Part 3 of 3

By Denise Ciardello
Easy Dental Trainer and Co-Founder, Global Team Solutions consulting firm

When I go into practices to triage their business emergencies, I often find the answers are simpler than many thought possible. I have written an eBook with five things you can start doing today to have the most productive and efficient practice. In Part 1, in Thursday’s issue of today, we discussed making a personal connection. In Part 2, we learned about the three Rs.

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See your financial big picture
Your practice’s financial health all begins with your financial policy. It’s deceptively simple but consider what you gain when these expectations are set up front:

• When patients will pay their portion.
• Methods of payment your office accepts.
• Explanation of any in-house payment plan.
• Details of third-party patient financing, such as CITI Health Card, CareCredit, etc.

Many of your financial headaches come from trying to resolve issues stemming from your expectations that, for whatever reason, may not have been clear to patients when they received treatment.

Going over your financial policy with patients before doing any work will greatly ease these administrative headaches.

Take a minute to help patients understand
By giving the patients a general idea of what procedures will be covered by their insurance and at what percentage, they’ll know better how to use their benefits intelligently. Then they will understand how and when they are expected to provide payment to you themselves.

Have the financial discussions first
Before you even schedule any appointments for planned treatment where payment will need to come from both the patient and insurance, you need to discuss with patients how much and when they are going to pay.

This is true even in case of emergency treatments. Discuss payment before emergency patients are numbed up, so they can make an informed decision about what they are able to pay for and then offer them only those services.

If the doctor is in the middle of treatment and the treatment plan changes, it can be hard to stop and consider the financial aspects, but if possible, find a place to pause and let the financial coordinator come in and give the patient a quick update. I recommend the assistant be in charge of reminding the doctor, with a cue such as, “Doctor, do we need to have Betty come in and give Mrs. Gonzalez an update on how the insurance may change at this point?”

The bottom line is that having these financial conversations before treatment will prevent awkwardness, unwanted surprises and any hard feelings afterward, so your patients will leave satisfied and happy to come back.

Find these tips and more when you download my free eBook at www.easydental.com/ada.

5 ways to increase practice productivity

Part 3 of 3

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Reference: 1. New technology compared to current Cavitron systems
Reference: 2. Steri-Mate® 360 available on G139 Integrated unit only

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Visit Booth Number #2405
What is more important in your practice: Patient care quality or perception?

There are pros and cons to everything in life, and fluoride varnish is no exception. In the past few years, there has been a movement toward using white (hydrogenated) rosin in fluoride varnish, based solely on the preference of esthetics over efficacy. If you are using a hydrogenated white varnish, your practice has chosen a misinformed perception of varnish capabilities over high-quality patient care.

There are many factors that affect fluoride release of a varnish. A major contributor is the base material—in many cases rosin. Products that solely use hydrogenated white rosin consistently have lower fluoride release compared to StarBright. Hydrogenated rosins undergo an additional chemical process, which bleaches the rosin by heating the material with hydrogen gas over a metal catalyst—lead, aluminum, nickel, platinum and/or palladium. The second stage of the process removes as much of the metal residue as possible, but it never completely removes these metals.

In addition to the issue of using metal, the chemical processing of the hydrogenated white rosins causes the varnish to be less adhesive than natural-based rosins. Most of the varnishes using this processed rosin do not adhere well to teeth, and those that initially stick to the surface wear off in a few hours after application. When you attempt to brush the varnish off your teeth, and you do not see the varnish on your toothbrush, it proves it is not still adhering at that point. This means that your patients have a much higher possibility of swallowing the fluoride, as well as ingesting trace amounts of metal.

Natural rosins do not use chemicals or metals to change the color of rosin before being added to the varnish. The natural rosins are heated in a still to allow the unwanted materials to be filtered out through phase separation. StarBright 5 percent sodium fluoride varnish, manufactured by Nanova Biomaterials, Inc., utilizes a natural-based rosin, eliminating the risks of your patients ingesting chemically-altered rosin. It is sweetened with Xylitol and comes in five flavors: caramel, bubblegum, mint, strawberry and cinnamon.

Due in large part to the natural rosin, StarBright has one of the highest fluoride release rates on the market, according to Nanova Biomaterials. It actually stays on teeth, ensuring the fluoride goes to the tooth and not the tummy.

In addition, when applied in a thin layer to dry teeth, the tinted rosin is not visible on the teeth. So Nanova Biomaterials invites you to ask yourself, what is more important to your practice: Patient care quality or a misinformed perception of varnish?
When people need treatment now, they also need options now.

