

SCENES FROM THURSDAY

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► pages 4 & 5



NEW PRODUCT

Have you invested in 3-D imaging yet? Here is your chance to find out why you should.

► page 11



WHERE TO NEXT?

Heading to New Orleans this October to attend the ADA? Why not help those in need while you're there?

► page 14



The new and true

New-and-improved melds with tried-and-true at CDA Presents

By Robert Selleck, Dental Tribune

New technology, new methods and new products captured the attention of CDA Presents attendees throughout the day Thursday, with much more of the same highlighting the agenda today.

A number of companies are using the CDA Presents exhibit hall to display the newest versions of their “tried-and-true” products, while others are getting the word out on just-launched efforts. A stroll through the aisles on Thursday quickly revealed a variety of offerings in the “new-and/or-improved” category.

In booth No. 1941, you can visit with Keith Allen, president of OralWise and inventor of GumChucks, a flossing tool with a name inspired by the device's design similarity to a miniature set of martial arts nunchucks. Created to make flossing easier and more fun for children, the product was released to that market in October, but it quickly captured an adult following, so prototypes for an adult version are already on display in the booth.

There's also an ortho model with a unique tip that enables users to easily floss on both sides of a full bracket.

► See NEW, Page 14



Oralscopic's XV1, the world's first wireless combined loupe and headlight, at Oralscopic (booth No. 1802). Photos/Robert Selleck, Dental Tribune

CDA files legal action against Delta Dental of California



CDA President Lindsey Robinson, DDS
Photo/Provided by CDA

On behalf of its members, the California Dental Association — along with several individual dentist providers — has taken legal action against Delta Dental of California by filing a demand for binding arbitration in response to Delta's notice dated Aug. 1, informing providers of changes to key provisions in their agreements.

According to the CDA, Delta is unilaterally attempting to change two significant provisions of providers' agreements. The first restricts dentists' ability to use arbitration to challenge Delta's actions, and the second eliminates the current requirement that Delta provide justifi-

cation for changing its reimbursement fees. Both are key provisions that have been in participating dentist agreements for many years, the CDA said.

Delta has provided no explanation for its attempt to delete them now, although it appears to precede the anticipated action by Delta to reduce fees without justification by the end of this year, according to the CDA.

“CDA is committed to supporting our members in their practices and the patients they serve,” said CDA President Lindsey Robinson, DDS. “Delta's unilateral attempt to change key provisions of its contracts would allow Delta to aban-

don its responsibility for justifying its payments to contracted providers. This move toward non-transparency appears to be motivated by Delta's desire for financial gain, not to improve patient coverage or care. It leaves us with no choice but to seek a legal remedy.”

CDA said that it is taking this legal action to ensure that Delta will honor its current contracts with dentists and continue to be required to justify reducing fees in the future.

“Delta's move to modify the contracts it has with providers appears to fly in

► See CDA, Page 3

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The World's Dental Newspaper · US Edition

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← CDA, Page 1

the face of good faith and fair dealing,” said CDA Vice President Walt Weber, DDS, chairman of the CDA Dental Benefits Research Task Force. “CDA absolutely questions whether, once Delta provides the information required by the contracts, fee reductions would be justified.”

Statement from Delta Dental of California

When contacted by Dental Tribune, a representative from Delta Dental of California offered a response.

“Delta Dental of California recently notified its 23,172 participating dentists of some revisions to the company’s bylaws, participating dentist rules and policies and procedures,” the statement from Delta read. “This notice was sent as required by law, and all changes described in the notification were approved in ad-

vance by California regulators. Despite obtaining regulatory approval, we were notified on Aug. 14, 2013, that the California Dental Association (CDA) is taking legal action to prevent these revisions from taking effect.”

“While we cannot comment on the specific issues mentioned in the complaint filed, we are disappointed that the CDA is pursuing this course of action. Delta Dental’s intent is to provide the best and most affordable dental benefit programs possible for its 15,000 California business and government customers, which serve 18 million people in California,” Delta said.

“Delta Dental is committed to acting in the long-term best interests that balance the needs of all its stakeholders, including enrollees, client groups and dentists, and the changes we proposed are necessary to ensure that we can continue to deliver quality dental programs at an affordable price,” the statement said.

