ADA backs task force’s proposals addressing national opioid crisis

27 medical organizations involved in AMA-led effort

Opioid abuse has reached crisis levels across the country, with 44 people dying each day from overdose of opioids and many more becoming addicted. Recognizing the urgency and serious impact of this issue on the health of hundreds of thousands of patients across the country, the American Medical Association (AMA) formed a Task Force to Reduce Opioid Abuse that recently announced the first of several national recommendations to address this growing epidemic.

“As health-care professionals, we’re on the front lines of this issue and see how it causes devastating destruction for every life that it touches,” said ADA President, Dr. Maxine Feinberg. “Together, we can harness the collective power of preventative education and intervention to help reverse this epidemic. The ADA stands firmly behind this task force.”

The AMA Task Force to Reduce Opioid Abuse comprises 27 physician organizations including the AMA, the American Osteopathic Association, 27 specialty and seven state medical societies as well as the American Dental Association — all committed to identifying the best practices to combat this public health crisis and move swiftly to implement those practices across the country.

“We have joined together as part of this special task force because we collectively believe that it is our responsibility to work together to provide a clear road map that will help bring an end to this public health epidemic,” said AMA Board Chair-Elect Patrice A. Harris, MD, MA. “We are committed to working long-term on a multi-pronged, comprehensive public health approach to end opioid abuse in America.”

The new initiative will seek to significantly enhance doctors’ education on safe, effective and evidence-based prescribing. This includes a new resource website that houses vital information on prescription drug monitoring programs (PDMPs) and their effectiveness for physician practices, as well as a robust national marketing, social-media and communications campaign to significantly raise awareness of the steps that prescribers can take to combat this epidemic and ensure they are aware of all options available to them for appropriate prescribing.

(Source: ADA)
Smallest dimensional attachment system is compatible with all implants

OT Equator vertical profile is 2.1 mm, diameter is 4.4 mm

Rhein’83, a global producer of precision attachments on removable prostheses, describes its OT Equator as the smallest dimensional attachment system on the market. It has a reduced vertical profile of 2.1 mm and diameter of 4.4 mm (metal housing included). It is compatible with any implant brand. Because of its shape, Equator provides superior stability when compared with traditional attachments, according to Rhein’83. Caps are available in four colors, based on levels of retention — from a minimum of 0.6 kg to a maximum of 2.7 kg. Caps should always be used with metal housing. To learn more about OT Equator, you can contact the company by email at info@rhein83usa.it or by telephone at (877) 778-8383.

Because of its shape, Equator provides superior stability when compared with traditional attachments, according to Rhein’83.

Caps should always be used with metal housing.

To learn more about OT Equator, you can contact the company by email at info@rhein83usa.it or by telephone at (877) 778-8383.

Additionally, you can visit the company online at www.rhein83usa.com to learn more about all of its products and services, including the OT Equator.

(Source: Rhein’83)

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see articles about in Dental Tribune? Let us know by sending an email to feedback@dental-tribune.com. We look forward to hearing from you!

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20 YEARS OF EXCELLENCE
Henry Schein Inc. receives Hispanic Dental Association corporate award

Henry Schein Inc. was recently honored with the “Corporate Award” presented by the Hispanic Dental Association. The HDA is a national, nonprofit organization comprising oral health professionals and students dedicated to promoting and improving the oral health of the Hispanic community and providing advocacy for Hispanic oral health professionals across the United States.

Stanley M. Bergman, chairman of the board and chief executive officer of Henry Schein, accepted the award at the association’s 25th annual conference held Aug. 14–16 in San Antonio, Texas.

The company was recognized for its decades of support of numerous initiatives to increase diversity and cultural competency in the oral health professions for the U.S. and global Hispanic communities, as well as for its commitment to promote access to care and health care equity worldwide.

“It is an honor to accept this prestigious recognition by the HDA, an organization whose remarkable quarter century of success in advancing oral health here in the United States and globally has been an inspiration,” Bergman said. “Henry Schein shares the HDA’s strong commitment to promote greater awareness of oral health issues facing the Hispanic population, to advocate for greater Hispanic representation in the oral health professions, and to support the continuing education of Hispanic dental professionals. The HDA has been at the vanguard of eliminating oral health disparities in the Hispanic community, and Henry Schein is proud to have been its partner for the past 25 years, most recently through our support of the HDA leadership program for the New York City Tri-State area.”

(Source: Henry Schein Inc.)

DENTSPLY Pharmaceutical controls quality at every step

By DENTSPLY Pharmaceutical Staff

For more than 100 years DENTSPLY International has been supporting dentists worldwide in their profession. The company’s trusted and comprehensive range of aesthetics enables dentists and hygienists to start every procedure right. DENTSPLY Pharmaceutical ensures quality at each step of the product’s journey — from collection of active molecules all the way through to when the packages arrive at your office.