The CareCredit credit card is a payment option that lets your patients choose the care that’s best for them and helps them get started now—without delay.*

* Subject to credit approval.
Planmeca ProMax S3: Capture interproximal caries extraorally

By Planmeca USA Staff

What if dentists could capture interproximal caries and more extraorally? The Planmeca ProMax S3 makes this achievable with the anatomically accurate extraoral bitewing program, possible only with patented SCARA (selectively compliant articulated robotic arm) technology.

The Planmeca ProMax S3 makes this achievable with the anatomically accurate extraoral bitewing program, possible only with patented SCARA (selectively compliant articulated robotic arm) technology.

These extraoral bitewings eliminate gagging and capture a greater number of surfaces for better caries detection versus intraoral modalities* and are especially useful for periodontal patients, children, elderly patients, claustrophobic patients, patients with special needs, patients who gag or patients in pain.

ProMax's extraoral panoramic bitewings consist of two bitewing images that are focused to expose interproximal contacts and magnified for higher resolution. These images show details from premolar to third molar areas, including parts of the maxilla, mandible and rami.

They are also useful in the placement of temporary anchorage devices (implant abutments) in certain treatments. This captures more clinical data (lateral to third molar) and consistently opens interproximal contacts better than most intraoral methods.

All of this comes without the challenges of sensor placement, the changing of sensor sizes, disinfection and equipment maintenance, helping clinical procedures run quicker and smoother than ever before, according to the company.

The ProMax S3 also offers innovative features for compliance with the ALARA radiation safety principle. Its unique autofocus feature significantly reduces retakes, while adjustable kV and mA settings, as well as horizontal and vertical segmentation, provide the tools to limit radiation based on clinical need.

The unit is software-driven for upgradability, from advanced 2-D imaging programs to cephalometry, one-shot cephalometry, digital impression and cast model scanning, Proface 3-D facial photos and 3-D imaging.

All of the units include open-architecture Planmeca Romexis, a versatile software suite designed to support optimal imaging workflow and usability at chairside.

* According to “Efficacy of ProMax Bitewings vs. Intraoral Bitewings.” For a copy of this study, contact Planmeca USA.
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Dental unit waterlines: Update on guidelines, regulations, standards

By Shannon E. Mills, DDS

- Guidelines, regulations and standards related to dental water quality all influence the design and marketing of dental equipment, clinical practice and occupational safety. The Centers for Disease Control and Prevention (CDC) “Guidelines for Infection Control in Dental Health-Care Settings, 2003,” provide the standard of care for clinical practice relative to dental water quality that inform regulations and enforcement by state dental boards.

CDC guidelines may also be used to establish the standard of care in the course of malpractice litigation. A recent case report describing fatal legionnaire’s disease linked to contaminated dental water, along with studies demonstrating high levels of bacterial lipopolysaccharide in dental treatment water, have raised new questions about the health consequences of biofilm colonization of dental waterlines.

When selecting a device or material to control or eliminate biofilm in dental water, the end user should have knowledge of the regulatory processes and standards and be prepared to ask the manufacturer about relevant approvals and clearances.

The US Food and Drug Administration (FDA) is responsible for protecting the public health by assuring the safety, efficacy and security of medical devices, including dental equipment, instruments and materials. Dental units and handpieces are Class II medical Devices, ultrasonic scalers are Class II devices and dental lasers are currently unclassified. All require 510k clearance to market and must conform to Good Manufacturing Practice (GMP).

There is currently no specific documentation required for water delivery systems. FDA currently uses national and international standards in their pre-market review process.

After-market dental water treatment devices must be cleared as Class I or II medical devices and are subject to general controls under the Food Drug and Cosmetics Act. Waterline treatment systems integrated into the dental unit are included in the 510(K) approval process.

Anti-biofilm and other germicidal agents must be registered with the US Environmental Protection Agency or state environmental regulators. The general controls provisions of the Food Drug and Cosmetics Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling and prohibitions against misbranding and adulteration.

- Installing DentaPure is a simple process. (Photo/Provided by Crosstex International)

Waterline products that claim disinfectant efficacy must be registered with the Environmental Protection Agency (EPA). If not EPA-registered, they can be labeled as waterline cleaners only. Waterline treatment devices that are sold separately and require connection to dental units must be registered with the FDA as medical devices. Some states may also require registration with their environmental regulatory agency.

Biofilm is considered to be a “pest” by the EPA, and therefore, label claims must prevent, destroy, repel or mitigate biofilm on an inanimate environmental surface are pesticidal claims that require registration under the Federal Insecticide Fungicide and Rodenticide Act (FIFRA) — including product efficacy data.

