HINMAN DENTAL MEETING

DENTAL TRIBUNE

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SMOKERS: FEWER DENTAL VISITS, MORE ORAL-HEALTH RISKS

Two recent studies show that smoking kills helpful oral bacteria, and smokers are avoiding the dentists.

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FACIAL ESTHETICS TREATMENT FOR EVERY DENTAL PRACTICE

Consider this: The next big thing in dentistry might be the 'oral-systemic esthetic perspective.'

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NEGOTIATING AROUND IMPEDIMENTS

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IMPLANT TRIBUNE

AO HOSTS ANNUAL MEETING IN PHOENIX

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Second highest out-of-pocket cost: Dental

Study says prescription drugs are only higher health-care cost

As the country strives to improve its overall health-care delivery system, there is a push to make the oral health-care delivery system similarly accountable for quality and access. A new report funded by the W.K. Kellogg Foundation and the DentaQuest Institute outlines an approach to expand the oral health quality improvement effort through data collection, accountability and new ways of delivering oral health care.

The report contends that quality improvement in oral health lags behind similar efforts for overall health, but efforts are intensifying. Titled "Oral Health Quality Improvement in the Era of Accountability," the report provides an overview of current efforts and cites elements that are critical for advancing this agenda: increased use of electronic dental records and integrated health records; better measurement of oral health outcomes; new payment and incentive mechanisms; and expanded delivery of care by non-dental professionals, as well as new types of allied professionals.

The report — the latest in a growing number of analyses of the oral health-care system — was released in February at a national meeting of oral health professionals, government leaders, consumer advocates and others convened by the Kellogg Foundation and DentaQuest Institute. The meeting was intended to launch a national dialogue on quality improvement and increased access to dental care. The Institute of Medicine and U.S. Government Accounting Office released reports on dental access and quality in 2011.

"The focus on quality improvement for overall health care is an important opportunity to improve the quality of oral health care," said study author

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At least 23,000 dental professionals are expected at the 100th Thomas P. Hinman Dental Meeting, March 22–24, at the Georgia World Congress Center in Atlanta.
Photo/Provided by Georgia World Congress Center

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Smokers less apt to go to a dentist

According to a study released by the Centers for Disease Control and Prevention (CDC), smokers go to the dentist less often than non-smokers.

The CDC looked at 2008 survey responses from more than 16,000 adults between the ages of 18 and 64.

More than a third of smokers in the study said they have three or more dental problems, ranging from stained teeth to jaw pain, toothaches or infected gums.

The CDC said this was more than double the reports of these dental ailments the non-smokers admitted to.

The report also found that 20 percent of the smokers said they have not been to a dentist in at least five years. This was compared with only 10 percent of the group of nonsmokers and those who were former smokers.

Robin Cohen, a CDC statistician who co-authored the new report, said smokers seem to be aware their dental health is worse, but are not doing anything to help.

According to the findings, the main reason for those who have not gone to see a dentist was because of cost.

More than 50 percent of smokers said they haven't gone to a dentist because they can't afford it, compared with 35 percent of those who do not smoke.

An equal percentage of current smokers, former smokers and "never smokers" did not visit the dentist for an oral health problem because they were afraid.

Another CDC survey found smoking rates are higher among those with low incomes. It said about 30 percent of Americans with incomes below the federal poverty level say they are current smokers, while less than 19 percent of people with higher incomes are smokers.

(Source: Centers for Disease Control and Prevention)

The Centers for Disease Control and Prevention reports that far more smokers than nonsmokers say 'cost' is why they don't see a dentist. The percent saying 'fear' is the main reason are identical regardless of smoking history . Photo/Dignity, *www.dreamstime.com*

In mouth, smoking zaps healthy bacteria, invites pathogens

According to a new study, smoking causes the body to turn against its own helpful bacteria, leaving smokers more vulnerable to disease.

Despite the daily disturbance of brushing and flossing, the mouth of a healthy person contains a stable ecosystem of healthy bacteria. New research shows that the mouth of a smoker is a much more chaotic, diverse ecosystem — and is much more susceptible to invasion by harmful bacteria.

As a group, smokers suffer from higher rates of oral diseases — especially gum disease — than do nonsmokers, which is a challenge for dentists, according to Purnima Kumar, assistant professor of periodontology at Ohio State University. She and her colleagues are involved in a multistudy investigation of the role the body's microbial communities play in preventing oral disease.

"The smoker's mouth kicks out the good bacteria, and the pathogens are called in," said Kumar. "So they're allowed to proliferate much more quickly than they would in a non-smoking environment."

The results suggest that dentists may have to offer more aggressive treatment for smokers and would have good reason to suggest quitting smoking, Kumar said.

"A few hours after you're born, bacteria start forming communities called biofilms in your mouth," said Kumar. "Your body learns to live with them, because for most people, healthy biofilms keep the bad bacteria away."

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◂ REPORT, page A1

Paul Glassman, DDS, MA, MBA, director of the Pacific Center for Special Care at University of the Pacific Arthur A. Dugoni School of Dentistry. "The biggest problem now is we are developing many measures, but they need to be connected to performance of the system. This report provides an opportunity for a new dialogue on how best to collect and use data to improve quality and increase access to affordable dental care."

Glassman said the factors driving the focus on quality improvement in oral health care — and the need to align payment incentives with health-care outcomes and value for patients — are the same ones driving the overall health-care quality movement:

- Rising costs of oral health care;
- An increasing understanding of the unwarranted variability produced by the oral health system;
- Evidence of profound health disparities in spite of scientific advances in care; and
- Increasing awareness of these problems in the age of consumer empowerment.

