the mobile device moving forward, especially as software developers prove to be effective at privacy and security.

Best Practices

Most practices participate in everyday patient interactions, usually around things such as appointment reminders. However, phone calls take time and resources that could be applied differently if you used a substitute system.

Dr. Flucke appreciates how texting appointment reminders can streamline routine conversations without offending patients. It’s all about quick and easy communication, Dr. Flucke says, and nobody feels insulted by a to-the-point appointment reminder via text. “Being able to do that in a HIPAA-compliant manner is great,” Dr. Flucke says. “And, if you can get it automated, even better, because you’re not paying staff to sit on the phone and make all those calls.”

“We find that practices want to spend more time providing great care and great in-office experiences, so any tool that can free them up to keep their focus there is key,” Dickerson says. “Using automation for the most repetitive types of patient communication can take a lot of manual work off their plate so they can spend their time where it’s most valuable—patient interaction and care.”

Bullock agrees that personalizing the patient relationship is enhanced by automation. Texting makes your relationship more personal because it’s how the patient usually communicates.

“You need to talk with patients the way that they talk in their everyday lives,” Bullock says. “Postcards are still effective for getting new clients, but with existing clients, you can text them to remind them of an appointment coming up and talk with them the way they talk with everyone else in their everyday lives. You find a lot more engagement that way.”

Mobile payments must be both HIPAA- and payment card industry-(PCI) compliant. (PCI compliance policy details how businesses protect cardholder data.) Bullock thinks we will see more and more payments handled via the mobile device moving forward, especially as software developers prove to be effective at privacy and security.

It streamlines routine communication.

Partnering with Mango Voice, XL Dent offers a cloud-based phone system to help your practice be mobile and more efficient.

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It allows you and your team flexibility for your clinical hours.

Dental practices have traditionally handled most patient interaction within clinical walls and office hours. However, society has taken on a 24/7 expectation that’s not always congruous with this mindset.

Gibbs says switching to a cloud-based phone solution transforms the clinical environment to be far more mobile. The cloud-based phone solution accesses the practice management software and can serve as a hub for incoming and outgoing calls for patient interaction.

“So, for example, if I have the staff person or doctor that’s working outside of the practice today, we can still have that open line of communication between patient and providers through a cell phone,” Gibbs explains. “All of that is connected then to that cloud-based phone system within the practice.”

The cloud-based phone system also enables more integration with the other features of the practice management software. From retrieving patient records for incoming calls to one-click calling directly from the patient records, the system is designed to increase efficiency for the dental team.

XL Dent is also a certified partner of Lighthouse 360, giving their practices access to all those automated patient communication features such as an appointment and outstanding treatment reminders. Gibbs thinks the lines of communication between doctors and patients are more open than they have ever been before.

Gibbs says many dentists have concerns about always having to “be on.” However, XL Dent’s cloud-based phone system feature allows clinicians to blur those lines without disturbing the balance between work and life.

“Maybe there is a follow up that needs to happen between a doctor and patient,” Gibbs explains. “That can be done with a cell phone outside of the office while using the office phone number, so there’s not a personal cell phone number involved but still facilitating that connection with patients outside of the office.”

It improves your patient care follow-up.

Dr. Flucke is a firm believer in the saying, “People don’t care how much you know, but they know how much you care.” As a healthcare provider, he believes he needs to connect with patients to let them know he appreciates them and cares about their well-being.

He had a minor diagnostic procedure in a local hospital that reminded him how important the personal touch is. The procedure was on a Fri-
day. On Monday, he received a card from the hospital signed by every person who was part of his procedure from reception to technicians to the doctors and nurses. “The stats say we see a dentist about six times more often than we see a physician in America. So, people have a relationship with us, and they feel like they know us better, but if we don’t provide at least as good a soft-touch aspect of our services as those hospitals do, I think people will wonder, ‘Am I valuable to them?’” Dr. Flucke says.

Dr. Flucke thinks letting people know people at the office care about them is crucial. He uses his Weave VoIP system to automate greetings and follow-up for his patients. It also helps him to form relationships, like new patient follow-ups, which he implemented this summer. “I send them a text message that says, ‘Hey, it’s Dr. Flucke. It was great to meet you today. Glad you know people at the office care about them?’. Dr. Flucke says.

“Some program is going to run out of the dental office. We look forward to seeing you in the future,” Dr. Flucke says. “That way, they know we care.”

Some key improvements she predicts are more interactive functions between reports and patient records, increasing efficiency for emails and text interactions and optimizing functionality for maximum productivity when doing routine daily tasks. She also believes the sky is the limit regarding the mobile nature of practice management. “Whether it’s an office manager, an insurance coordinator, or a treatment coordinator, they will be able to work remotely and use some of those services and tools remotely,” Gibbs says.

Dr. Flucke says the high-touch functionality is only going to get better moving forward as far as streamlining and automating patient communication. He envisions the ability to categorize the automated responses based on treatments or procedure types so you can touch base with them digitally. “Some program is going to run through your schedule, analyze the procedures and come back with, ‘Here are the people you need to get in contact with,’ and that will be part of your daily to-do list,” Dr. Flucke says.