Each cartridge is twice sterilized with a sterilizing filter followed by an autoclave method. Cartridges are then visually inspected with an electronic laser for defects and impurities, including but not limited to cracks, foreign particles, color and density. Each cartridge is mylar-pack labeled to restrain the individual pieces in case of a break — thus avoiding any injuries. Each set of 10 cartridges is then blister packed to avoid breakage. Finally, each cartridge is color-coded as per industry standard ADA system.
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American Association Of Oral And Maxillofacial Surgeons
Oct. 1-3, 2015 / Booth #520 / Washington, D.C.

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Silhouette is patent pending.

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The American Association of Oral and Maxillofacial Surgeons 97th Annual Meeting will take place Sept. 28–Oct. 3 in the nation’s capital.

The Washington, D.C., event has the theme of “Meeting the Challenge: Innovative Care of the Surgical Patient,” and event organizers say after attending, participants should be able to discuss and apply innovative care of the surgical patient based on evidence-based medicine; provide open communications with the surgical team to improve care within OMS guidelines; and identify and address challenges of the surgical patient.

General meeting, registration, grants admission to three full-day clinical module programs; symposia, the Keynote Lecture, oral abstract and poster sessions, open forums; CIG programs; and the exhibit hall.

Speakers at this year’s annual meeting include Drs. Andrew R. Salama, Daniel Oreadi, Jack A. Buhrow, Michael J. Gunson, Louis G. Mercuri, Craig M. Misch, Stuart E. Lieblich, Michael A. Pikos, Peter K. Moy, Derek M. Steinbacher and many more.

Clinical modules

Three full-day clinical module programs will focus on a different topic each day. The “Dental Implant” module will take place on Thursday, Oct. 1, the “Dentoalveolar” module on Friday, Oct. 2, and the “Anesthesia” module on Saturday, Oct. 3. Each of these module programs will begin with a large audience plenary session, followed by a number of smaller break-out sessions as the morning progresses. After lunch, the “Dental Implant” and “Dentoalveolar” sessions will include oral abstracts and “How I Do It” clinical presentations. The “Anesthesia” afternoon session will include a review of OMSNIC closed case files. Tickets are not required for these three clinical module programs. Space will be available on a first-come, first-served basis. Please indicate your intention to attend on your meeting registration form.

Clinical courses

Each clinical course has been designated as one of the following course types: case study, innovative techniques, open forums; CIG programs; and the exhibit hall.

AO announces call for applications for 2016-2017 Osseointegration Foundation Research Grants

By AO Staff

Dental professionals pursuing groundbreaking dental implant research may be eligible for as much as $30,000 in research grants. The Academy of Osseointegration (AO) announced it is currently accepting applications for the 2016-2017 Osseointegration Foundation Research Grants.

Applications that address areas of research to enhance the public acceptance of implants are encouraged. The submission deadline is Nov. 30 and applications can be downloaded at the AO website: www.osseo.org.

“These grants are a tangible way to support researchers who share the academy’s commitment to being on the leading edge of evidence-based dentistry,” said Osseointegration Foundation President Mollie Winston, DDS.

First-place grants of up to $30,000 each will be awarded to research teams in the categories of Basic Science, which is research to advance implant knowledge that does not include human subjects, and Applied Science, which is research to advance clinical implant dentistry that does include human subject(s). Additional awards of up to $15,000 each will be given to the second-place recipients in the same categories.

To qualify, research grant proposals must be submitted by an AO member, faculty member or student who conducts research in any academic dental institution, at least one person on the research team must be an AO member. First place grant recipients are required to present their results at the 2017 AO Annual Meeting, as well as submit a research manuscript to The International Journal of Oral and Maxillofacial Implants no later than December 31, 2017.

2015-2016 award recipients

The 2015-2016 AO/Osseointegration Foundation research grant recipients are listed below. First place recipients will present their findings at AO’s 31st Annual Meeting to be held Feb. 17-20 in San Diego.

Basic Science

• First Place, $30,000: “MicroRNA Expression and Their Role During Osteoblast Differentiation on Nanoscale Titanium Surfaces,” by Gustavo Mendonca, DDS, MS, PhD, University of Michigan

• Second Place, $15,000: “Mimic the Natural Bone Regeneration by Using Three-dimensional Co-culture of Adipose-Derived Macro Spheroids with Monocytes” by Hidemi Nakata, DDS, MS, PhD, Tokyo Medical And Dental University

Applied Science

• First Place, $30,000: “Adhesion, Proliferation and Osteogenic Differentiation Potential of Gingival Mesenchymal Stem Cells Over Failed Implants” by Julio Carion, DMD, PhD, Stony Brook University

• Second Place, $15,000: “3D Printing Cell-Sheet Technology: Development of Patient-Specific In Vitro Assessment Tools for Evaluation of Implant Surface” by Hyunmin Choi, BDS, Yonsei University

About the Osseointegration Foundation

The Osseointegration Foundation is the philanthropic arm of the AO and is chartered to develop and provide financial support for the art and science of osseointegration. Grants are awarded annually for research as well as patient treatment.