The report also outlines the systemic barriers that have slowed change:

- Limited evidence of best practice for most dental procedures has led to widespread variation in clinical decisions by dentists;
- Government pays for only about 6 percent of dental care nationally, and dental practices and their patients are not part of a larger provider organization pushing for improvements; and
- Incentives to implement quality improvement programs are few.

However, increasing costs, inadequate access to care, and profound disparities are creating new pressures for the oral health delivery system to focus on value instead of volume of services.

"With the current focus on quality improvement in health care, we need to make sure that oral health isn't left behind," said Alice Warner, program officer at the W.K. Kellogg Foundation. "Right now, 37 percent of African American children and 41 percent of Hispanic children have untreated tooth decay, compared with 25 percent of white children. We need to do better by all our children and this report provides ideas that can help lead the way."

Oral health costs making dental services unaffordable for many

Dental expenses are now among the highest out-of-pocket health expenditures for consumers. In 2008, they accounted for $30.7 billion or 22.2 percent of total out-of-pocket health expenditures, second only to prescription medications, according to the Bureau of Labor Statistics.

The keys to better access and quality are better measurement of oral health-care outcomes and promoting innovation at the systems level, said Glassman, who suggests the pathway to better measurement will involve:

- Increased use of electronic health records to make collection and analysis of data easier;
- Development and use of measures of oral health outcomes
- Development and use of diagnostic coding systems on oral health outcomes of populations;
- Innovation in payment, monitoring and incentive mechanisms tied to the oral health of the population served;
- Improvements in oral health delivery that include using chronic disease management strategies, delivering care in nontraditional settings, developing new types of allied dental professionals and engaging non-dental professionals in delivering services; and
- Use of telehealth technologies to reach people in geographically remote areas.

"The DentaQuest Institute is working closely with clinical partners to implement quality improvement strategies that emphasize prevention and disease management in dental care," said Dr. Mark Doherty, executive director of the DentaQuest Institute. "We have begun to see success applying a disease management model to the care of chronic disease."

About the DentaQuest Institute

The DentaQuest Institute, is a not-for-profit organization focused on improving efficiency, effectiveness and quality in dental care. It works with clinical partners across the United States to develop and implement more effective approaches to preventing and managing oral diseases.

For more information about the DentaQuest Institute and its programs, visit *www.dentaquestinstitute.org*. The DentaQuest Institute is supported by DentaQuest, a leading oral health company, administering prevention-focused dental benefits to nearly 15 million individuals across the United States.

About the W.K. Kellogg Foundation

The W.K. Kellogg Foundation, founded in 1930 by breakfast cereal pioneer Will Keith Kellogg, is among the largest philanthropic foundations in the United States. Based in Battle Creek, Mich., WKKF engages with communities in priority places (Michigan, Mississippi, New Mexico and New Orleans), nationally and internationally to create conditions that propel vulnerable children to realize their full potential in school, work and life.

To learn moreabout the WKKF you can visit *www.wkkf.org* or follow it on twitter at *@wk_kellogg_fdn*.

(Source: W.K. Kellogg Foundation and DentaQuest Institute)

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Tooth Fairy cuts back

Survey shows one of the biggest declines on record

Photo/Renáta Ktivanová, *www.dreamstime.com*

The average gift from the Tooth Fairy dropped to $2.10 last year, but she's still visiting nearly 90 percent of homes in the United States, according to The Original Tooth Fairy Poll® sponsored by Delta Dental.[1] That average gift is down 42 cents from $2.52 in 2010. The 17 percent drop in value is one of the larger declines since Delta Dental began conducting the poll in 1998. In Minnesota, children receive an average of $1.97 per tooth — down 2 percent from last year's average of $2.01.

"Like many Americans, the Tooth Fairy needed to tighten her belt in 2011, but she's hopeful for a recovery this year," said Ann Johnson, spokesperson for Delta Dental of Minnesota. "More important, Delta Dental is encouraged that parents are still making visits to the dentist a priority for their children." In fact, 90 percent of those surveyed say they take their children to the dentist every six months.

The Original Tooth Fairy Poll, which surveyed 1,355 parents across the country, yielded these additional findings:

• The most common amount left under the pillow by the Tooth Fairy is $1.

• Most children find more money under the pillow for their first lost baby tooth.

• Thirty-five percent of those surveyed allow their children three to four sugary drinks a day.

• Seventy-one percent of those surveyed first take their child to the dentist between 2–3 years of age, rather than the recommended age 1 or within six months after the first tooth erupts.

Tracking the DJIA

The Original Tooth Fairy Poll has generally been a good barometer of the economy's overall direction. In fact, the trend in average giving has tracked with movement of the Dow Jones Industrial Average (DJIA) in seven of the past 10 years.

"Like the Tooth Fairy, we at Delta Dental are hopeful for better economic news in 2012," Johnson said. "In the meantime, we will continue to support programs that provide access to dental care for those who would otherwise not have it." The Delta Dental System annually donates more than $45 million for community benefit activities.

Encouraging Healthy Habits

The Original Tooth Fairy Poll reflects an interest by Delta Dental to promote good dental hygiene habits that encourage healthy mouths and healthy smiles across America. To help with this long-time tradition, you can take the poll at *www.theoriginaltoothfairypoll.com*. And, you can follow the Tooth Fairy's efforts at *pinterest.com/origtoothfairy*.