Dickerson says as technology evolves, the software companies will keep looking for more effective ways to reach patients where they are. Moreover, he foresees a more collaborative environment across companies for the dental tech space moving forward. “For a long time now, the dental tech space has been fragmented. However, lately, there have been a lot of positive changes where companies are coming together to offer more complete solutions and more complementary solutions that holistically serve the practice,” Dickerson says. “Technology is only going to get better and better—and dental practices who embrace it are going to continue to thrive.”

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How asking ‘why’ can make you a better dentist

As healthcare specialists, we’re required to master a lot of skills. In dentistry, we not only have to develop the dexterity and skills to perform our profession, but we also have to become extremely knowledgeable about everything our profession deals with. In some healthcare careers, you can get by with sharp mental acuity, but not dentistry. When it comes to our profession, we need the hands of an artist and the mind of a philosopher.

I’ve always been a “why guy.” Whenever someone would be teaching me how to do something, invariably at several points in the learning process I’d ask, “why?” There were times when this tendency was a valuable trait to have, but more frequently, it was met with annoyance—on a good day. On a bad day, it was met with worse. “What are you? A three-year-old?” a construction foreman once asked me.

That tendency worked about equally well when I was in dental school. Because I didn’t bother to explain “why” I was asking why, many took it as my way of questioning their authority. However, nothing could’ve been further from the truth. I was asking because they were experts and I wanted to get as much of their knowledge into my brain as possible.

That one simple little word has done a lot for me over the years. As I progressed in my practice and began to expand my horizons, the word “why” took on a whole new meaning. The thing that finally dawned on me is a doctor must know the “why” behind his or her decisions, procedures and results. I’ve often said you could teach anyone with good hand skills to be a decent procedural dentist, but that person would have no idea of the “doctor” portion of the profession. Doctors need to know the “whys.”

As I became more immersed in the “whys,” it opened a rabbit hole of possibilities, and the one thing that bothered me more than anything else was to NOT know why. Sometimes it was simply because no one had the answer yet, but often, I just hadn’t dug deep enough.

This discussion can really be articulated with a look at the science behind bonded restorations. There’s a lot of science behind composites and a lot of it deals with the process of curing. I’ve taken to saying “the curing light is like the stepchild of adhesive dentistry. It’s always there, but nobody pays any attention to it.” That’s because, short of a radiometer, there really isn’t a lot you can judge the light by. Most clinicians just figure if the light is blue, then it has to be working.

However, there’s a lot more to it than that. Both the wavelength and the intensity of the light can affect long-term clinical results. There’s also the physics of the composite shade that can alter the depth of curing achieved. As you can see, this brings a lot of variables into play.

Now, the big question I have for you is, “Would you like to have all the necessary curing information right at your fingertips?” Even better, what if that information was constantly updated and scientifically calibrated on an ongoing basis? I thought you might like that.

I’ve recently been introduced to a company called BlueLight Analytics. Its mission is to take the guesswork out of the curing process and replace it with scientifically valid data.

As I said earlier in this article, short of a radiometer that measures how intense your light it, there really hasn’t been much for us to use when it comes to validating our light curing processes. However, BlueLight Analytics is about to change all of that.

The company has developed a device that’s about the size of a hockey puck. This device is cordless and charges an internal battery from a standard USB micro cable (the same one used with Android phones). The device is Bluetooth-enabled and connects to your smartphone. An app is downloaded to the phone and communicates with the “puck.”

Before using the device, you open the app and select the type of curing lights you use in your practice. You having key data at your fingertips can take the guesswork out of the curing process. [by Dr. John Flucke]
can list each light individually. The next step is to select which light-cured materials you use in your practice.

Once all lights and materials are selected, you hold the light against the port on the device and turn on the light. The device will quickly determine the light output of your light in precise mw/cm² readings. However, the science doesn’t end there. The app also evaluates what composite you’re using and offers curing times for each brand of composite as well as times for each shade! This means in a few short seconds, you know exactly how strong your light is as well as how long you need to cure your restorations.

Suddenly, you not only know the “why,” but you also completely understand the importance of curing times dealing with varying shades of composite. We all know darker composite takes more cure cycles, but how much longer? Now, we have those answers.

One of the other facts not many practitioners know is curing lights don’t maintain the same output throughout their lifetimes. Age can affect output, which means a light that needed 10 seconds last year might require 20 seconds this year. Oh, and how do you compensate for the shade of the composite with those changes? Now you know.

Thanks to the science developed by the smart minds at BlueLight Analytics, you now have a lot of answers at your fingertips. Not only do you now know if your light is working and how well, but you also get solutions to problems when your light begins to degrade.

Inadequate curing can lead to multiple problems. Composites that are incompletely cured aren’t as durable. When loaded with occlusal forces, these materials flex more than the surrounding tooth structure. This leads to fracturing of the material in both its total volume as well as along the margins. This can lead to recurrent caries as well as possible tooth fracture. Incomplete curing can also lead to pain upon occlusion as the material flexes and creates a pressure differential across the dentinal tubules. These types of problems can occur for a variety of reasons and coming up with the correct solution means having access to as much data as possible. BlueLight Analytics is helping to provide data that will allow you to head off problems before they start. While not on the market just yet, expect to see and hear from this company very soon.

