

today

**Future of dentistry**

Dr. David L. Hoexter takes a look at where dentistry has been – and where it is going.

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**Building a practice**

Dr. Ishwinder Saran shares how he came to #RelyOnHenrySchein in building up a practice.

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**Presidential tour**

New York City is a great place to learn more about the nation's presidents of the past. Get all the details on the best places to go.

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Attendees line up in the Javits Center crystal palace at the entryway to the Greater New York Dental Meeting exhibit hall during the 2017 meeting. The exhibit hall is open until 5 p.m. today. (Photo/today Staff file photo)

Buyer's market

By Robert Selleck, *today* Staff

If Sunday, Monday and Tuesday were your exhibit-hall days for looking and learning, then today is your day for locking in show-special deals on the basic supplies you know you need and the latest advancements in efficiencies and patient care that you know you should have.

It's time to beeline to your favorite firms to get your practice positioned to

»see MARKET, page 3

Big Apple education

By Fred Michmershuizen, *today* Staff

It's the last day of the Greater New York Dental Meeting, but there is still plenty to learn.

Courses are being offered through the end of the day today in the lecture halls and on the exhibit hall floor. Offerings include seminars, hands-on workshops and poster presentations. In addition, many companies are offering presentations in their booths.

In the live dentistry arena, located in the 400 aisle, highlights today include "Cosmetic Dentistry 101: The 2018 Team Guide to Digital, CAD & Aligner Success," presented by Payam Ataii, DMD, MBA, and Shannon Pace Brinker, CDA, from 9:45 a.m. to 12:15

p.m.; and "Immediate Tooth Replacement in Full Function," presented by Sargon Lazarof, DDS, from 2:15 to 4:45 p.m.

Some of the meeting's other last-day offerings include "Surgical Techniques for the General Dentist," presented by Hillel D. Ephros, DMD, MD, from 9:45 a.m. to 12:45 p.m. in Room 6009 on the exhibit hall floor; and "How to Negotiate or Renegotiate the Terms and Rental Rates in Your Dental Office Lease," presented by Jas Banga, from 1:30 to 4:30 p.m. in Room 6228.

Keep in mind that this meeting is an ADA CERP and AGD PACE recognized provider.

Check your show guide or the meeting app for more offerings.



Meeting attendees gather for a live patient demonstration on the exhibit hall floor at the 2017 meeting. (Photo/Fred Michmershuizen, *today* Staff)

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MARKET *from page 1

make 2019 your best year yet.

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dispose of at the end of its service life vs. traditional aprons.

If you're a dentist returning to a cool climate after the meeting, you might want to pick up a free Fotona scarf in booth No. 3433 and learn all about the: Lightwalker™ the endo, perio, sleep-and-snore, hard- and soft-tissue, dual wavelength laser (Er:YAG & Nd:YAG). With it, you can provide NightLase® snoring treatment, Twin-light™ laser perio and PIPS/SWEEPS® photoacoustic endo.

In the Designs for Vision booths (Nos. 1813, 2012 and 4026) check out the lightweight, cord-free LED DayLite WireLess Mini and the LED Micro, both with high definition imaging technology. The advanced photonic design delivers uniform light

distribution with 45 percent more light. Ask about the 45-day free trial and saving \$200 when you buy both loupes and an LED headlight.

Head over to the Sonendo booth (No. 1308) where you've likely already been intrigued by the GentleWave® and its ability to get from opening to obturation in a single visit with minimally invasive protocol and minimal manual instrumentation. The technology cleans the deepest, most complex parts of the root canal, preserving maximum natural structure and integrity by leaving more dentin intact. Or perhaps even better, depending on the scope of your practice, you can learn about referring your endo patients to a GentleWave system provider.

The countdown to action starts now, with the exhibit hall set to close at 5 p.m.

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Future of dentistry: Profession or trade?

By David L. Hoexter, DMD, FACD, FICD
Dental Tribune U.S. Editor in Chief

■ Today's average dental student graduates with massive debt, closing in on \$300,000 for dental school alone – not even including additional borrowing to cover basics such as rent and food. New dentists start careers under tremendous professional and financial pressure. They must find a way to practice what they've trained for – while also retiring the debt.