Biofilm expresses unique characteristics and requires unique and relevant test methods for measuring product efficacy. The choice of method will dictate the type of label claim.

EPA has proposed interim guidance for efficacy evaluation of antimicrobial pesticides for treating hard non-porous surfaces contaminated with bacterial biofilm. Registrants and applicants may propose and submit alternative practices to the agency for assessment and evaluation on a case-by-case basis, and this guidance may be updated in the future.

Dental unit design characteristics contribute to biofilm growth and resistance to remediation because of long lengths of narrow bore tubing, dead legs, gauges, control blocks and valves. The complex geometry of dental water delivery systems creates unique challenges for inactivation and removal of biofilm.

For this reason, the International Organization for Standards (ISO) under ISO Technical Committee 106 — Dentistry has undertaken the development of international standards specific to dental equipment that describe test methods to demonstrate the ability of waterline treatment products to remove or prevent development of biofilm in dental equipment.

These standards describe use of a standardized microbial consortium and test conditions needed for laboratory evaluation of treatment methods to improve or maintain the microbiological quality of water from dental equipment but do not set standards for microbial levels in dental unit water.

These standards may be used in the future by FDA, EPA and state environmental regulators as part of approval and registration processes.

Summary: The manufacturers of dental waterline treatment devices and agents must have appropriate approvals and clearances from federal or state regulatory agencies to make anti-biofilm claims. Knowing the basic regulatory framework can help dentists make better informed purchasing decisions in order to ensure the health and safety of patients and health care workers.

For more information on FDA regulation of medical devices, go to www.fda.gov/MedicalDevices/default.htm. To learn more about EPA registration of products with anti-biofilm claims, go to www.fda.gov/MedicalDevices/default.htm. ANSI/ADA and ISO standards are available at www.ada.org/en/science-research/dental-standards.

References

Here at the ADA

To learn more about DentaPure, which can help with all your water line needs, stop by the booth, No. 3231 in the Tech Expo Arena.
A REVOLUTIONARY 4-META adhesive resin cement system that delivers OUTSTANDING BOND STRENGTH and ADVANCED SEALING PROPERTIES.

- Quick and easy to use.
- Superior long-term bond strength.
- No separate etching when using Parkell’s unique, low viscosity, self-etch primer.
- Seals and protects the tooth from marginal leakage.
- Dual-cure will also cure in areas where a curing light can’t reach.
- Virtually no post-op sensitivity.

SEecure shows significantly HIGHER TENSILE BOND STRENGTH to tooth structure than most other simplified adhesives.

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<th>ADHESIVE CEMENT</th>
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<td>PANAVIA F2.0 (Kuraray)</td>
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In lab tests, self-adhesive cements demonstrate modest tensile bond strength to tooth structure, generally in the 1-3 MPa range. SEecure delivers 2-5 times the bond strength and virtually shuts down marginal leakage.

SECURE® is one of the most affordable resin cement systems available today, providing STRONGER, MORE RELIABLE BONDS TO CUT ENAMEL AND DENTIN than other leading brands. How? By way of its penetration enhancing molecule—4-META. This unique monomer quickly and efficiently permeates cut enamel and dentin to form a hybrid layer between the tooth and adhesive resin. SEecure’s biocompatibility not only creates a dependable bond between prosthesis and tooth surface, it also occludes patent tubules to guard against external stimuli, bacteria and other sensitivity causing agents. Virtually shuts down microleakage, too, for stain-free margins.

As far as application goes, SEecure is a piece of cake. You start out by conditioning the tooth with SEecure’s low viscosity, self-etching primer. Simply allow it to sit undisturbed for 10-20 seconds and then gently blow the liquid for 5 seconds to ensure that the area is not overly wet. That’s it!

Next, apply SEecure’s resin cement. It flows effortlessly out of its automix syringe to provide clean, accurate placement of the prosthesis. It’s also conveniently dual-curing once in place. You can light-cure it in about 40 seconds, or allow it to self-cure in approximately 2 ½ minutes. This twofold convenience means you can use SEecure for anterior as well as posterior jobs, and in areas where your curing light can’t reach—under PFM crowns, down post holes—wherever!

Clean up is a breeze. Upon seating the prosthesis, you can either immediately wipe away the excess cement while it’s still soft, or peel it off after a 2-3-second exposure to any dental curing light.

As for the results? You get a securely placed restoration, a patient who doesn’t experience any post-op sensitivity and savings that go directly into your wallet!