ABOUT THE AUTHOR
John Flucke, DDS, is Technology Editor for Dental Products Report and dentistry’s “Technology Evangelist.” He practices in Lee’s Summit, Mo., and has followed his passions for both dentistry and technology to become a respected speaker.
3 marketing myths

Don’t let common misconceptions about dental marketing hold you back from achieving more. [by Naomi Cooper, CEO, Doctor Distillery]

As a dentist, marketing and self-promotion may not come naturally to you, but that doesn’t mean you can’t become successful at marketing your dental practice. You may not have much first-hand experience with marketing campaigns and promotion strategies yet—and that’s okay.

You don’t need a degree in advertising to learn how to attract and retain patients. The important thing is to remain committed to the concept of marketing your practice because whether you like it or not, it’s a very necessary component of running a successful office.

Let’s examine three of the most common myths dentists believe about marketing.

MYTH #1: I don’t need to market
New patients are the lifeblood of every dental practice, and it’s nearly impossible to attract a steady stream of new patients without marketing and advertising. Now, if you’re a dentist who has been fortunate enough to rely solely on word-of-mouth marketing up to this point, you might believe this myth to be a universal truth. But, there will come a time when every dentist will need to market his or her practice.

You might want to grow your patient base in the hopes of attracting an associate or buyer for your practice. You may need to boost production and profitability in order to offset the costs of shiny new technology, or perhaps you’ll want to open an additional location.

MYTH #2: Marketing is magical/marketing doesn’t work
This duo of marketing misconceptions are different sides of the same coin. Put together, they’re one of the most common reasons I’ve heard from dentists over the course of my nearly 20-year career in the industry.

The danger is in believing marketing is a magic bullet—and then doubting down by deeming a marketing campaign a failure when it doesn’t immediately resolve your practice’s plethora of problems. In real life, there’s no button you can push that instantly sends new patients through your front door, nor is there a guarantee new patients who do come in will become life-long members of the practice. On the contrary, marketing is a process—one of many processes a business owner must master—and it requires an investment both in time and money. You need to develop a marketing strategy, build momentum for your marketing tactics and learn how to capitalize on your marketing’s output (e.g., how to turn callers into patients) before you see the fruits of that labor. Don’t fall into this negative cycle. Even if you “don’t believe in marketing,” the next dentist down the street does.

MYTH #3: I don’t have a marketing team

Some dentists have the budget for a dedicated marketing staff member, and while that’s certainly helpful, it’s not a must-have. The truth is you actually do have a marketing team in your office—your dental office staff and your patients. These are two powerful resources that can fuel your marketing efforts.

Everyone on the team who interacts with patients on a daily basis should be actively asking for referrals and/or to post positive online reviews. These communication touchpoints are terrific drivers of word-of-mouth marketing. In today’s digital age, word of mouth has been transformed from a one-on-one interaction between the patient and a friend or family member to a one-to-many platform for sharing with anyone and everyone in the community who’s looking for a dentist by singing your praises from the digital rooftops.

Dentists can also tap into their existing team to find someone who is eager and adept at monitoring and maintaining online profiles like Facebook and Instagram as well as online review sites such as Google My Business, Yelp! and Healthgrades. Delegating this task frees you up from having to do it all and allows you to give added responsibilities to a trusted staff member who may enjoy this new role.

Conclusion

Let’s face it, it’s much easier to avoid the things we don’t understand or aren’t naturally good at. But, ignoring your dental practice’s marketing can cause more harm than you may realize. If you’re struggling to get started, there are skilled consultants and innovative solution providers who specialize in helping dentists every step of the way. Regardless of whether you choose to do it yourself or to hire outside help, once you begin turning the marketing gears, you’ll discover it’s not as frustrating or difficult as you once believed—and you may even have some fun along the way.

ABOUT THE AUTHOR

Naomi Cooper is CEO and co-founder of Doctor Distillery. With nearly 20 years in the dental industry, Naomi is a respected dental marketing executive, consultant, author, speaker and industry opinion leader. Naomi blogs regularly about dental marketing at www.minoamarketing.com. For more information about Doctor Distillery visit www.doctordistillery.com or send an email to naomi@doctordistillery.com.
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Tackling a common issue with restoring implants

How a new solution achieves the advantages of provisionalization with the convenience and efficiency of conventional healing caps.

[by John Kringel with Dr. Mark Blaisdell, DDS, and Dr. Todd Liston, DDS, MS]

HOW DID YOU DECIDE TO TEAM UP AND TACKLE EMERGENCE PROFILE ISSUES?

MB: I’ve been referring my surgical cases to Todd since he came out of residency. In 2012, we had a particular patient who I had referred for an implant on an upper cuspid. The implant was placed well, and the site had healed nicely. However, placing the crown was a very frustrating experience. I had to spend about an hour and a half cutting away nice healthy tissue to make it fit.

Of course, the lab tech was forced to reconcile the emergence profile of a natural-looking crown with the site left by a conventional round healing cap. Cusps aren’t round, so there’s no way a round healing cap creates an emergence profile that works well for a regular cuspid. I shared the story with Todd and that got us thinking about a better way to do this.