Postgraduate studies in a specialty can add \$300,000 more in debt, again without even including living expenses. Many new specialists are starting careers with more than \$700,000 in debt. Against this backdrop, new schools are opening and entrance standards are toughening, all while tuition, total admissions and students per classroom keep increasing.

The trends look great for the schools, but what about for everybody else, especially when viewed with other changes?

Answering that question requires some historical perspective – stretching back to 1905 and what could be viewed as the dawn of modern dentistry: synthesis of the anesthetic procaine (later marketed as Novocain), which ushered in a new era in patient comfort. Around the same time, William H. Taggart patented his lost-wax casting machine, enabling dentists to fabricate fillings and crowns with precision. Another leap came with standardization in amalgams and operatory procedures pioneered by G.V. Black, author of the groundbreaking "Operative Dentistry."

In 1948, the National Institute of Dental Research (renamed in 1998 as the National Institute of Dental and Craniofacial Research) formed in the U.S. as the third National Institutes of Health. In this post-World-War-II era, dental schools attracted a generation of students helped by the GI bill. Participants felt proud, and the public benefited from more dentists and improved oral health. New dentists earned respectable incomes and respect as valued leaders in growing communities.

Parallel to advancements in materials and professionalism, dental chairs and operatory equipment were improving. The American Dental Association became an organizing voice, standardizing professionalism and products while building on dominance it achieved over competitor societies through its early support of amalgam. Dental equipment of the era was durable but not friendly. Dentists stood for hours with one leg and foot bearing most of their weight, all while subjected to high-decibel



* Just one notable advancement in the world of dentistry: In the 1980s, in Sweden, Dr. Per-Ingvar Bränemark pioneered use of root-form implants to more effectively secure full dentures in edentulous patients. (Photo/Provided by the European Patent Office)

whirring from belt-driven machines – conditions that deterred many from the profession.

Still, dentistry, like most work then, was stable. Most dentists were male, solo practitioners treating patients on their own. It wasn't until the 1960s that dental auxiliaries and dental hygienists began gaining greater acceptance. The first hygiene school had opened in Connecticut in 1913. But it was later, with schools such as Forsyth and leaders such as Drs. R. Lobene and J. Hein, that dental hygiene emerged as a true profession, dominated by women. Dental assistants, through specialized education and certification, also were gaining recognition for their value.

Dental schools grew in number and class sizes, parallel to expansion of the U.S. and global economies – and dental equipment became ever easier to use. The G. V. Black foot pedal had given way to belt-driven equipment, which in turn was replaced by air-driven, high-speed equipment. The profession was becoming less strenuous. The spittoon disappeared, and practitioners no longer had to stand fixed on one side of the chair. Why did we have a spittoon by the chair anyway? Studies showed patients used it mainly just to take a break from the procedure.

As the profession advanced throughout the world, so did an international market for dental products and the exchange of ideas across borders. But it was the computer and internet age that fully opened global distribution channels and borderless educational opportunities. The Seiker brothers and, later, the Henry Schein company, created networks that today are making dentistry at its

highest level available to all.

In the 1960s, dental implants gained momentum. But materials, sizes and shapes lacked consistency and predictability. Acceptance by the public and academic community was tentative. Successful outcomes with endosseous implants (including root forms), subperiosteal implants and blades were extremely technique-sensitive and not easily transferable. Subperiosteal implants required specifically trained laboratory technicians and special casting techniques with a titanium alloy. Less-than-precise work could easily result in contaminated castings prone to fracture. Before titanium, some metals in use weren't well accepted by the body. Rejection and nonpredictable outcomes weren't unusual.

Helping the profession through these early days were dedicated implantologists, such as Drs. Leonard Linkow and Isaiah Lew. The first national organization in implantology, pioneering the exchange of knowledge, was the American Academy of Oral Implantology.