By Sierra Rendon, Managing Editor
#AskAO: How do I improve guided surgery outcomes?

Recent AO webinar offers Dr. Jaime Lozada’s down-to-earth tools to minimize complications

By AO Staff

Guided surgery for implant placement provides great benefits for clinicians but can also create complications. Because of this dichotomy, some dentists shy away from its use. As part of the new webinar series for the Academy of Osseointegration (AO), Dr. Jaime Lozada presented the advantages and disadvantages of guided surgery. He also shared how to minimize some of the common complications associated with it.

The webinar was titled “Guided Surgery: Heaven or Hell?” but Lozada explained that it’s actually neither of those.

“It truly is a down-to-earth tool that we use in implant dentistry,” he said, emphasizing that guides do not replace insufficient level of training. “We need to use adequate clinical judgment and be well trained with our surgical and prosthetics skills to execute some of these procedures.”

The AO chose Lozada to present on the topic as he is instrumental in the training of residents and fellows in the latest techniques of oral implant surgery and prosthetics. He is a professor at Loma Linda School of Dentistry, as well as the director of graduate programs, restorative dentistry and oral implant dentistry there.

Guided surgery has a 16-year history, which yielded significant literature in the process. Lozada presented the consensus on the advantages and disadvantages of the treatment procedure, including:

Advantages of guided surgery (Heaven):
- Reduction of surgical errors
- Accurate implant placement
- Less invasive and less pain for patients
- Improved treatment time efficiency
- Simplified prosthetics rehabilitation

Disadvantages of guided surgery (Hell):
- Increased treatment time preparation
- Increased surgical errors

Scientific poster sessions

Posters will be available online and onsite during the meeting. Poster topics include anesthesia, infection, dental implants, nerve repair, OSA, orthognathic surgery, pathology, TMI, trauma, dentosalveolar, cleft and craniofacial surgery, cosmetic maxillofacial surgery and medicine. Continuing education credit is not offered for these sessions. Tickets are not required for the poster sessions.

Oral abstract sessions

Oral abstract sessions will be presented on Friday, Oct. 2. Each session will begin with a relevant presentation by an expert in the field, followed by oral abstract presentations. Tickets are not required for the oral abstract sessions.

For more information about the AAOMS annual meeting or to register and obtain hotel and travel information, visit www.aaoms.org.

Recent AO webinar offers Dr. Jaime Lozada’s down-to-earth tools to minimize complications.
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OsseoSpeed Profile EV is specially designed for efficient use of existing bone in sloped ridge situations.

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Try the Silhouette Nasal Mask for predictable nitrous oxide analgesia

**See this new product at the Porter Instrument booth here at AAOMS**

**By Porter Instrument Staff**

Invented by an oral surgeon (Dr. Robert Guyette DMD, MD), the Porter Silhouette Nasal Mask is the first truly innovative new product for nitrous oxide use in decades, according to the company. Nothing like it exists. Imagine a nasal hood that does not obstruct access to the oral cavity. Imagine a nasal hood that is so lightweight the patient barely notices it. Imagine a nasal hood that delivers and scavenges nitrous oxide more efficiently than any other nasal hood. Imagine a nasal hood that provides predictable results for the dentist and a pleasant experience for the patient, the company asserts.

The imagination is over — the Porter Silhouette will revolutionize how nitrous oxide is used in the dental practice. The Porter Silhouette is a single patient use disposable nasal mask and circuit. Featuring four size options (pediatric, small, medium and large), the Silhouette is designed with the lowest possible profile, making it easier for you to work around. A built-in capnography luer lock connection allows for a connection to your vital signs monitor while using nitrous oxide. In addition to the innovative shape and design, Silhouette has an adhesive strip for the bridge of the patient’s nose — securing the mask in place. This virtually eliminates gas flowing into the patient’s eyes and more effectively scavenges the exhaled gas, addressing the concerns of health-care provider safety. Infrared videos demonstrating this efficiency can be viewed on the Porter website at www.porterinstrument.com/silhouette.

Silhouette also allows for the efficient and effective administration of nitrous oxide, creating a more predictable analgesic experience for each patient, according to the company. Dentists may find they can actually use less gas, as the potential for the patient to inhale ambient air is diminished when using the Silhouette Nasal Mask. As a single use disposable product (both the mask and 36-inch tubing), set up and room turnover times can be improved. There is also less time needed for infection control protocols (compared with standard nitrous breathing circuits). Dentists and staff can now benefit from using nitrous oxide and oxygen in the practice — and work more efficiently with the new Porter Silhouette Nasal Mask, the company asserts.