IS THIS A COMMON SCENARIO IN RESTORING IMPLANTS?

TL: Yes, very much so. First let’s be clear—you need good impressions and an experienced lab technician. But, even when that’s true, we still see these situations.

In the case Mark referenced, the lab tech did the right thing by providing an anatomic emergence profile. But, it didn’t fit the tissue shape created by standard round healing caps. So, labs typically under contour restorations—they don’t make them as anatomic as they can be—because they know the result may be lots of soft tissue manipulation during the restorative appointment for the dentist and pain for the patient. That happens enough and the dentist switches labs.

There’s been a disconnect with the whole team as far as soft tissue management. We’re cutting tissue away at restoration time because the emergence profile of the crown is wrong. The crown is wrong almost by design because we don’t provide the lab with the correct soft tissue emergence profile to begin with. It’s a backward way of doing things.

WHAT ARE THE PATIENT IMPLICATIONS OF NOT MANAGING AN EMERGENCE PROFILE?

TL: Patients expect form and function, although they don’t use those terms. When they invest thousands of dollars, they expect implants to look as natural as, or better than, their original teeth. They’re disappointed if they see black triangles or have molar pockets causing food impaction. And as their dentists, we’re just as disappointed when we see those problems.

When Mark approached me in 2012, I thought to myself, “I do a lot of implants, but it’s not always fun.”

I get patients who come back from the restorative dentist saying, “I just spent $4,000 and look at this.” We could be batting .900 in what I call “Aesthetic Average.” At present, I’m not sure dentistry is batting over .400 when it comes to implant esthetics and related function. Proactive soft tissue management can close that gap.

WHAT IS STATE-OF-THE-ART IN EMERGENCE PROFILE MANAGEMENT TODAY?

MB: We’ve talked about the shortcomings of traditional round healing caps. They’ve been around since the early days of implant dentistry. Provisionalization, where interim abutments are built out with esthetic materials, has also been around for some time. Clinically speaking, it’s a good solution for soft tissue management. We’re cutting tissue away at restoration time because the emergence profile of the crown is wrong. The crown is wrong almost by design because we don’t provide the lab with the correct soft tissue emergence profile to begin with. It’s a backward way of doing things.

“Patients expect form and function, although they don’t use those terms. When they invest thousands of dollars, they expect implants to look as natural as, or better than, their original teeth.”
In the last several years, attempts to modernize and improve traditional healing caps have been introduced. One contoured healing cap system made from PEEK (Polyetheretherketone) offers a range of shapes and sizes for an incrementally more anatomical fit. Unfortunately, PEEK is hard to cut, so they can’t be adjusted; they either fit or they don’t. There’s also a system made of PMMA (Polymethyl methacrylate) that we tried in our research but found to break under loading.

Todd and I have spent the last seven years developing our solution called Gingival Cuff Links, which will launch later this year at the AAOMS and AAID.

WOULD YOU TELL US A LITTLE ABOUT THE GINGIVAL CUFF LINKS TECHNOLOGY?

MB: Our goal with Gingival Cuff Links (GCL) has been to achieve the advantages of provisionalization with the convenience, ease of use and chairside efficiency of conventional healing caps. We set “must-have” design objectives of adaptability, durability and reliability. Finally, we wanted a solution that would be practical for widespread use by our colleagues across specialties, so low cost and office visit efficiency have been priorities.

As a maxillofacial surgeon/restorative dentist research team, you can imagine development has consisted of years of chairside trials and refinement. As mentioned earlier, we tried a range of materials until we arrived at the current sculptable bis-acryl body cuff fused to specially modified interim abutments that are titanium-based. The patented T-handle feature, which maintains proper orientation relative to the implant, came from on-the-fly modifications that Todd made because initial molds made from stone were difficult to hold, drill and adjust.

Todd and I set the bar at 500 successful cases before we would even show a design to colleagues. Now, six years later, we have thousands of successful cases. And we’ve seen our own Aesthetic Average climb to well over .900.

ABOUT JOHN KRINGEL

John Kringel is chief operating officer at Cellerant Consulting Group, dentistry’s leading corporate incubator and accelerator. Prior to joining Cellerant, he served in various executive roles with leading medical device and dental industry manufacturers.

ABOUT MARK BLAISDELL, DDS

Dr. Blaisdell has been a general dentist for 38 years and owns and operates a successful family practice in Bountiful, Utah. He has been restoring implants for nearly three decades. He has been president of the Utah Dental Association and also served as president of the Utah Chapter of the American College of Dentists.

ABOUT TODD LISTON, DDS, MS

Dr. Liston has been a specialist in oral and maxillofacial surgery for 26 years. He owns and operates a four-location practice in northern Utah. He is board certified as a diplomate of the American Board of Oral and Maxillofacial Surgery, and is an educator having lectured locally and nationally on implant dentistry.
Dear Bethany: I am a dentist with neck pain. I bought some ergonomic loupes and it feels like my neck pain has actually gotten worse! Is it possible for loupes to cause neck pain?