By the 1970s, patients were reclining in highly adjustable ergonomic comfort, and practitioners were sitting at chairside instead of standing. The plumbing and power lines previously snaking to instruments were wrangled and wrapped. Operatories were more welcoming and comfortable. Dental companies developed innovative and ever-improving instruments and products. Gradually, the public's attitude toward dentistry changed from being fearful visits prompted by problems to positive visits focused on maintaining good oral health. In the United States, more and more top-caliber students – growing

numbers of them women – entered dental schools and the profession.

The 1970s also brought the first society dedicated to esthetic dentistry. Companies were formulating restorative materials that not only functioned but enhanced appearance. Patients weren't just looking for relief; they wanted to look good.

By the early 1980s, implantology had gained broader acceptance. Improvement in the quality of life of implant patients across the world was undeniable. In Sweden, Dr. Per-Ingvar Bränemark pioneered use of root-form implants to more effectively secure full dentures in edentulous patients. As more implant companies entered the market, costs dropped, and more patients were able to benefit.

Products and services become popular because they enhance lives, often by enabling people and businesses to make money. But it's not automatic. Personal computers are a great example. Benefits had to be demonstrated and communicated. That's the definition of marketing and advertising: meeting desires.

Wonderful new dentistry products are constantly hitting the market. There are wands that scan every detail of a full arch in seconds, transferring an image to the computer and lab or in-office 3-D printer. What once took days is almost immediate. Patients don't worry about gagging. The practice has fewer products to buy and store. There's far less cleanup. Time saved by patient and practitioner alike is dramatic, and the models are precise in every detail. This expectation of speed and accu-

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PROFESSION *from page 4

racy is becoming the norm, light years beyond bulky molds and air bubbles in plaster of Paris.

The fully digital practice is becoming commonplace, but at a cost that can be prohibitive for small-practice practitioners burdened by student debt. Soon, laser handpieces will be common, producing quality results in ever-quicker time. Costs of advancements are justified through efficiency and effectiveness gained.

Dental labs and highly trained technicians are setting the pace with much of this technology, but their roles are evolving as in-house options for practices become easier to master.

Underlying these trends, people are more active, more mobile and living longer. The idea of long-term – even multigenerational – relationships between patient and local dentist is fading.

Today in the United States, more than 70 percent of dental-school graduates are women. The impact of marriage, parenthood and spouse's occupation on dental careers is changing. Dentists are less likely to be anchored to one location for an entire career.

At some point, licensure law must catch up. I've never under-

stood restrictions on dental licensing based on state borders and reciprocal agreements. Changes in our industry are putting pressures on licensing to transfer across state lines more like a driver's license. Massive student debt and flexible, mobile career paths are feeding another trend: large-group practices owned by non-dentists with dentists as employees. Patient relationships with oral-health providers are becoming more brand-based instead of practitioner based.

Economies of scale enable such businesses to keep pace with advancements, wield big advertising budgets and hire professional staff to run the business side of the operation.

Practicing dentistry today is big business – structured around financial concepts – with dentists being incorporated into the new model. There's nothing wrong with that as long as patient care remains guided by a commitment to ongoing, high-quality professional education, and the labor – dentists – earn incomes that cover student debt and provide a quality of life such work deserves.

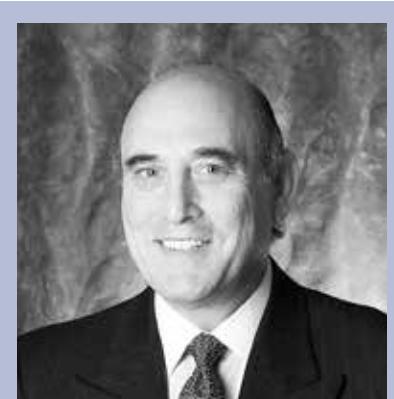
Nothing indicates these trends will slow. More top-students are being attracted to a growing number of schools that are squeezing more students into every class, but tuition and

student debt keep rising (remember that \$300,000 or even \$700,000 or more for a specialist). Dental patients are demanding the speed and convenience of the latest digital equipment. And giving patients what they want requires large practices with big budgets and staffing strategies aligned with the flexible career paths desired by today's new dentists – who are performing more dentistry, faster.