Visit the Porter booth here at AAOMS for a demonstration and an opportunity to meet the inventor, Dr. Robert Guyette! You may also visit www.porterinstrument.com/Silhouette or call (215) 723-4000.

Above, the Silhouette Nasal Mask and protective eyewear. (Photos/Provided by Porter Instrument)

At left, the Silhouette Nasal Mask and 36-inch tubing.

Below, left, the Silhouette Nasal Mask allows for front teeth access.

‘The Porter Silhouette is a single patient use disposable nasal mask and circuit. Featuring four size options (pediatric, small, medium and large), the Silhouette is designed with the lowest possible profile, making it easier for you to work around.’
Experience the advantages of Hahn™ Implants

“The Hahn™ Tapered Implant System offers practitioners some distinct advantages: an easy-to-use surgical kit with length-specific drills, a thread pattern that engages the bone precisely as directed with a high degree of initial stability, and esthetic healing and restorative components for a natural emergence profile. Add to this the support of an industry-leading laboratory, and you won’t find a more complete implant system anywhere on the market.”

– Timothy Kosinski, DDS, MAGD; Bingham Farms, Michigan

“The simplified surgical protocol of the Hahn Tapered Implant System has helped me boost my case efficiency, with the wide-ranging assortment facilitating predictable placement in all regions of the mouth. The implant performs exceptionally well in fresh extraction sites. Anyone looking to confront the challenges of implant therapy will appreciate the versatility and performance of this exciting new system.”

– Paresh Patel, DDS; Mooresville, North Carolina

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$160* per implant list price

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Dentsply
‘An alternative to any procedure’

Dr. John Russo talks about the benefits of his Ellman radiosurgery unit and why the return on investment is so good

By Implant Tribune Staff

John Russo, DDS, MHS, is a periodontist in Sarasota, Fla. He graduated from The Ohio State University College of Dentistry and received a periodontics certificate from the Medical University of South Carolina as well as a master in health sciences degree. Today he is a clinical assistant professor of periodontics at the Medical University of South Carolina, a diplomat of the International Congress of Oral Implantologists and a nationally recognized expert in dental implants and bone grafting.

One of the products Russo spends a lot of time with is his Ellman radiosurgery unit, which can be used for more than 30 different dental procedures and appeals to those ready to move beyond the scalpel as well as those looking for an alternative to lasers and electrocautery units.

Russo said he has been using his unit for more than 10 years on a daily basis. Implant Tribune talked with him to get a little more insight into what he likes about it.

What do you use your Ellman radiosurgery unit for? How many procedures can it be used for?

The Ellman radiosurgery unit can be used as an alternative to any procedure performed with a scalpel. I use my unit for: cautery of donor sites for gingival grafts, making incisions, harvesting donor tissue for soft-tissue grafts, excisional biopsies, gingivoplasty, removal of pigmentation, frenectomies and many other procedures.

What do you see as the benefit of Ellman’s radiofrequency technology as compared to lasers and electrocautery?

In my experience, the Ellman radiosurgery unit has significantly less collateral thermal penetration/damage than electrocautery units. Another benefit is I do not have to “ground” my patients prior to using the technology. With my Ellman unit, I can cauterize bleeding vessels larger than 0.3 mm whereas my laser will only cauterize vessels smaller than 0.3 mm. Also with the Ellman unit, I have a choice of multiple tips that can be used in different circumstances and locations of the mouth and can also be bent for more customized access.

How are the results?

The results can be described as “laser-like” surgery. The result of cutting or cauterizing tissue with the Ellman unit is minimal heat production and minimal depth of tissue penetration.

Does your Ellman provide good return on investment?

When comparing the cost of my Ellman unit to my laser, the Ellman is significantly less expensive and allows me to perform more treatments, mostly due to the availability of different tips for different procedures. The Ellman has been a great return on investment.

To see the Ellman radiosurgery unit for yourself, check out the booth in the AAOMS exhibit hall.
Place an order with HENRY SCHEIN at the AAOMS 97th Annual Meeting and get...

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OsseoSpeed Profile EV: Offering 360-degree bone preservation, even in sloped ridge situations

By DENTSPLY Implants Staff

It is well-documented that crestal bone resorbs after tooth extraction or tooth loss. Often resorption is pronounced on the buccal side, resulting in a lingual-to-buccal sloped ridge. This situation occurs even if a standard implant is immediately placed in the extraction socket. Because bone-to-implant support is three-dimensional, it is important to have marginal bone support around the entire implant.