Dear Doctor: YES. There are both ergonomic and non-ergonomic loupes on the market today. Unfortunately, the term “ergonomic” is used freely (and with little understanding of the word) by many dental louver manufacturers.

Research shows working with your neck bent forward only 20 degrees or more for 70 percent of the working time has been associated with neck pain. Therefore, to prevent musculoskeletal injury, your loupes should enable you to work with less than 20 degrees of neck flexion.

To stay within this safe head posture requires loupes with a large declination angle—40 degrees or greater (Fig. 1). The smaller the declination angle, the worse the head posture. When shopping for dental loupes, check the manufacturer’s literature and/or website. Many companies mention the word “ergonomic,” however, if there’s no mention of declination angle, it’s unlikely their loupes will keep you in a safe head posture.

Vertically adjustable flip-up loupes are generally the most ergonomic style on the market that consistently keeps operators in a safe head posture because you’re in complete control of the declination angle. Many of the new ultra-lightweight flip-ups on the market today are as lightweight as through-the-lens (TTL) loupes. The declination angle of TTL loupes is typically much smaller than the flip-up style and often forces the operator into unsafe forward head postures. Among my dental students, I’ve repeatedly measured the declination angle of TTL loupes that were promised to have a large declination angle of 40-45 degrees, only to discover they had only a 20-25 degree declination angle (Fig. 2). There are, however, two louver companies on today’s market who can make a specially ordered TTL louver with a 40+ degree declination angle. When assessing flip-up loupes, keep in mind scope position is critical. You can have loupes with the best declination angle on the market, but if they sit high in relation to your pupil, you’ll lose much of the ergonomic benefit because you must lean further forward to look through the scopes. There are several non-ergonomic flip-up loupes on the market that aren’t vertically adjustable, which will cause the same poor postures as seen with most TTL loupes. Therefore, vertical adjustability is an essential feature on flip-up loupes.

Loupes are an expensive investment that should last you many years. Find a louver that will improve your health—not make it worse.

ABOUT THE AUTHOR
Dr. Bethany Valachi, PT, DPT, MS, CEAS, is the author of the video training series, The Valachi WellBody System for Dental Professionals, and clinical instructor of ergonomics at OHSU School of Dentistry in Portland, Oregon. A physical therapist who has worked exclusively with dental professionals for nearly 20 years, she is recognized internationally as an expert in dental ergonomics, and has developed patient positioning and exercise videos specifically for dental professionals. She offers free newsletters, articles, videos and product reviews on her website at www.posturedontics.com. Bethany can be reached at info@posturedontics.com.
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Top 7 vulnerabilities that can elude standard network monitoring

If you don’t want any surprises, don’t let these fall under the radar.

[by Dr. Lorne Lavine]

Many IT companies offer what’s often referred to as Managed Services, also known as Remote Monitoring and Management (RMM).

These tools are great because they allow us to monitor and patch systems for hundreds of clients for an affordable monthly fee. However, even if you have RMM software installed, it doesn’t guarantee you’re getting visibility into all of the most important security and configuration items that need to be checked on a regular basis.

There are many documented cases of employees and/or former employees getting access to the practice’s critical files via one means or another and deleting or copying those files. There was a famous case of a dentist whose entire Dentrix database ended up on a torrent site where anybody could download it!

This should be of concern to anyone who works in a dental office. These things happen all the time. Sometimes, the activity is discovered after the fact when the damage has already been done. More often than not, the dental practice owners are taken completely by surprise. They assume their network is safe because they have software agents monitoring their network, perhaps they have a firewall in place, they have the most current anti-malware software running, etc.

That being said, there are a lot of vulnerabilities that simply elude standard network monitoring.

My top seven network attributes that are most likely to fall under the radar of standard RMM software are:

1. Domain, network, system and application discover
2. User password strength and risks
3. Permissions and user rights
4. Devices that are plugged in but are unidentified
5. Existing issues on individual computers not being monitored
6. Discovery of servers such as SQL, Exchange, web, printers, etc.
7. Installed application inventory

How did I come up with this list? That’s the easy part. As I’ve been preaching for many years now, every office can and must do a formal risk assessment. Not only is it required by law (HIPAA), but it can give you a ton of information you wouldn’t normally have access to. I put together the list above after running a risk assessment for a number of new clients who thought their networks were safe and secure. And, in every case, the scanning software found something that was surprising—and not the good kind of surprise!

The good news is you can discover any of the issues associated with the seven issues I mentioned without spending a ton of money, taking down your network, installing a bunch of software or disrupting your practice in any way. A simple risk assessment does all the work behind the scenes and the scan itself can be done in a day. It will pull mountains of valuable data any good IT professional in the healthcare field can evaluate, tell you what was uncovered and recommend the best path forward.

ABOUT THE AUTHOR
Dr. Lorne Lavine, founder and president of The Digital Dentist, has more than 30 years invested in the dental and dental technology fields. A graduate of USC, he earned his DMD from Boston University and completed his residency at the Eastman Dental Center in Rochester, N.Y. He received his specialty training at the University of Washington and went into private practice in Vermont until moving to California in 2002 to establish TDD, a company that focuses on the specialized technological and HIPAA needs of the dental community. He can be reached at drlavine@thedigitaldentist.com or 866-204-3398.
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Dental EHRs provide DSOs and groups with improved patient care

EHRs will likely improve your cash flow and profitability as well.