Delta Dental of Minnesota's oral health initiatives are part of its non-profit mission to provide educational information and support community programs that help enhance the oral health of all Minnesotans. Since 1969, the company has accomplished its mission by providing the best access across the state to oral health care through affordable dental plans. Delta Dental of Minnesota serves 8,000 employer groups with more than 3.8 million members in Minnesota and across the nation. For more information, visit *www.deltadentalmn.org*.

Delta Dental Plans Association

The not-for-profit Delta Dental Plans Association, *www.deltadental.com*, based in Oak Brook, Ill., is the leading national network of independent dental service corporations. It provides dental benefits programs to more than 56 million Americans in more than 95,000 employee groups throughout the country. For more oral health news and information, you can subscribe to the blog and follow on Twitter.

▼ Reference

1 Delta Dental conducted the Original Tooth Fairy Poll among customers across the United States. For results based on the total sample of 1,355, the margin of error is +/- 2.66 percentage points at a 95 percent confidence level.

(Source: Delta Dental)

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The results of the study were published in the journal Infection and Immunity.

She likens a healthy biofilm to a lush, green lawn of grass. "When you change the dynamics of what goes into the lawn, like too much water or too little fertilizer," she said, "you get some of the grass dying, and weeds moving in." For smokers, the "weeds" are problem bacteria known to cause disease.

In a new study, Kumar's team looked at how these bacterial ecosystems regrow after being wiped away. For 15 healthy nonsmokers and 15 healthy smokers, the researchers took samples of oral biofilms one, two, four and seven days after professional cleaning.

The researchers were looking for two things when they swabbed subjects' gums.

First, they wanted to see which bacteria were present by analyzing DNA signatures found in dental plaque. They also monitored whether the subjects' bodies were treating the bacteria as a threat. If so, the swab would show higher levels of cytokines, compounds the body produces to fight infection.

"When you compare a smoker and nonsmoker, there's a distinct difference," said Kumar. "The first thing you notice is that the basic 'lawn,' which would normally contain thriving populations made of a just few types of helpful bacteria, is absent in smokers."

The team found that for nonsmokers, bacterial communities regain a similar balance of species to the communities that were scraped away during cleaning. Disease-associated bacteria are largely absent, and low levels of cytokines show that the body is not treating the helpful biofilms as a threat.

"By contrast," said Kumar, "smokers start getting colonized by pathogens — bacteria that we know are harmful — within 24 hours. It takes longer for smokers to form a stable microbial community, and when they do, it's a pathogen-rich community."

Smokers also have higher levels of cytokines, indicating that the body is mounting defenses against infection. Clinically, this immune response takes the form of red, swollen gums — called gingivitis — that can lead to the irreversible bone loss of periodontitis.

In smokers, however, the body is not just trying to fight off harmful bacteria. The types of cytokines in smokers' gum swabs showed the researchers that smokers' bodies were treating even healthy bacteria as threatening.

Although they do not yet understand the mechanisms behind these results, Kumar and her team suspect that smoking is confusing the normal communication that goes on between healthy bacterial communities and their human hosts.

Practically speaking, these findings have clear implications for patient care, according to Kumar.

"It has to drive how we treat the smoking population," she said. "They need a more aggressive form of treatment, because even after a professional cleaning, they're still at a very high risk for getting these pathogens back in their mouths right away.

"Dentists don't often talk to their patients about smoking cessation," she continued. "These results show that dentists should take a really active role in helping patients to get the support they need to quit."

For Kumar, who is a practicing periodontist as well as a teaching professor, doing research has changed how she treats her patients. "I tell them about our studies, about the bacteria and the host response, and I say, 'Hey — I'm really scared for you.' Patients have been more willing to listen, and two actually quit."

Kumar's collaborators include Chad Matthews and Vinayak Joshi of Ohio State's College of Dentistry as well as Marko de Jager and Marcelo Aspiras of Philips Oral Healthcare. The research was sponsored by a grant from Philips Oral Healthcare.

(Source: Ohio State College of Dentistry)

Mistakes were made: When to let them go or when to clean them up

SALLY MCKENZIE is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide. She is editor of The Dentist's Network Newsletter at *www.thedentistsnetwork.net*, the e-Management Newsletter at *www.mckenziemgmt.com* and The New Dentist™ magazine at *www.thenewdentist.net*. She can be reached at *sallymck@mckenziemgmt.com* or (877) 777-6151.

I can virtually guarantee that you and everyone on your team have made at least one major mistake in the past six to 12 months.

By Sally McKenzie, CEO McKenzie Management

If you read my articles regularly, you might have noticed that I dedicate a fair amount of space to telling you how you should be addressing shortfalls in your practice systems. In this column, I'm taking a little different approach. I want you to plan a party. Now, this isn't just any party. This is a "screw-up party." I have to give author Bill Bartman credit for the term, and I really like the concept. The idea is that you embrace the mistakes, you acknowledge the weaknesses, and you celebrate the fact that you have "screwed up." I can virtually guarantee that you and everyone on your team have made at least one major mistake in the past six to 12 months.

Mr. Bartman refers to an employee who made a $10 million contract error. The company managed to whittle it down to $1 million, which most of us would still consider a huge blunder. But the point Bartman makes is that if he were to have crushed the employee, who is otherwise very good, he would have shut down the flow of creative problem solving and new ideas, not just from that employee but from others as well.

The "chilling effect" as we know it happens when speech or conduct is suppressed because of fear of penalization.

Frequently we find employees are too paralyzed to take action. They are afraid of making mistakes. They are afraid of being reprimanded. They are afraid of disappointing or angering the dentist. They have to secure approval on everything from the way they answer the phones to the way they punctuate a sentence. Consequently, the practice is virtually immobilized because no one has permission to think, to improve systems or, as the case may be, occasionally screw up.