As if created to perfectly serve these trends, a growing mantra among cost-sensitive practices and patients is: Fix it with an implant. Compromised teeth are being extracted and replaced with implants, often in a single visit. Major non-dental financiers have purchased some of the largest implant manufacturers and distributors. Business is good.

Change is the norm. Adaptation to change is our profession's challenge. Are we a profession or a business? Are the people we treat our customers or our patients? Is there a way to curb the exponential increase in the cost of education, treatment and business?

These trends might be shifting us away from our role as deeply trusted lifelong advisors to our patients and as pillars in our local communities, both core concepts that help define us as professionals.

**About the author**

David L. Hoexter, DMD, FICD, FACD, is director of the International Academy for Dental Facial Esthetics and a clinical professor in periodontics and implantology at Temple University, Philadelphia. He is a diplomate in the International Congress of Oral Implantologists, the American Society of Osseointegration and the American Board of Aesthetic Dentistry. He lectures throughout the world and has published nationally and internationally. He has been awarded 12 fellowships, including FACD, FICD and Pierre Fauchard. He has a practice in New York City limited to periodontics, implantology and esthetic surgery. Contact him at (212) 355-0004 or drdavidlh@gmail.com.

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OHA reveals changes to annual gala

By Oral Health America Staff

■ Oral Health America's Gala, held on the eve of the Chicago Dental Society's Midwinter Meeting, will now be named the Champions for Change Gala to emphasize the organization's mission and work. Benefiting OHA for 29 years, the gala will take place from 5:30 to 9 p.m. on Wednesday, Feb. 20, 2019, at Soldier Field's iconic United Club, midway between McCormick Place and Chicago's Loop.

OHA is introducing a new format in a new venue that reflects attendees' desire for increased networking, an opportunity to learn more about OHA's programs through visual communications and fresh entertainment.

The Champions for Change Gala will offer an elegant but more interactive evening, with an opportunity to reserve tables along with open seating. The program will be shorter and enhanced with a video depicting the work of OHA.

Entertainment during the cocktail hour will include the electric violins, which drew rave reviews in 2018,

For more information

Visit OHA's website, oralhealthamerica.org, to learn about OHA's innovative programs and efforts. Take advantage of Early Bird pricing on gala tables and tickets by visiting oralhealthamerica.org/gala or by contacting Liz Kelly at (312) 836-9900 or Liz.Kelly@oha-chi.org.

along with a dynamic children's choir and jazz trio during dinner

The Champions for Change Gala brings together more than 600 dental and industry professionals and supporters from more than 300 companies, dozens of private practices and several other organizations – all to raise money for OHA-supported initiatives throughout the United States.

Funds raised at the gala are critical for providing services to more than 500,000 low-income children as well as education and online resources for more than 350,000 older adults and their family caregivers.

"Our gala helps shine light on the work OHA does for Americans across

the lifespan. The funds raised allow OHA to continue our mission and ensure that oral health is a right, not a privilege," said Beth Truett, president and CEO of OHA. "We are excited about the Champions for Change Gala. We've spent time talking with past attendees and sponsors and have incorporated their feedback to make the 2019 gala more fun and more meaningful for our guests and more impactful for OHA."

Additionally, OHA will honor Dr. Larry Coffee, founder of the Dental Lifeline Network, with the Champion for Change Award for his dedication to bringing together 15,000 dentists to provide sponsored care for more than 100,000 adults who are aging, challenged by a developmental disability or needing oral care to qualify for a lifesaving medical procedure. Coffee started the Dental Lifeline Network in 1974 in response to his sister's health needs.

OHA hopes to see all of its friends, partners and donors on Feb. 20 at the Champions for Change Gala. Visit OHA's website (oralhealthamerica.org) to learn about OHA's innova-

tive programs and communications efforts that promote oral health across the lifespan. Take advantage of Early Bird pricing on gala tables and tickets by visiting oralhealthamerica.org/gala or by contacting Liz Kelly at (312) 836-9900 or Liz.Kelly@oha-chi.org.