Preserving the buccal and lingual marginal bone in a sloped ridge situation will also positively influence mesial and distal marginal bone levels, which optimizes soft-tissue esthetics. The OsseoSpeed Profile EV is a unique* implant specially designed to follow the existing bone in sloped ridge situations, maintaining soft-tissue esthetics and helping to reduce the need for bone augmentation, DENTSPLY asserts.

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- **Self-guiding** impression components for an accurate and predictable workflow: This design provides a time-efficient installation procedure and a predictable workflow between the clinician and dental technician.

- **Supported by a full range of digital solutions**: Digital solutions are available from the planning to the final restoration, offering the possibility of working with a completely digital workflow.

For more information, visit www.jointheev.com.

* Patent pending
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AAOMS booth #636

IA-400  Mini LED +

Visit us at AAOMS Meeting in Washington DC on October 1st - 3rd, booth #636
The Hahn Tapered Implant: 45 years in the making

Visit the Glidewell Laboratories booth here at AAOMS to learn more about the new implant

By Keith Peters, Contributing Editor, Inclusive magazine

Since placing his first implant nearly 45 years ago, Dr. Jack Hahn has spent much of his career as an implantologist thinking of ways to make treatment more accessible to the practitioner as well as the patient. Implant design has improved dramatically during that time, with Hahn spearheading key innovations that have helped make implant therapy the essential mode of dental treatment it is today. From the endosseous blade-form implant he helped Miter Inc. develop in 1978 to the newly released Hahn® Tapered Implant, Hahn’s efforts have been driven by the desire to continually improve in order to make treatment simpler and more predictable.

“The easier we make it to position the implant for a restoration that looks like a natural tooth, the better results we’ll have,” Hahn said in a recent interview. It was this line of thinking that inspired Hahn’s idea for the first tapered implant. After a long day that included several cases in which he had difficulty placing parallel-walled implants in the anatomically restricted space of the anterior maxilla, Hahn had an epiphany: “The tooth I was replacing was taper-shaped, so why was I putting in a square peg?” That very night, he sketched out the concept.

Steve Hurson, former chief scientist for Nobel Biocare, has said of this industry-changing innovation: “Dr. Hahn identified a need for an implant with a narrower apex, which would achieve higher primary stability in soft bone. The concept was to have an implant design that would have the tapered shape of a tooth root — resulting in a system with outstanding predictability.”

In essence, this was an extension of the philosophy that inspired the design of the machined collar Hahn helped Steri-Oss develop. “By designing a 4 mm machined collar that was more like the neck of a natural tooth root, we were able to prevent crestal bone loss and improve outcomes,” he said.

This drive to constantly improve has not always been met with open arms. In fact, his role with Steri-Oss was borne of a disagreement with Miter Inc.

“The Titanodont implant had some problems, including an abutment attachment that lost its retention after a few years and fins that would become exposed if there was any crestal bone loss. So I proposed a machined collar with a new prosthetic connection,” Hahn said. “They said they couldn’t do it because it would be too expensive to change the machinery. I didn’t want to have my name associated with the implant any longer if they weren’t going to correct the problems.”

This led Hahn to other endeavors, including his role with Steri-Oss and, eventually, Nobel Biocare.

After the NobelReplace™ tapered implant system launched in 1997, Hahn continued placing and restoring implants, completing thousands of cases. This experience afforded clinical observations that would serve as the basis for a new implant design that Hahn considers his best.

“I came to Nobel with my idea for a new implant in 2012, conceptual engineering drawings in hand, and they said, ‘Replace is so successful, why change now?’” Hahn said he replied: “Apple has become one of the most successful companies in history by constantly innovating. Why shouldn’t we do the same in dental implants?”

Hawn continued, “I had been placing implants for decades, and there were still problems we could solve with a new design. I had this implant that would be easier for doctors to place, with a simpler drilling protocol and a thread design that would allow for efficient placement and a high degree of primary stability.”

Wanting to take his design concept to the next level, Hahn began pursuing alternatives, an effort that eventually led him to Glidewell Laboratories.

“I knew a lot of the Glidewell people from my days at Steri-Oss and Nobel, and they were happy to meet with me,” he said.

The resulting partnership culminated in the recent launch of the Hahn Tapered Implant System, and Hahn said he couldn’t be happier with the results.

“When I first visited their facilities, it was immediately apparent that their manufacturing capabilities are state-of-the-art,” he said. “Their engineering team has the technology and know-how to bring design concepts to life with astonishing speed and precision, and their expertise on the prosthetic side of implant dentistry has been invaluable in creating an implant that is as simple to restore as it is to place.”

With a career that speaks volumes on the importance of continual innovation, Hahn said he’s proud to have his name on an implant that contributes to the forward progression of implant dentistry while reducing the cost of treatment.

“The better we make implant design, the more accessible we can make implant dentistry to doctors so they can improve their practices and the quality of life of their patients,” he said.