Celebrate the blunders

Dentists, being notorious perfectionists (a quality that patients dearly appreciate), are keenly focused on doing everything right. Understandably, you are mortified when you or members of your team make mistakes, even though you fully understand that to err is human. Like everyone else, some days you and your team are simply more "human" than others.

Yet, it's through mistakes that you and your practice have grown, and perhaps once a year, throwing a party to celebrate the blunders rather than stuffing them in the closet, hoping they go away and never embarrass you again is something to consider.

It's easy to celebrate how great you and your team are and the successes. But what about the tough challenges, the hurdles and the many things that went wrong that you and your team had to face?

The fact is that, while the experiences

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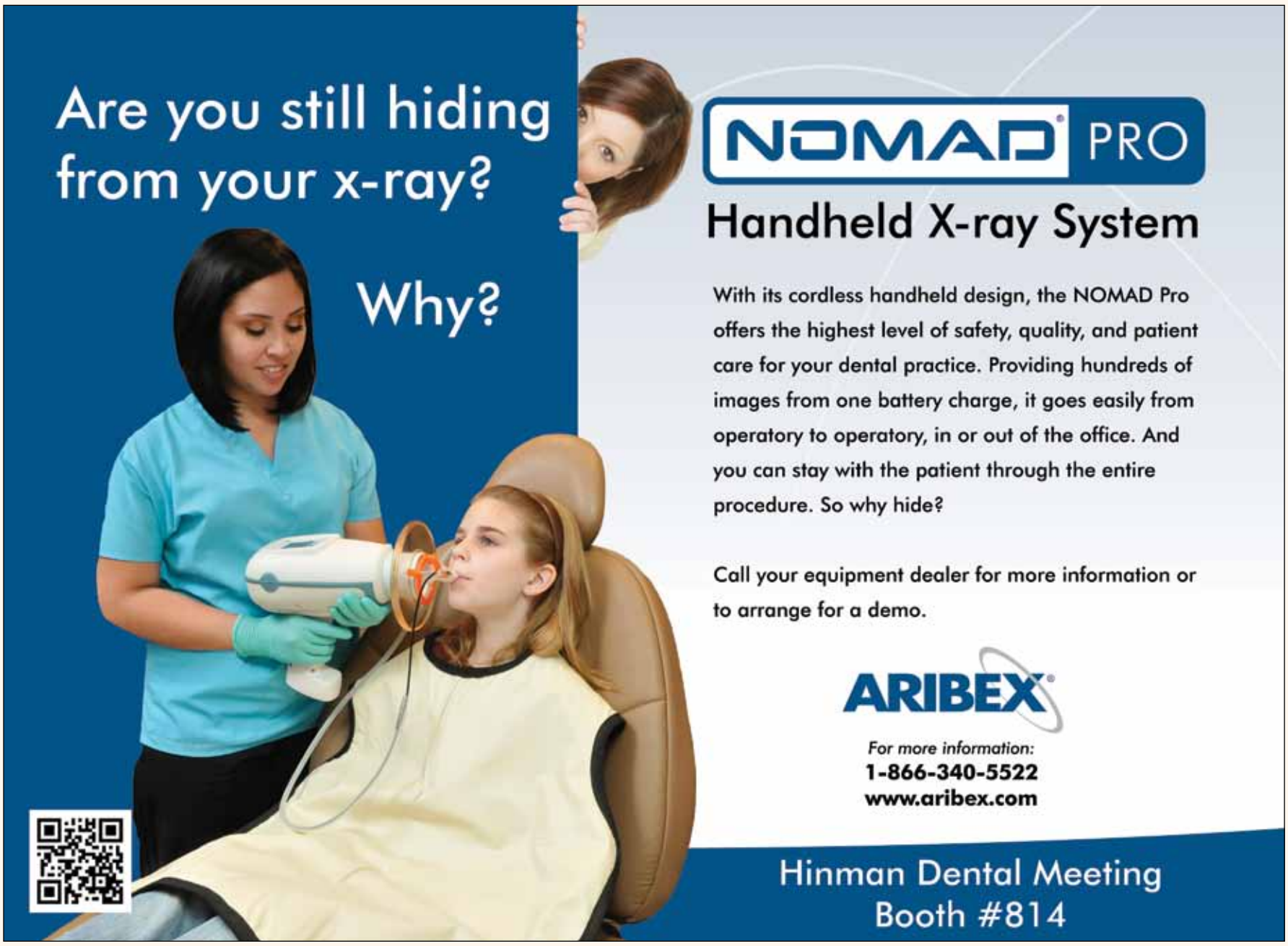

Facial esthetics treatment for every dental practice

Now that the teeth look good, what about the peri-oral areas around the mouth?

DR. LOUIS MALCMACHER is a practicing general dentist and an internationally known lecturer, author and clinician. He is the president of the American Academy of Facial Esthetics *www.FacialEsthetics.org*. You can contact him at (800) 952-0521 or email at *drlouis@FacialEsthetics.org*, or you can visit his website at *www.commonsensedentistry.com* for more about Botox and dermal filler training and other resources.

By Dr. Louis Malcmacher

Fig. 1 **Patient complains of her gummy smile.** Photos/ Provided by Dr. Louis Malcmacher

Fig. 2 **Botox used to reduce maxillary gingival excess in a one-minute appointment.**

I am asked all of the time what the next big thing is going to be in dentistry. What new technology or technology is going to change dental practice? We certainly have made huge advancements in a number of areas, such as restorative therapy, implants and esthetic dentistry.