[by Mike Uretz]

DSOs and dental groups have over the years had to fight back against the public perception of “corporate dentistry,” which excites the images of impersonal, profit-focused organizations that cared more about making a buck than providing exceptional patient care. That’s all changing with the rapid adoption of dental Electronic Health Records (EHRs), which are providing increasingly more advanced features and functionality in the clinical setting.

With the use of a multi-faceted dental EHR, a DSO or group can provide a greater level of patient care than their competitors and win the “corporate dentistry” perception battle. A side benefit of a dental EHR is, in addition to providing exceptional patient care, they can actually improve the financial and operational aspects of the business.

Structuring clinical information

The power of a “true” EHR comes from its ability to capture individual pieces of data from well-designed exam and procedural templates and store them in an organized way within the EHRs relational database. This is referred to as structured clinical data. Not all dental software products do this and many still just save the documentation in an unstructured textual form instead of in a “true” EHR. There are many ways a dental EHR can improve your overall patient care. Here are just a few.

Clinical decision support

With EHRs, you can use a patient’s problems and issues to automatically retrieve related courses of evidence-based treatment. There’s a growing amount of information regarding oral health best practices. Suggested ways of handling cases come out of clinical evidence and research.

An EHR can give you information based on research on how you might handle the problem. No provider can keep up with all of the research being done, so having a tool that can offer clinical decision-making support helps providers make intelligent decisions about their patients based on evidence and information in the database. There’s never any requirement to follow guidelines presented, but it’s helpful to have evidence-based information while you’re making decisions.

Standardize clinical care

A number of clients have told me as a DSO or group expands into more and more locations, it becomes difficult to standardize patient care within the organization. A well-organized, template-driven EHR supports the notion of standardizing exams, procedures and clinical workflows within the group.

Through a clinical committee using the power of EHR a group can develop libraries of templates, protocols and plans that can be reused by each provider regardless of which location they’re in. This gives an important level of control for the DSO or group regarding how it standardizes patient care across multiple locations.

Clinical analytics

With the utilization of structured data within EHRs, an intelligent organization can use the clinical data from past visits to improve outcomes for their patients.
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This EHR interoperability isn’t just for sharing clinical data between medical and dental groups. Isn’t it just as important to share patient data within the dental industry between general dentists and specialists? As an anecdote to this, for the past few years I’ve been helping groups and practices obtain federal subsidies for purchasing and using certified EHRs. Yet, the subsidies dental groups have applied for is just a small percentage of subsidies applied for and received from medical groups. One of the reasons is because thus far we haven’t seen the preponderance of “true” EHRs in dentistry. But, this is all changing.

Better business
I would be remiss if I didn’t point out that even though dental EHRs provide many routes to improving the patient care within DSOs and groups, there’s an advantage to using “true” EHRs to improve the financial operations as well. This is seen in the fact that with structured data-based EHRs, procedures and their associated codes can migrate directly from the point of care all the way through claims processing without manual intervention or transcription. Also, any associated documentation required by the insurance company for reimbursement can be automatically attached, thus EHRs can also improve cash flow.

The bottom line is the negative public perception of “corporate dentistry,” so many times being unfairly associated with groups and DSOs, can potentially be eliminated by providing state-of-the-art, high-quality patient care with the use of modern dental EHR technology. What should be most interesting to a DSO or emerging group contemplating purchasing an EHR is along with the improved perception from the patient care side comes a potential improvement in cash flow and profitability as well.

Just remember, when you evaluate an EHR for your DSO or group, you really need to know if the vendor is offering a “true” EHR or just another “paperless” solution.

ABOUT THE AUTHOR
Mike Uretz is a nationally recognized dental software, IT and Electronic Health Records (EHR) expert. He is the founder of DentalSoftwareAdvisor.com. As a leading industry consultant and educator, Uretz has helped DSOs and dental groups evaluate and select software vendors and solutions, structure and negotiate vendor contracts, and provide vendor management. He also has assisted dental clients with obtaining millions in technology subsidy payments through the EHR Incentive Program. Mike can be reached at mikeu@dentalgrouppartners.com or 425-434-7102.

References:

Answers:
1. The correct answer is option b. User perception of EHR training quality was strongly associated with EHR satisfaction, more so than vendor choice or IT budget.
2. The correct answer is option c. EHR personalization was strongly associated with a perception of high-quality training.
3. The correct answer is all of the above.

Questions:
1. The single greatest predictor of EHR satisfaction at a given health care delivery organization is:
   a. IT budget
d. EHR vendor software version
2. One EHR training best practice for achieving EHR mastery:
   a. Classroom training of at least 8 hours
d. Vendor demos
3. The Systematized Nomenclature of Dentistry (SNODENT) is a sub-group of SNOMED Clinical Terms (CT), a vocabulary designed for use with electronic health and dental records. Its intended purpose is to:
   a. Provide standardized terms for describing dental disease
b. Capture clinical detail and patient characteristics
c. Permit analysis of patient care services and outcomes
d. To be interoperable with Dental Electronic Health Records (EHR)
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Top tips for handpiece infection control

Ensuring these devices are properly maintained is critical for their longevity.  

by Robert Elsenpeter

Probably the most ubiquitous piece of equipment in the dental practice is the humble handpiece. It isn’t just there to strike fear into the hearts of patients; it’s the workhorse of the office. Unlike some other instruments and pieces of equipment requiring upkeep, handpieces are delicate, precision-engineered devices that demand their own unique care.