Editor’s note: The Hahn Tapered Implant is a registered trademark of Glidewell Laboratories. NobelReplace is a registered trademark of Nobel Biocare.
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A different narrow-diameter implant for different challenges

Dentatus ANEW is industry’s only narrow-body implant with a screw-retained prosthetic system

Since inception in the 1990s, narrow-diameter implants have evolved from being used as transitional devices to a long-term solution for patients seeking less invasive and less time-consuming procedures. Dentatus ANEW is FDA-cleared for long-term use and backed by more than 10 years of clinical research. Today with proven reliable results, Dentatus ANEW implants are being used as the ideal option for single crowns with tight inter-proximal spaces, according to the company. They can be placed in spaces as narrow as 3.5 mm.

With changes in the health care environment calling for more affordable treatment options, particularly for the geriatric patient, now can be an ideal time to incorporate narrow-body implants into your armamentarium. Dentatus ANEW is the only narrow-body implant with a screw-retained prosthetic system. It features various abutments for both immediate and long-term screw-retained single- or multi-unit prosthetics. The introduction of the Elypse abutment enables treatment for removable prosthetics with the DentureComfort technique. Manufactured of a one-piece Grade-5 titanium alloy, Dentatus ANEW is available in 1.8, 2.2 and 2.4 mm narrow-body diameters. According to the company, the tapering implant design improves initial stability while the square platform prevents prosthetic rotation. The surface-treated thread promotes osseointegration, offering instant support. For more information call (800) 323-3136, or visit www.DentatusUSA.com.

(Source: Dentatus)
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Coming soon! A new dental implant concept designed to optimize your digital and analog workflows

By Henry Schein Dental Surgical Solutions Staff

The iSy Dental Implant System is a unique concept designed to optimize the implant treatment with digital dentistry while minimizing the complexities of the treatment workflows.

Its name, iSy (pronounced, easy), is a play on the words “Intelligent System,” and it is the first system to allow you access to the three main treatment workflows: digital, conventional and flexible, all in a single package.

We know that today’s clinicians are looking to effectively integrate implant dentistry into their digital workflows. The idea of virtual surgery and virtual restoration is a widely accepted concept. In practice, however, treatment complexities become immediately evident. iSy’s seamless digital integration makes it an ideal choice to minimize those complexities.

The components of an implant digital workflow, which are intended to improve and accelerate outcomes, are as follows:

- Diagnosis and treatment plan with a cone-beam
- Guided surgery implant placement and CAD/CAM abutment delivery during the first stage surgery
- Optional final crown delivery during the first stage surgery or at a later phase after healing

These steps require equipment, technology and training to effectively integrate along the treatment workflow. The most complex component is the dental implant because the restorative and surgical components must be adapted and optimized to allow use across a spectrum of technologies. The “Intelligent System,” iSy, has taken the guesswork out of the implant portion of the digital, conventional and flexible workflows.

The comprehensive packaging is at the core of what makes iSy so innovative. The iSy implant system comes packaged with everything a clinician needs to place and restore the implant. Each iSy package includes the implant, a pre-mounted CAD/CAM final Ti-Base abutment, two scan caps, a protective cap and a final drill. Clinicians can utilize the implant with a full digital workflow or a conventional workflow right from the package. The system is fully integrated in every major CAD/CAM, intraoral scanning and CBCT system.

Please stop by the Henry Schein Dental Surgical Solutions booth at AAOMS to find out why clinicians around the world are excited about digital implant dentistry the “iSy” way!

Sirona’s C30 extravaganza designed to provide clinicians with advanced education in digital dentistry

By Sirona Dental Staff

Sirona Dental, Inc., a worldwide leader and pioneer of digital dentistry, aims to provide dental professionals with the highest level of education at its CEREC® 30th (C30) Anniversary Celebration. The three-day CAD/CAM extravaganza is scheduled at The Venetian Hotel and The Palazzo Hotel in Las Vegas from Sept. 17-19.

Recognized as one of the world’s premier digital dentistry meetings, C30 is a comprehensive educational forum comprised of the leading minds and speakers in the CAD/CAM dental world. C30 will provide up to 18 C.E. credits across a full spectrum of digital dentistry topics and tracks including CEREC, Schick Intraoral Imaging, GALILEOS® Extra Oral Imaging, inLab® and orthodontics.

Sirona recruited a plethora of top-notch keynote speakers to enlighten and inspire C30 attendees, focusing on techniques, issues and solutions unique to CEREC users. General session speakers include Frank Spear, who will discuss optimal patient care in the digital world, Fella Christensen, who will instruct how to overcome challenging clinical situations related to lithium disilicate, Sam Puri, who will review how to properly prepare, fit and finish CEREC restorations; and James Klim, who will delve into the art of creating esthetics.