I believe the direction of the next great thing in dentistry is actually going to take place in the oral-systemic connection.

Most dentists are familiar with this connection as being how oral health affects systemic health. I'm going to look at the oral-systemic connection from a completely different angle — the oral-systemic esthetic perspective.

We all can do a magnificent job of making teeth look great and giving people a healthy and beautiful smile. Esthetic dentistry has been an absolute boom during the last 30 years, especially when it comes to such innovative techniques as teeth whitening and minimally invasive veneers like Cristal Veneers by Aurum Ceramics. Now that the teeth look good, what about the peri-oral areas around the mouth? If the teeth look good but we ignore the rest of the face, then we have really limited what we have done in esthetic dentistry. It is time to give serious consid-

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were likely not enjoyable, yours is a better team today because of them. Giving yourself and your employees permission to be human and make mistakes, at least occasionally, may actually help to avoid bigger blunders in the future.

Case in point, I recently had a conversation with a dentist whose collections coordinator accidentally charged a patient $1,120 for a $120 procedure. The patient called the office furious. The matter would have been resolved at the end of the day, but at the time the patient was checking out, things were chaotic at the front desk.

The dentist, unfortunately, got an ear full from the patient. During these stressful economic times, it's easy to get upset and fly off the handle with employees when things go wrong. After taking it from the patient, he promptly ripped into the employee, which he later deeply regretted.

In this case, both the dentist and the employee made significant errors; one was an accidental mistake, and the other was poor judgment. Nonetheless, it was an opportunity for both to grow personally and professionally from the experience.

Fortunately, in the scenario above, the dentist did offer a sincere apology to the employee. They also looked at the patient check-in/check-out system to determine how bottlenecks could be addressed and pressure eased during hectic times.

None of us enjoys making mistakes. Nonetheless, they are a fact of life and work. A "screw-up" party gives everyone a chance to acknowledge blunders, talk about them openly, offer creative solutions to help prevent them in the future and, most importantly, move on.

Don't make this mistake

Now let's consider a more serious problem in your practice that, unfortunately, doesn't happen just once in a while. In fact, it may be occurring daily, and it would be a grave mistake not to address it. What is it? Thousands of lost patients. Let me explain.

Living in a fantasy

I recently had a conversation with Dr. John. Like many dentists during the last couple of years, he's experienced some challenging times. But one thing that Dr. John firmly believes is that his practice is not losing patients. He is living in a fantasy. But Dr. John, a sole practitioner, is not alone in his delusions; he is like 78 percent of the 128,000 general dentists in the United States.

The vast majority of solo-practitioner practices are losing more patients than they are bringing in, and many of them scoff at such a notion. Holes in the schedule? "It's the weather." Lower production? "It's the economy." Fewer hygiene days needed? "It's the hygienist." And the excuses go on; seldom will these dentists acknowledge that they are losing patients.

'The vast majority of solo-practitioner practices are losing more patients than they are bringing in.'

We work with these" Dr. Johns" and "Dr. Janes" every day. Typically, they have been in practice for 15 to 30 years yet can't quite explain why they are still solo practitioners. Some have had 2,000 to 3,000 people come through their offices and never return. The harsh reality is that such practices are losing more patients than they are gaining.

Dentists commonly believe that patient records in the computer or in the files constitute active patients. In actuality, only those patients that have been in the practice for a hygiene recall appointment in the past 12 months can be counted as active patients. The recall system, or lack thereof, is a huge factor in patient attrition.

Yes, patient retention will vary from practice to practice, but it's essential that you understand where yours falls. To measure patient retention, determine the number of recall patients that are "due" for the month, with and without appointments on the first of the month. Put that number in a secure place. On the last day of the month, run a production/provider report for hygiene and add the number of periodic exams and periodontal maintenance procedures performed for the month. This total equals the number of recall patients "treated." Divide the number of patients "treated" by the number of patients that were "due" and that percentage gives you your patient retention for the month.

Next, take a good hard look at recall. It is the most important system in the practice for ensuring patient retention; it's also the most ignored system in the practice.

How do you know if your recall system is weak? Look at the number of hygiene days. If they haven't increased in the past 12 months, the practice is losing patients. In addition, the schedule has open timeslots; however, the schedule looks full because the practice schedules patients six months out. Moreover, no one on the business team is responsible for ensuring that the hygiene schedule isn't riddled with holes or following-up with past-due patients.

Effective recall system critical

It is essential that if you pre-schedule patients six months in advance you educate the patients, and the business staff must follow-up with patients on the phone. Too often it's the follow-up that falls down.

In addition, when the patient is in the chair, communication between dentist and hygienist and with the patient must reinforce the need for ongoing care. Most patients don't think they need to go to the dentist every six months, and many dental teams are not particularly effective in convincing patients otherwise. It's not uncommon for the dental team to trivialize the importance of care delivered and confirm the patient's misperceptions.

An effective recall system includes other key components as well: The practice is actively educating the patients. Professional recall notices are used as well as e-mail and text messaging. The patient is involved in the recall process by personally addressing the envelope that they will receive in the mail with their recall information and informational brochures.

A business employee follows up with patients to ensure they will keep their recall appointments. In addition, the hygienist is scheduled to meet specific production goals and there are never more than a firmly set number of openings in the schedule on any given day.

Certainly, every dental team makes mistakes; however, there are some that are costing your practice far more than others.

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eration to extending the oral-systemic connection to the esthetic realms and facial pain areas of the face, which dentists are more familiar with than any other health-care practitioner.