More information available

Because of the 2012 CDA-sponsored law requiring dental plans to provide 45 business days’ notice of any provider agreement changes, Delta’s recently proposed changes cannot take effect until Oct. 4 at the earliest, allowing time for dentists to review how these changes will affect their practices.

“We have done significant analysis of this issue, and we take very seriously the concerns of our members regarding dental benefit plan issues,” Weber said.

CDA members seeking more information or expressing an interest in participating in the litigation can contact Jan Katerkamp at (916) 554-4913 or jan.katerkamp@cda.org. Additional information about the litigation is available on the CDA website, www.da.org.

(Sources: CDA, Delta Dental of California)

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Scenes from Thursday



From left: Greg Napalitano, Lanita Kuehl and Ashley Walsh of Angie's List (booth No. 706).



Welcome to CDA Presents.



Dr. Reena Gajjar, left, and Barbara Cox of Hands On Training Institute (booth No. 517).



Trenton Wiges of ProSites (booth No. 919) offers popcorn.



Attendees leave the lecture halls after courses break at lunchtime on Thursday.



Karen Noreen, left, and Susan Ferro of Prophecy Perfect (booth No. 1006).



These male 'butterflies' spread their wings and are ready to fly with some of the latest infection control products available from Air Techniques (booth No. 1012).



The skyscrapers of downtown San Francisco provide a backdrop for CDA Presents.



Frank Garcia, left, and Joseph Kim of US Orthodontic Products (booth No. 613).

Photos by
Fred Michmershuizen,
Dental Tribune



Brian Melonakos from Shofu Dental Corp. (booth No. 1726) holds a sign for Glaslonomer FX-II Capsule enhanced direct restorative, one of Shofu’s newest offerings.



The team at Glidewell Laboratories (booth No. 1328).



Larry Vetter from OCO Biomedical (booth No. 1338).



Tony Aguilar, left, and Mike McKenna from PhotoMed International (booth No. 722).



Casey Kirk, left, and Brandon Trammel of CDA Presents show off the meeting’s Facebook page and app for mobile devices.



From left: Daniel Mabaet, Cassie Yeh and Huong Tran of Berkeley Free Clinic (booth No. 417).



Gail F. Williamson speaks to meeting attendees during an educational presentation titled ‘Are Your Pictures Perfect?’ on Thursday morning.



The show floor on Thursday morning.



From left: Charlie Kent, Kyla Hammer and Glen Holden of CareCredit (booth No. 1017).



The lounge at CDA Presents is a great place to rest for a while or to learn more about the various programs and services that are available.



Photo/Provided
by Shofu Dental

Glaslonomer FX-II Capsule: A new glass ionomer restorative

Visit booth No. 1726 for a firsthand demonstration

By Shofu Dental staff

Shofu Dental is announcing the launch of its new direct restorative Glaslonomer FX-II Capsule. Those interested in seeing the material are encouraged to visit booth No. 1726 for a firsthand product demonstration.

The Glaslonomer FX-II Capsule is an esthetic, all-purpose, glass ionomer cement for direct restoration, designed for minimally invasive dentistry.

As a restoration, the material is shown to have superior levels of fluoride release/rechargability and compressive/tensile strength in comparison to other leading glass ionomers, making it ideal for high caries pediatric and geriatric patients.

In addition, adhesion to enamel and dentin is consistently stable at equal levels, creating a stronger marginal seal. The restoration experiences far less strain because of the adhesive strength, and the thermal expansion properties are very similar to natural teeth. The new Glaslonomer FX-II Capsule also displays with high radiopacity.

The application benefits of Glaslonomer FX-II are equally noteworthy. One key benefit is that there is no conditioner required for this material, resulting in faster application time. Simply prepare the cavity using the conventional method, mix the capsule for 10 seconds and apply. The net setting time is two minutes and 30 seconds.

The combination of a fast-setting time and no-conditioning requirement greatly reduces valuable working time and allows clinicians to see more patients within a day.