Additionally, breakout sessions are available to cover many disciplines, including digital radiography, laboratory, implantology and much more.

In addition to clinical education, C30 will keep attendees engaged with world-class entertainment, including business and leadership speeches made by globally renowned life success coach Tony Robbins, and Emmitt Smith, former NFL legend turned business entrepreneur and philanthropist.

Furthermore, Grammy-Award winning rock band Train is set to perform on Friday, and C30 attendees will close out the event as they “Party Like a Rock Star” Saturday night at TAO the Nightclub.

To view educational courses and speakers, make hotel reservations and for all additional information and registration, visit www.Cerec30th.com.

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Five foolproof ways to get a ‘yes’ to more treatment plans

By Dee Dee Reid, Principal at D2 Coaching and Consulting.

L e t’s face it, no one likes to hear the word “no.” But the reality is, despite the economic upturn, patients are still reluctant to say “yes” to larger treatment plans. A 2014 American Dental Association (ADA) study found your treatment plan presentation can be improved. They indicated that you will forget dental care due to cost. Clearly, a healthy mouth shouldn’t be an “either/or” proposition for patients, but no one wants to be a pushy salesperson either.

So what can you do? For more than 20 years, I’ve helped dental practices from Texas to California realize profitable growth. The key to getting higher acceptance rates lies in how your office approaches the treatment plan presentation. Try using these five proven techniques, and you’ll have more patients saying “yes.”

1. Listen and learn
Did your last case presentation seem a little one-sided? The patient was nodding as you talked, but then at the end of the exam or she just left without committing to the procedure. The problem starts with the communication technique. Often, patients don’t fully comprehend what you’re proposing and how they can afford to pay for it. Remember, it’s hard to focus on anything when your mouth is full of equipment.

I recommend to my clients that they modify their consultation process. Start by conducting the usual exam but pause before delivering the prognosis. Ask the patients what’s important to them. Ask about their goals, their overall health and not just their oral health. Ask if they are happy with their appearance and their confidence level when they smile. Then, just listen. Let the patient tell you what they’re feeling.

Performing this simple step will provide valuable tips on how to position your treatment plan in a way that directly aligns with the patients’ personal goals. Discuss “why” and “how” your treatment plan addresses their concerns. Avoid simply listing “what” you’re going to do (too much procedural or technical information can be off-putting). This active listening technique is far more comfortable talking to the coordinator. That’s because they can use layman’s terms to review procedures, insurance coverage and the ease of third-party financing options. For many patients, how to pay is just as important as understanding what they’re paying for. Patients also like that coordinators understand the need for affordability and financing options. Remember, a good coordinator can make all the difference in closing the case.

Before about what the cost of this new position? The good news is that adding a skilled treatment coordinator can pay for itself. Here’s the math: A skilled coordinator will cost between $3,500-$5,000 per month depending on where your practice is located. But that same coordinator can schedule and close an average of $2,000-$5,000 per day. Plus, the increase in practice collections is often between $25,000-$75,000 per month. All this while freeing up the clinical team and the doctor to do what they do best — procedures. Now that’s a healthy ROI!

4. Educate everyone — not just the patient
Clearly, creating a patient coordinator position is important. But I reinforce with my clients the need to educate the entire support staff on frequently performed procedures, treatment schedules, common medical terms, financing option details and practice protocols. That way, no matter who interacts with the patient, the conversation is seamless.

As a practice becomes more successful (and everyone becomes busier), an office-wide communication strategy is essential. This can be accomplished a number of ways: weekly staff meetings, office-wide emails or memos, even a company newsletter. It’s your choice, just as long as everyone is kept up-to-date on important practice developments.

5. Make it easy to say “yes”
I started this story with news of an ADA study. The fact is that more than 40 percent of adults are still concerned about paying for dental care. Clearly, ease of obtaining affordable financing is an important factor for getting patients to say “yes.”

Many doctors don’t feel comfortable talking about money — but I always discuss third-party financing with patients. I also recommend my D2 Coaching and Consulting clients use the same. You see, as concierge, it’s my job to make it as easy as possible for the patient to say “yes” to the doctor’s treatment plan. That’s why I love working with Lending Club Patient Solutions (formerly Springstone Patient Financing).

Honestly, it’s a great partner. I’ve worked with Lending Club Patient Solutions for more than eight years now, because the company does an amazing job empowering patients with more responsible and convenient financing options. Patients get what they want: fast approvals, true no-interest plans which avoid unwelcome surprises, and extendable plans with great rates for low monthly payments. Your practice gets convenient selling tools, helpful email updates with the patient’s funding status, five-star customer service and some of the lowest variable APRs in the industry.