SECURE® Adhesive Resin Cement System (2270) $179.00
Kit includes one self-etch primer (3ml), one syringe of translucent shade dual-cure resin cement (9g); applicator brushes; 10 mixing tips; and one mixing well.

SECURE Self-etch Primer (2271) $67.25
Includes one bottle (3ml).

SECURE Dual-cure Resin Cement (2273) $113.50
Includes one (9g) syringe, plus 10 mixing tips. Translucent Shade (2272); White Opalescent Shade (2273); Dentin Shade (2274)

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Making digital dentistry ‘iSy’ for surgeons and their partners

By Henry Schein Dental Surgical Solutions Staff

Henry Schein Dental Surgical Solutions is featuring the new iSy® (pronounced, “easy”) implant system at its booth (No. 2305) here at the ADA. iSy, manufactured by Camlog and exclusively distributed by Henry Schein, was first introduced into the U.S. market during last month’s American Academy of Implant Dentistry annual educational conference.

iSy, a play on the words Intelligent System, is designed to optimize implant treatment efficiency while minimizing the complexity of treatment planning, enabling practitioners to choose a digital, conventional or combined treatment workflow.

The iSy implant system is packaged with everything needed for the clinical team to place and restore an implant. The system includes the implant, a pre-mounted abutment, two multi-function caps (scan body, impression coping, temporary coping, bite registration aide), a protective cap and a final drill. iSy offers clinicians the choice and flexibility to customize implant cases.

“As more surgeons and their restorative partners are driven to deliver high-quality patient care at an affordable price, implementing digital dentistry into the practice offers an opportunity to improve efficiency and enhance patient care,” said Tony Susino, vice president and general manager of Henry Schein Dental Surgical Solutions.

“Henry Schein offers a comprehensive technology portfolio with associated training for dental implant digital dentistry. The CBCT, intraoral scanner, final lab scanner and mill can all be seamlessly connected with the innovative implant concept of iSy. Our customers will have everything they need for an entire implant case, from final drill to final abutment in one package, all supported by Henry Schein and its digital portfolio.”

iSy is optimized for a digital workflow. By partnering with leading technology manufacturers, the system can seamlessly integrate with the diagnosis and treatment plan phase (CBCT); the intraoral digital impression; the CAD/CAM abutment delivery, and the final crown, either during the first stage surgery or at a later phase after healing. Conventional and digital treatment workflows can also be combined to provide a customized final result.
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For the ninth consecutive year, CareCredit donated $100,000 to the ADA Foundation (ADAF) Give Kids A Smile (GKAS) Fund. The $100,000 grant is designated to support Give Kids A Smile through funding of three major initiatives:

- GKAS NASCAR elementary school oral health education events for underserved children.
- ADA Mission of Mercy and Give Kids A Smile oral health education and treatment event.
- GKAS and TeamSmile collaborative oral health treatment events, teaming sports and dental professionals to improve children’s oral health. Building off the success of previous years, children from underserved communities participated in GKAS NASCAR oral health education events held in Indiana, South Carolina, North Carolina and Alabama earlier this fall. These education events incorporated key messaging from the Ad Council’s 2min2x oral-care campaign, educating and encouraging children to spend two minutes brushing their teeth, twice a day. As in past years, each child who attended the event received free oral-health goody bags.

The grant is also supporting the ADA Mission of Mercy, a one-day free oral health-care event being held in conjunction with the ADA here in Washington, D.C., on Sunday. During the event, dentists and dental team members will volunteer their services in the Give Kids A Smile area to provide up to 200 underserved children with education, screenings, cleanings, sealants, fluoride treatments and needed restorative care.

In the fall, the CareCredit donation also funded several GKAS and TeamSmile collaborative events held in conjunction with professional sports teams. Dentist and dental team members volunteered their time to provide education and free oral-health treatment to underserved children in collaboration with high-profile sports teams.

“Teaming up with the ADA Foundation’s Give Kids A Smile program enables us to deliver a message about good oral health to thousands of parents and children this year,” said Cindy Hearn, senior vice president branding and communications for CareCredit, member of the ADA Foundation Board and GKAS National Advisory Committee, upon making the donation.

“As the founding donor of the ADA Foundation GKAS Fund, we are pleased that our grant will, once again, be used to further support these exciting programs and can, in a unique and relevant way, improve the lives of children who have little to no access to necessary dental care.”

For more information about the GKAS events, visit facebook.com/GiveKidsASmile or follow GKAS on Twitter @GiveKidsASmile.