Manufacturer’s instructions

“The office needs to make sure they get the instructions for use with the new device,” says Peggy Spitzer, a dental hygienist and clinical education manager for Certol International. “A lot of times, it’s Christmas morning and they’re ripping open the packaging and excited to use the device, but they have to make sure that the instructions are not discarded.”

But, before that device even gets placed into service, it must be understood.

“Someone will have the not-pleasant task of going through the instructions and finding things in there that may be frustrating or perhaps just flat-out wrong,” she continues. “And, that takes some knowledge on the part of the person that’s reading instructions to even figure out, ‘This doesn’t sound right.’”

While that chore may sound time-consuming and overwhelming, Spitzer points out it would be easier on staff if manufacturers did more to reconcile their instructions for use (IFU).

“I think where it really is pretty simple is that when you look at a number of manufacturers, almost all of them follow the exact same protocol from the time that it leaves the operatory until the time that it is put into the sterilizer.”

The first step, he says, is cleaning off the handpiece. But, even that first, seemingly simple step is often performed incorrectly.

“We did some surveys a number of years ago, from 2012 to 2016, about this step in the process, and about 65 to 70 percent of dental offices are using a disinfectant wipe to externally clean the handpiece,” Ozelski says. “If you go into a steak restaurant and you’re sitting down for dinner, but you’re afraid that the knife isn’t clean, would you take out a chemical-based disinfectant to clean off your fork and knife and then start to eat your food? No.”

Once that step is completed, the handpiece should be safely transported to the sterilization center. Ozelski notes the handpiece—as well as all other dental instruments—should be transferred to the sterilizer in a covered, sealed container. After the cleaning process, the handpiece should be lubricated and then purged.

Do your research

Because handpieces are expensive and delicate pieces of equipment, it’s wise to spend some time researching before a purchase is made.

“When they’re making an investment in a device and it’s something that’s going to go inside the patient’s mouth, they should be reading or obtaining the instructions or finding more about how to maintain and reprocess the device from the manufacturer,” Spitzer says. “That pushes the manufacturers to give them all this information before they make a decision to make a purchase.”

Failing to do enough research on a device is a common enough problem, but one that can be avoided.

“It happens everywhere,” Spitzer says. “It happens in big hospitals. It happens in little dental clinics. They’ll buy equipment before they research it, and then they have purchased something that’s going to be very difficult to maintain, and especially to reprocess, to use on another patient.”

I’m most aware of is handpiece manufacturers will tell the users to clean the handpiece with alcohol. That is the No. 1 defect from an infection control standpoint. They tell these folks to clean the handpiece with alcohol, and that is a failure because isopropyl alcohol is not a cleaner.

Best practices

While each handpiece model will have its own IFUs, there are general cleaning and maintenance steps that hold true for all handpieces. Regrettably, those steps are often misunderstood.

“The biggest problem is they’re never really been properly educated on the process with what happens from that handpiece from the time it is done with a procedure in the operatory until the time that it is put into the sterilizer,” says Eric Ozelski, North American product manager, SciCan. “There’s a bunch of sequential things that should happen. A lot of that can be due to the fact that they’re not reading the IFU. If you look at a number of manufacturers, almost all of them follow the exact same protocol from the time that it leaves the operatory until the time that it is put into the sterilizer.”
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3 reasons why OMNICHROMA should be in your practice

by Emily Collins, associate product manager

Tokuyama Dental America’s OMNICHROMA is the newest generation of universal composites. Launched in February of 2019, the product has quickly shaken up the composite market, exciting dentists across the country as they try their hands at this product for the first time. As the first universal composite that can match every tooth shade with one shade of composite, it’s truly revolutionary technology.

As OMNICHROMA continues popping up in dental practices across the U.S. and the rest of the world, some doctors have wondered why they should try OMNICHROMA and what benefits it may offer their practice.

Below we discuss three reasons why OMNICHROMA should be in your practice based on what doctors have told us about their own experiences with this innovative product.

1. No more time-consuming, subjective shade-matching procedures
Shade-matching can often be a tedious and difficult part of a restorative procedure. Using various shade-matching guides held up to teeth can help to simplify the process, but often, the shade guides vary depending on the brand. Moreover, composite brands’ shades don’t always match these shade guides perfectly, adding even more subjectivity to choosing a shade. Various factors such as lighting, the paint color of the room and vision differences such as color blindness can determine which shade appears to match. And, none of this takes into account the fact that many times teeth exhibit multiple shades, not just one. All of these factors make it very difficult to perfectly match the color of a tooth.