About Oral Health America

Oral Health America's mission is to change lives by connecting communities with resources to drive access to care, increase health literacy and advocate for policies that improve overall health through better oral health for all Americans, especially those most vulnerable. Through Smiles Across America®, which serves 501,000 children annually; the Wisdom Tooth Project®, which reaches thousands of older adults; and the Campaign for Oral Health Equity, which prioritize oral health alongside other chronic diseases, OHA helps Americans of all ages understand the importance of oral health for overall health. For more information about OHA, visit oralhealthamerica.org.

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Pre-programmed shooting modes enable digital camera users to navigate through tasks without extensive photographic skills or experience

By Shofu Dental Staff

■ According to Shofu Dental, capturing high-quality clinical photographs in a predictable and consistent manner has been the hallmark of EyeSpecial C-II, the first digital camera designed exclusively for dentistry.

A fourth-time recipient of the prestigious Cellerant's Best in Class Technology Award, the EyeSpecial C-II captures images for case documentation, diagnosis and treatment planning, patient communication and education, insurance verification, legal documentation and dental lab collaboration.

Proprietary to Shofu's camera are dental-specific, pre-programmed shooting modes that enable clinicians, assistants, hygienists and dental laboratory technicians to navigate through their photography tasks without the need of extensive photographic knowledge or experience.

For instance, in order to record orthodontic photographs with the EyeSpecial camera, an operator will just need to select the button corresponding to FACE MODE to capture extraoral images.

In a similar method, an operator will choose STANDARD MODE to achieve anterior and buccal intraoral photographs, and MIRROR MODE to accomplish occlusal pictures.

For every step of any photo series, the EyeSpecial will automatically set the appropriate f-stop, aperture and focal length to deliver an ideal photograph, leaving an operator with the selection of a pre-programmed mode.

Incorporating intuitive, high-tech functions tailored specifically for dentistry, the EyeSpecial camera is designed to handle dental applica-



The new and improved EyeSpecial C-III digital dental camera helps dental practices and laboratories increase patient acceptance and productivity. (Photos/Provided by Shofu Dental)

tions without requiring any retrofitted add-ons. Specifically, one of the more useful features of Shofu's camera is the ISOLATE SHADE MODE, which instantly grays out the gingival tissue to improve visual perspicacity for accurate shade analysis and communication with a dental laboratory technician.

When combined with a draw/edit function, which allows for making notes directly on images, this attribute may be of value for an effective treatment evaluation or a discussion about the progress or challenges in a treatment modality.

Equipped with a cropped-frame, high-resolution sensor and ultra-innovative FlashMatic module, a proprietary system of ring and dual-point flashes, Shofu's camera demonstrates true-color reproduction and an exceptional depth-of-field range, according to the company.

Here in New York

For a live camera demonstration and to learn how the new EyeSpecial C-III can improve communication with your dental laboratory and patients, stop by the Shofu booth, No. 4408.

1 lb) EyeSpecial camera complies with the most stringent infection control protocols. The heavy-duty camera's body is water-, chemical- and scratch-resistant, and it can be swiftly disinfected with a sterilizing towelette, virtually eliminating the possibility of cross-contamination.

The latest model of this smart camera, EyeSpecial C-III, is packed with plenty of milestone upgrades, including a larger sensor, a faster processor, optimized software and a higher resolution LCD screen, all of which will help the entire dental team achieve their photography tasks in a more intuitive, faster and easier fashion, the company asserts.

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The EyeSpecial also possesses anti-shake attributes to ensure clear images. The panoramic LCD screen of the camera is larger than displays and viewfinders of typical digital single-lens-reflex (DSLR) and point-and-shoot cameras, and it can be operated with a gloved hand.

The screen employs gridlines that facilitate a proper image alignment, helping reduce the risk of photographing patients at an incorrect angle.

Engineered to provide functionality, the ultralight (weighing ca.