The art and science of facial injectables

Botox is a trade name for botulinum toxin, which comes in the form of a purified protein. The mechanism of action for Botox is really quite simple. Botox is injected into the facial muscles but really doesn't affect the muscle at all. Botulinum toxin affects and blocks the transmitters between the motor nerves that innervate the muscle. There is no loss of sensory feeling in the muscles. Once the motor nerve endings are interrupted, the muscle cannot contract. When that muscle does not contract, the dynamic motion that causes wrinkles in the skin will stop. The skin then starts to smooth out, and in approximately three to 10 days after treatment, the skin above those muscles becomes nice and smooth. The effects of Botox last for approximately three to four months, at which time the patient needs retreatment.

The areas that Botox is commonly used for smoothing of facial wrinkles are the forehead, between the eyes (glabellar region) and around the lips. Botox has been FDA approved as a primary therapy for chronic migraine and facial pain cases and has important clinical uses in TMJ and bruxism cases, and especially for patients with chronic TMJ and facial pain.

Botox is also used to complement esthetic dentistry as a minimally invasive alternative to surgically treating high lip line cases; to help denture patients who have trouble adjusting to new dentures; to provide lip augmentations; and to help retrain facial muscles when necessary in orthodontic cases. No other health-care provider has the capability to help patients in so many areas as do dentists.

Dermal fillers, such as hyaluronic acids (Juvederm, Restylane) and calcium hydroxylapatite fillers (Radiesse), are commonly used to add volume to the face in the nasolabial folds, oral commissures, lips and marionette lines. As we age, collagen is lost in these facial areas and these lines start to deepen. These dermal fillers are injected right under the skin to plump up these areas so that these lines are much less noticeable.

Dermal fillers are also used for lip augmentation and are used by dentists for high lip line cases, uneven lips, and to make the peri-oral area more esthetic. The face looks more youthful and is an essential component to every esthetic dentistry case that you do.

I have been trained and have had experience with these Botox and dermal fillers for a while, and these are very easy procedures to accomplish. We as dentists give injections all the time — this is just learning how to give another kind of injection that is outside the mouth but is in the same area of the face that we inject all the time.

We also have a distinct advantage over dermatologists, plastic surgeons, medical estheticians and nurses who commonly provide these procedures in that we can deliver profound anesthesia in these areas before accomplishing these filler procedures. I will never forget that during my training, my patients were completely comfortable during dermal filler and lip augmentation therapy because of my ability to deliver proper anesthesia to these areas. The patients treated by other health practitioners were quite uncomfortable and indeed this is one of the biggest patient complaints about dermal fillers.

Most state boards now allow general dentists to provide Botox and dermal fillers to patients for both dental esthetic and therapeutic uses. Why wouldn't you provide these services, you already offer whitening and esthetic dentistry to your patients? I would make the strong argument that dentists are the true specialists of the face, much more so than most other health-care professionals, including dermatologists and plastic surgeons. It is time to stand up for what we know and what we can accomplish.

Is there a market for these services? In 2011, close to $5 billion dollars were spent on botulinum toxin and dermal filler therapy in the United States. Think about this — that was money spent on non-surgical elective esthetic procedures that could have been spent on esthetic dentistry, but the patient made a choice. Interestingly, these procedures become more popular in an uncertain economy because patients want to do something to look better that is more affordable than surgical esthetic options.

How to get started

Like anything else a dentist does, this requires comprehensive practical training. The learning curve is short for dentists because you already know how to give comfortable injections.

The American Academy of Facial Esthetics (*www.FacialEsthetics.org*), with more than 50 local courses a year, has trained more than 6,000 dental professionals from 48 states and 28 countries through comprehensive hands-on live patient two-day facial esthetic training sessions with Botox and dermal fillers.

Finding practice models is easy — start asking family and friends who will fight to have you practice on them. If you want further proof, ask women in your practice if they have had or would like Botox or dermal filler therapy. You will be overwhelmed at the positive response and shocked at the number of people you know already receiving these treatments.

Most dental liability insurers now cover the use of Botox and dermal fillers in their existing policy or with a reasonably priced rider.

The hottest topic in dentistry right now that will influence dentistry for the rest of your career is the integration of Botox and dermal fillers into surgical, restorative, prosthodontic, periodontic, orthodontic and esthetic dental treatment plans. This opens up well proven treatment options that we legally, morally and ethically have to offer patients. Get trained today and join the thousands of members of the American Academy of Facial Esthetics. It is a perfect complement to your daily dental practice.

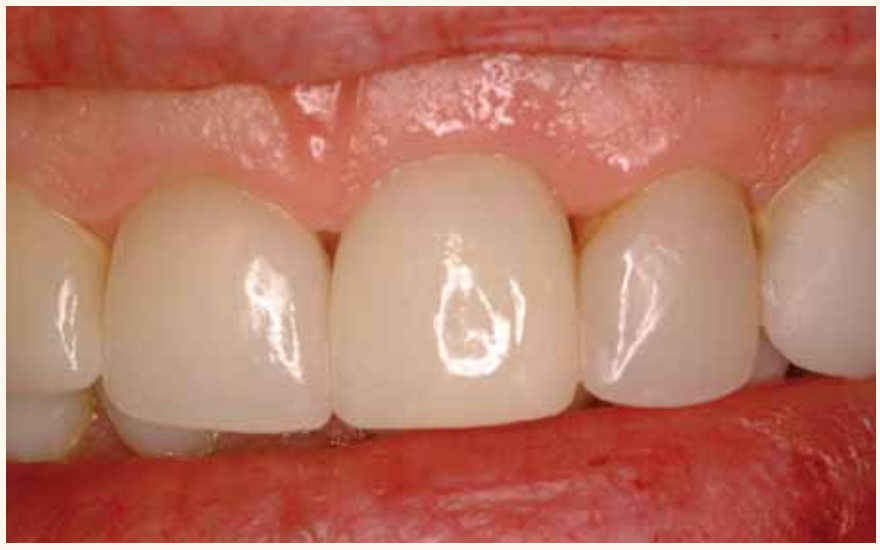


Fig. 3 An obliterated interproximal papilla because of implant surgery

Fig. 4 Innovative use of a dermal filler used intra-orally to eliminate the black triangle in a five-minute appointment