OMNICHROMA eliminates these concerns by serving as a single shade of composite that can match every tooth shade in most restorative cases—even when that tooth consists of multiple shades. Doctors no longer have to worry about taking the time to find a shade that matches because OMNICHROMA will work with almost every case. This will help to reduce chair time during procedures and the unneeded stress and worry shade matching can cause.

2. Save money on overhead and reduce waste at your practice
To match every patients’ tooth shade, most doctors keep several shades of composite on hand at all times. These shades can range from commonly used shades, such as A2, to much less commonly used shades, such as D4. The trouble with this is often these rarely used materials end up expiring before they’re used up completely. A recent survey by Dental Products Report found 47 percent of dentists throw away up to 5 percent of their composite due to it expiring. At a more extreme end of the scale, one dentist said he throws away up to 30 percent of composite due to it expiring. Evidently, all of this wasted composite results in unneeded expenses and high overhead costs.

OMNICHROMA solves this problem by offering a single shade of composite that matches every tooth shade. With a shelf life of three years and its expansive shade-matching ability, OMNICHROMA will be used by your practice so often the likelihood of it even having a chance to expire is very low. Not only does this reduce the chance of having to toss expired composite, but it can also significantly reduce overhead costs by decreasing the variety of composites previously needed to be kept on hand.

3. No need to replace the composite after teeth bleaching
How often do you complete an entire restoration just to have the patient ask about teeth bleaching right when you’re done? With most composites, this is a problem—the shade of the composite won’t adjust with bleaching, so it has to be replaced. OMNICHROMA, on the other hand, will continue to match the tooth.

Because OMNICHROMA actually generates the color of the surrounding tooth without any added dyes or pigments, it’s constantly adjusting to the color of the tooth over time. So, if a tooth color slightly changes from bleaching or even aging, OMNICHROMA will naturally and seamlessly adapt to the color of the tooth. For patients, this means they’ll have a beautiful, long-lasting restoration. For doctors, this means they won’t have to worry about redoing restorations after bleaching or over time as the patient’s tooth begins to naturally shift in color.

There’s a reason Tokuyama’s OMNICHROMA is quickly cascading into the dental market and throughout dentists’ offices across the globe. Its innovative technology is simplifying restorative procedures and saving doctors from the daily troubles shade matching can cause.

Be the next doctor to try it:
Head to OMNICHROMA.com/US to learn more and request your sample today.

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Why Are Thousands of Doctors Trusting OMNICROMA?

“OMNICROMA is GROUNDBREAKING—a win-win for all offices. No need to stock 30 composite shades that expire and take up space. So economical and it works great!”
- Dr. Peter Auster

“OMNICROMA has all the features you need from handling, strength, polishing and, most importantly it matches all the tooth shades. This is my go-to composite from the simplest to the complex... The result speaks for itself.”
- Dr. Allan Mohr

Innovated to color-match like you’ve never seen before. Tokuyama’s unique dental composite matches every shade from A1 to D4 with just one shade of composite. By streamlining the restorative process, OMNICROMA simplifies day-to-day dentistry and saves you time and money.

*Limit one sample kit per doctor. While supplies last. Offer valid until 11/30/19. Please allow 4-6 weeks for delivery of complimentary goods. Offer valid in US and Canada only. For evaluation purposes only. Participating doctors or dentists are obligated to properly report and reflect any bonus product, rebates, discounts or other financial benefits they receive on their submissions to Medicare, Medicaid, state or federally funded healthcare program and/or private insurance.

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best practices

top 13 ways to get new patients

[by Lisa Newburger, LISW-S]

The age-old question comes up: what exactly can you do to grow your business, help more people and make more money? This is business development that will impact your bottom line and keep your doors swinging open. Here are 13 things you can do.

01 Advertise
I remember seeing a sign on the street and finding my dentist simply by driving past the sign. Potential patients need to know you’re out there.

02 Gift certificates for whitening packages

03 Bridal parties before the big day
Bridesmaids usually get their hair and nails done. What about whitening their teeth too?

04 Career Day speaker at a local school
Educate kids about what dentists do. Pass out coupons and toothbrushes they can bring home to their parents who are the decision makers.

05 Discounts or packages for certain bundled services

06 Word of mouth
Are you asking for referrals? Why not? If someone likes your services, ask him or her to post about it online.

07 Better utilize your website and social media by hosting drawings for free cleanings
Make sure you reach out with marketing materials to anyone who signs up for the drawing. Follow-up is critical.

08 Follow-up phone calls with patients who had challenging dental work
Providing exceptional dental care will make all the difference in having a satisfied customer.

09 Sponsorships at fashion shows
The beauty industry as well as the health industry have opportunities you may not have considered.

10 Articles in beauty magazines about cutting-edge technologies to improve the whiteness of one’s teeth
This is a multibillion-dollar industry. Think outside the box.

11 Provide teeth whitening for all your staff free of charge
Your staff members are your brand. You want them to have gleaming teeth when they work on your patients. It demonstrates how incredible your services are when your employees’ teeth sparkle.

12 Speaking engagements partnered with health food products
Provide educational information about what nutrition does to teeth.

13 Before and after pictures
Show your audience the impact you make on dental care. The ideas are endless. Sit down with your staff and brainstorm. Be creative and have fun! Remember that you have a team—and they have you.
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