Some dental practices do still use self-funded patient financing. But the half now/half later business can be a recipe for disaster. No one wants to have the tough “your payment is late” conversation — after all, you’re not in the debt collection business. With a good financing partner, you can avoid all of that. Its no-default risk makes the office receives payment upfront so collections never cross your mind. Plus, working with an exceptional vendor like Lending Club Patient Solutions says a lot for your practice’s reputation and helps you build lasting patient relationships to grow your business.

You can find out more about Lending Club Patient Solutions at lendingclub.com/providers.

Time to put the steps into practice
Naturally, there are lots of ways to help patients get the dental care they need and the services they want. But I hope you’ve found the tips I’ve covered here helpful, including honing your listening skills, using visuals, adding the role of patient coordinator and recommending third-party financing like plans offered through Lending Club Patient Solutions.

Imagine how successful your practice would be if just 50 percent more of your patients actually scheduled a procedure after their consultation? This type of conversion rate is possible when you follow these five easy steps.

About the author
Dee Dee Reid has focused her 20-plus year career in dentistry, and her experience spans the spectrum of care. Reid began her career in the back office where she gained a deep understanding of clinical details and patient dynamics. She works with patients as a top-producing patient care coordinator. Reid helps doctors explain and schedule large cases and works alongside general dentists, dental specialists and their teams to advance practice goals and get results. Most recently, Reid was a guest lecturer and workshop coordinator for the Functional Aesthetics Series with Dr. Mark Montgomery and Dr. David Hornbrook (“Increasing Your Practice Exponentially”). Reid currently works with Dr. Lincoln Farkner in Orange County, Calif., as a patient concierge. Dee Dee is also principal at D2 Coaching and Consulting. You can email her at D2SuccessCoaching@gmail.com.

References
2) No Interest for 6, 12, 18 or 24 months, after which 22.98 percent variable APR. Interest will be charged to your account at the standard variable APR of 22.98 percent (based on the Prime Rate) from the end of the promotional period on the remaining balance of the purchase balance is not paid in full within the promotional period. Minimum monthly payments for this plan during the promotional period will be the greater of the amount of the purchase divided by the number of months in the promotional period (rounded up to the nearest whole). Required minimum purchase of $499 for the 6-month plan, $999 for the 12-month plan, $1,499 for the 18-month plan, $2,499 for the 24-month plan. Lending Club Patient Solutions credit accounts are offered by Comenity Bank, which determines qualifications for credit and promotion eligibility. Minimum Interest Charge is $1 per credit plan. Standard variable APR of 24.98 percent.
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Current developments focus on minimally invasive procedures with less postoperative pain for the patient and a faster healing time. Piezo technology has increasingly been finding its way into oral and maxillofacial surgery (OMFS) and implantology for more than a decade.

Maximum precision in surgical use and gentler treatment for the patient are just some of the advantages of this cutting-edge drive technology. With the new Piezomed, W&H can use state-of-the-art ultrasound technology for even the most demanding tasks in bone surgery, providing surgeons with optimal support in their daily work.

“Our product development has a clear aim: to consistently fulfill the many different needs of the patients and also to satisfy the users’ requirements. The new Piezomed minimizes the invasiveness of surgical treatments. Safe working thanks to automatic instrument detection and unique instrument design takes on a completely new meaning for the user,” said Andreas Lette, strategic W&H product manager and head of product innovation.

New dimension in bone surgery

The new surgical instrument from W&H employs state-of-the-art ultrasound technology. High-frequency microvibrations enable high-precision incisions while the so-called cavitation effect ensures an almost blood-free surgical site and an excellent view of the treatment area.

In addition to these benefits, W&H offers maximum safety during operation with its patented automatic instrument tip detection.

Piezomed detects the instrument during tip insertion and sets the correct power class automatically. This significantly lowers the risk of harming a patient and overloading the instruments, according to the company.

Equipped for any task

W&H offers a selected range of 24 intelligently created working instruments to provide optimum cover for the wide variety of tasks dealt with by surgeons.

For example, the bone saws have a specially developed tooth design that enables bone block harvesting with low bone loss. We also offer a special saw that boasts extremely high-cutting performance.

“Many of the surgical instruments developed by W&H are an absolute world first in the global dental sector. Our developments are patented to protect our unique expertise,” Lette said.

The instruments have another advantage with their efficient cooling concept. The spray exits near the instrument’s work area, thus protecting the instrument from thermo-mechanical material stress. The user benefits from even safer and cooler processing of the operating field, according to W&H.

Piezomed supports the surgeon’s individual way of working with three different operating modes: “Power,” “Basic” and “Smooth.”

The operating modes store a variety of performance characteristics. Equipped with a multi-functional foot control, the surgical device offers freedom for the users’ hands.

Please contact www.wh.com/na or call (800) 265-6277 for additional information on any W&H surgical product.
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