Fig. 5 Facial wrinkles, deep nasolabial folds and gummy smile are the patient's chief complaints

Fig. 6 A 15-minute appointment using Botox and dermal fillers achieves excellent dental esthetics.

Boston delivers three big days of education

Live-dentistry, hands-on courses and free-flowing insights attract education-hungry crowds to Yankee Dental Congress

With 300-plus lectures, workshops and hands-on courses at the 2012 Yankee Dental Congress (YDC), education opportunities were around every corner, often quite removed from the standard lecture room.

Diverse educational offerings

This year's educational highlights included: presenters from the Scottsdale Center for Dentistry, the team leader of the first ever partial face transplantation, the Las Vegas energy of the Madow brothers; management tips from Disney Institute, and an actual head and neck dissection course.

The exhibit floor featured live-patient-procedure programs in the Live Dentistry Theater as well as no-cost presentations in the High-Tech Playground and the new Nutrition Nook.

Strolling the exhibit hall floor, you were just as likely to come across a educational session as you were a business-card drawing for a giveaway. The YDC delivered everything dental professionals need for every budget and learning style.

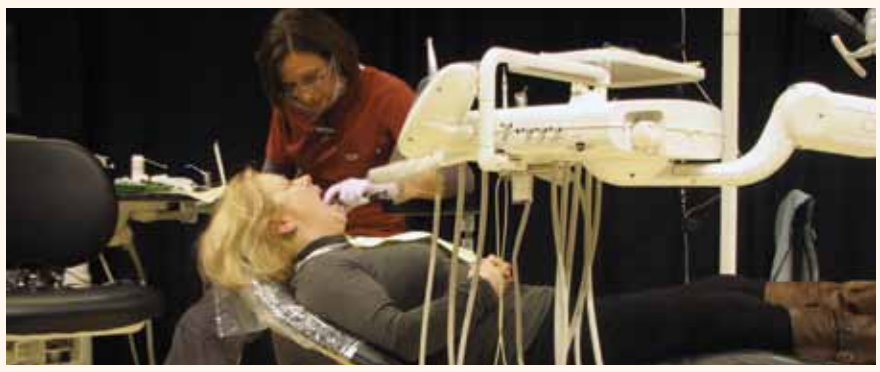
Product education, not just sales

More than 450 of the hottest companies in the dental industry were showcasing their newest products and services on the exhibit hall floor.

And it wasn't just stress balls and shopping totes being handed out. Plenty of wisdom and insight were freely flowing as attendees peppered booth personal with questions about their latest offerings.

Taking the concept even further was Dr. Paul Feuerstein's High-Tech Playground, billed as a "no-sales zone." Feuerstein delivered nine lecturers in three days, with Dr. Scott Benjamin delivering two that were focused on lasers. In total, 65 products were featured in the booth, a substantial increase over last year. The concept is to provide unbiased information, with no sales pitch.

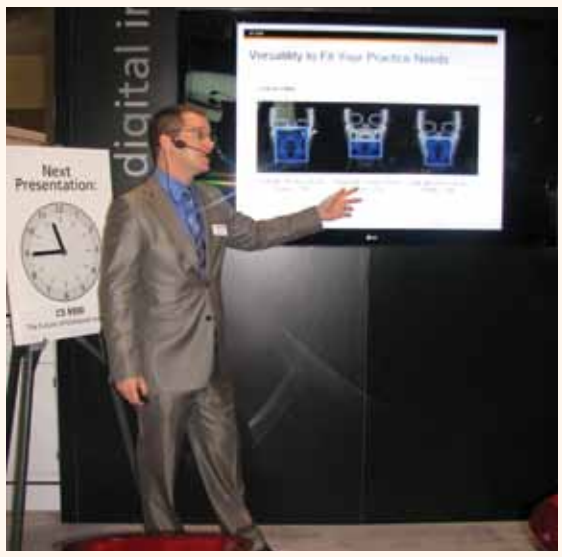
Also attracting big crowds was the Live Dentistry Theater on the exhibit hall floor. Actual procedures were performed on patients, with close-up video providing every detail to the farthest rows of the 200-seat venue. Q&As with the dentists also were part of the concept — all of it courtesy of dental-product companies wanting to showcase their offerings in as realistic a setting as you can get.



At the end of Friday's 'Live Guided Surgery' with Dr. Michael Boschetti and Dr. Lawrence Miller (neither pictured), the patient receives finishing touches as attendees approach the stage to ask questions.

A bird's eye view of the exhibit hall on the first day of the meeting.

Dr. Paul Feurstein lectures at the High-Tech Playground, which he refers to as a 'no-sales zone.'



Jordan Reiss speaks at the Carestream Dental booth.