Unlike many other glass ionomer restoratives, the new Glaslonomer FX II Capsule demonstrates excellent handling and packability. Indications for use include non-load bearing C I and C II restorations in permanent dentition, restorations of C III and C V cavities and wedge-shaped defects, pediatric/geriatric restorations and core build-up and base/liner material.

Offered in shades A2, A3, A3.5 and B2, the material is simultaneously translucent and opaque, creating an esthetic appeal and beautiful shade-matching abilities.

Shofu Dental's Glaslonomer FX-II Capsule is an overall stronger, more durable and highly therapeutic, minimally invasive restorative. It can be purchased for \$4.54 a capsule, packaged in a kit of 50 with a total cost of \$227.00.

Here in San Francisco

Stop by the Shofu booth, No. 1726, to experience the new Glaslonomer FX-II Capsule.

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Occlusal view of a patient's two missing bicuspid
(#4 and #5).



Occlusal view of screw-retained BruxZir crowns in
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After
Occlusal view of BruxZir crowns with access holes
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Clinical dentistry by Perry E. Jones, DDS, MAGD

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Clinical performance report for BruxZir Solid Zirconia Crowns and Bridges during an 18-month period

Purpose

The purpose of this clinical study, conducted by The Dental Advisor, was to determine the clinical performance of BruxZir® Solid Zirconia Crowns and Bridges (Glidewell Dental Laboratories; Newport Beach, Calif.) during an 18-month period.

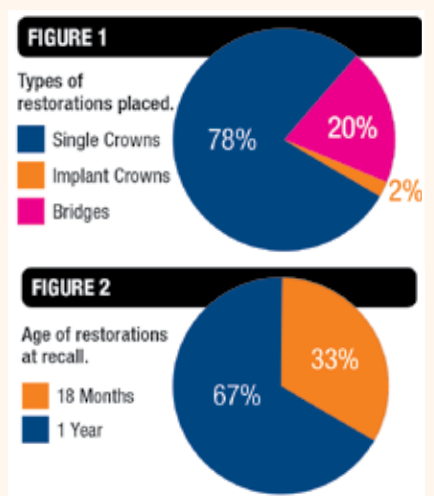
Clinical evaluation protocol

At recall time, more than 390 full-contour, monolithic BruxZir restorations (crowns and bridges) were placed. All restorations were fabricated at Glidewell Dental Laboratories. Most of the restorations were cemented with self-adhesive resin cement or adhesive resin cement.

Placement

The following parameters were evaluated at placement: esthetics, marginal accuracy, fit, interproximal contacts and occlusion.

Restorations were evaluated on a 1-5 rating scale: 1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent.



Tables/Provided by Glidewell Laboratories

Here in San Francisco

To view the full report, visit www.bruxzir.com. For more information or to check out BruxZir Solid Zirconia Crowns and Bridges, stop by the Glidewell Laboratories booth, No. 1328.

Esthetics, marginal accuracy, fit and interproximal contacts of more than 96 percent of the restorations were rated excellent at placement. Very few restorations (less than 2 percent) had to be remade because of improper fit. A few restorations had light interproximal contacts and had to be remade.

For the category of occlusion, 84 percent of the restorations received an excellent rating. In many cases, the occlusion was light, and in some cases, the restoration was out of occlusion. Based on customer feedback, Glidewell Dental Laboratories designs most of its crowns light in occlusion.

Results at 18 months

In December 2012, 367 BruxZir restorations were recalled and evaluated.

Of the 367 BruxZir restorations observed at recall (Fig. 1), there were:

- 287 posterior single crowns
- 36 units: 12 three-unit bridges
- 24 units: Six four-unit bridges
- 10 units: Two five-unit bridges
- One three-unit inlay bridge
- Seven implant crowns

Of the 367 restorations, 121 (33 percent) had been in function for 18 months, while 246 (67 percent) had been in function for one year (Fig. 2).

The recalled BruxZir restorations were evaluated in the following categories:

- Resistance to fracture or chipping
- Esthetics
- Resistance to marginal discoloration
- Wear on zirconia and opposing dentition
- Retention

Restorations were evaluated on a 1-5 rating scale: 1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent.

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