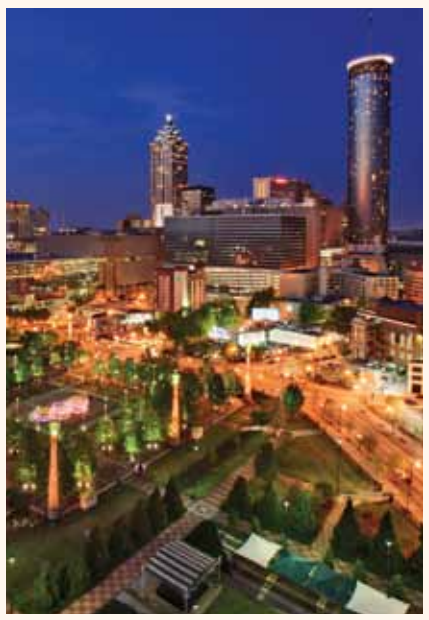
Photos by Robin Goodman Dental Tribune

Hinman celebrating 'Century of Excellence'

Thomas P. Hinman Dental Meeting is March 22–24.

The Thomas P. Hinman Dental Meeting is celebrating "A Century of Excellence" with its centennial meeting, March 22–24. The 100th Hinman features more than 65 world-class dental experts; nearly 200 courses, including 50 hands-on workshops; all-day educational tracks for dentists, dental hygienists, assistants and office staff; and nearly 400 companies demonstrating the latest in dentistry. At least 23,000 dental professionals are expected at the Georgia World Congress Center in Atlanta.

"We couldn't be more excited to be celebrating the 100th Hinman, and in honor of this special occasion, we have lined up an impressive roster of speakers, innovative exhibits and the parties of the century," said Dr. Allen French, general chairman of the 2012 Hinman Dental Meeting. "What started as a study club in 1912 has grown to become the preeminent dental meeting in the country with a 100-year legacy of excellence."



Centennial Park is among the many nearby Atlanta attractions awaiting attendees at the Thomas P. Hinman Dental Meeting.
Photo/Provided by Georgia World Congress Center

The man behind the meeting was Dr. Thomas P. Hinman, an Atlanta dentist who many consider to be the forefather of modern dental continuing education. By the age of 40, he was an internationally renowned lecturer, educator and leader in the dental profession — a trailblazer and visionary who saw the value in continuing education. Even though Dr. Hinman passed away more than 80 years ago, his vision and many of the traditions he established are still observed at the annual meeting today.

Hinman's 2012 Continuing Education program includes a new three-day educational track, "Emerging Dentist's Survival Guide," designed for new dentists and dental students. In addition, the "Business Fast Track" returns this year, offering a total of eight courses for dentists. Also returning this year are the all-day educational tracks, "Prevention Convention," "Assisting Extravaganza" and "Business Office Bonanza," which are designed specifically for dental hygienists, dental assistants and office staff.

In addition to a complete C.E. program and an expansive 90,000-square-foot exhibit hall, the 100th Hinman will entertain attendees as well. The keynote sessionon March 22 features Former First Lady Laura Bush. Two "Parties of the Century" — the Dentist Reception and Auxiliary Reception — are March 23 in the Omni Hotel. And there will be a special centennial prize program that includes diamond and $100-bill giveaways, Delta Air Lines tickets, two resort vacations and more.

For more information about the 2012 Hinman Dental Meeting and to register online, visit *www.hinman.org*.

(Source: Hinman Dental Meeting)

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AACD: Three reasons why annual scientific session will be 'awesome'

Registration is open, and courses are filling quickly; opening session alone features 1,000 more 'awesome things'

An opening 'PowerSession' on May 2 kicks off the American Academy of Cosmetic Dentistry 28th Annual Scientific Session. The PowerSession features, left to right, Drs. Christian Coachman, David Garber and Eric Van Dooren discussing smile design approaches — from conservative to comprehensive.
Photos/Provided by American Academy of Cosmetic Dentistry

There are three reasons why the American Academy of Cosmetic Dentistry (AACD) 28th Annual Scientific Session will be 'awesome': Drs. David Garber, Christian Coachman and Eric Van Dooren.

The trio will kick off the conference May 2 with an opening PowerSession about smile design approaches — from conservative to comprehensive. The session, open to all registrants, will flip attendees' perceptions about dentistry and patient care.

Following the PowerSession, there are two more reasons to attend: the general sessions slated for May 3 and May 4.

Neil Pasricha, author of the "Book of Awesome," will headline the Thursday session. According to Pasricha, the simplest things in life can bring the most happiness — like the cold side of the pillow, finding money in a coat pocket, and snow days.

Pasricha's blog, "1000 Awesome Things," is an award-winning celebration of the little moments that are often overlooked but can be instant mood boosters. Pasricha will explain how to re-frame your state of mind by identifying the little things in life that can bring happiness.

Eric Whitacre, composer, will keynote Friday's session. Prodigy Whitacre completed his first concert work, "Go, Lovely, Rose," at the age of 21. He went on to the Juilliard School (New York), earned his master's degree in music and studied with Pulitzer Prize- and Oscar-winning composer John Corigliano.

Whitacre's Virtual Choir 2.0 "Sleep," released last April — and now an Internet sensation — uses more than 2,000 voices from 58 countries. He draws on his many accomplishments in his presentation, which demonstrates how thinking outside the norm can produce amazing results.

In addition to the general sessions, the AACD conference offers a diverse selection of cosmetic dentistry education, hands-on workshops and lectures — plus an exhibit hall for discerning shoppers.

For more information about the conference, held at the Gaylord National in National Harbor, Md., you can visit: *www.aacdconference.com*.

Registration is open, and courses are filling quickly!

All those who are interested in attending are encouraged to register as soon as possible.

(Source: American Academy of Cosmetic Dentistry)

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