



## OFFICE HIGHLIGHTS

**Name:** Jeanette MacLean, DDS,  
DABPD, FAAPD

**Graduated from:** University of Southern California

**Pediatric residency:** University of Nevada School of Medicine

**Practice name:** Affiliated Children's Dental Specialists,  
Glendale, Arizona

**Website:** [kidsteethandbraces.com](http://kidsteethandbraces.com)

**Practice size:** 4,000 square feet

**Team size:** 15. One full-time pediatric dentist; one part-time dentist; two hygienists; four front office employees; one "floater" front office dental assistant; six dental assistants.

An orthodontic practice subleases space in our practice, so its team of eight is in our office two days a week.

# Dr. Jeanette MacLean

*Dentaltown's newest editorial board member perfects pediatric practice and shares her work*

by Kyle Patton, associate editor, *Dentaltown* magazine

Dentists spend most of their waking hours in their practices, so they usually don't get many opportunities to see what it's like inside another doctor's office. *Dentaltown* magazine's recurring Office Visit profile offers a chance for Townies to meet their peers, hear their stories and get a sense of their practice protocols.

In this issue, we catch up with *Dentaltown's* newest editorial advisory board member, Dr. Jeanette MacLean. MacLean's passion and expertise in pediatric dentistry has led her to become one of the nation's leading authorities and advocates for minimally invasive dentistry and the use of silver diamine fluoride. She has been appointed to the American Academy of Pediatric Dentistry's Speakers Bureau, has been featured in *The New York Times* and local television programs, and was ranked as a top Arizona dentist by *Phoenix Magazine*. MacLean continues to publish her research, host webinars, release CE, participate in a handful of associations and societies, and—oh, yeah, still practice full time!

Photography by Brad Armstrong Photography





**What was your “aha!” moment when you realized that dentistry was your calling?**

My mom, a registered nurse, suggested that I look into dentistry when I was a college student thinking of medical school. I spent a semester shadowing dentists in various clinical settings—private practice, public health, oral surgery, perio, etc.—and it was my time spent in a pediatric dental practice that made me realize that it was the career

for me. It’s the perfect balance of art and science, with lots of personal interaction. And the kids make it fun, because I’m really just a big kid myself.

**You’ve gone from practicing pediatric dentistry, which is challenging enough, to also becoming an expert featured in *The New York Times* and different local television programs and publications, plus you’re lecturing, leading webinars, and a mother of two. Safe to say, you’ve been busy. How’d all this happen?**

By accident! I never sought out in life to be a public speaker; quite frankly, it terrifies me. But I am extremely passionate about minimally invasive treatment options for children and have been rather vocal about it online. That’s what led the reporter for *The New York Times* to me. I was already very active in the Arizona Dental Association and served on committees and wrote articles for them as well as for *Dentaltown*. Things snowballed from there as I received calls





## Discover more about SDF and earn CE credit

To take Dr. Jeanette MacLean's online CE course, "Silver Is the New Black: Improving Your Practice with Silver Diamine Fluoride," visit [dentaltown.com/ce](http://dentaltown.com/ce) and search "MacLean." This course will be the top result.

MacLean's next online CE course, "Less Is More: Minimally Invasive Cosmetic Treatment Options for Enamel Defects," will also be available online soon.

and emails from dentists and patients from around the world. (I still do!)

I observed a void in continuing education about conservative dentistry that really spoke to wet-fingered dentists. There are a lot of folks in research and academia lecturing, but there wasn't anyone translating minimally invasive dentistry to everyday clinical practice. The demand has been overwhelming, but it is exciting to see the level of interest.

**Much of your clinical focus relates to advocating for silver diamine fluoride (SDF) and minimally invasive dentistry. You were an early adopter of this treatment in the United States—why are you so passionate about it?**

I first began using SDF in my private pediatric dental practice in 2015. Minimally invasive dentistry is a topic near and dear to my heart as a mother and an advocate for improving children's oral health and safety.

My daughter had surgery under general

anesthesia when she was only 9 months old, and around the same time I experienced a medical emergency with a patient who has autism and was undergoing IV sedation in my office. These led me to question what I could do differently and better for my patients and their families.

That began my journey to SDF and silver-modified atraumatic restorative treatment (SMART). By incorporating these new options, I have reduced the number of sedations done in my practice by 67 percent since 2014.

**How practical is it for a general dentist to make the shift from a "drill and fill" mindset to the more minimally invasive approach of arresting and remineralizing? What has your experience shown?**

It's not about one or the other; it's about having more options on the menu. My mantra has always been, "Take nothing out of your toolbox." SDF is not a cure



for caries—nothing is. Nor does SDF restore form or function. However, it is a wonderful, minimally invasive treatment option that can benefit patients of all ages by increasing access to care, improving health and reducing costs.

There will always be a need for “drill and fill” restorative dentistry, but science and our understanding of caries and how to best manage it is ever-evolving. At the end of the day, we have to ask ourselves: Are our treatments getting our patients healthier?

The U.S. Office of Disease Prevention and Health Promotion’s Healthy People initiative reported that from 1990 to 2010, the percentage of children with untreated decay remained virtually unchanged at almost 30 percent. In underserved, rural and minority populations, the percentage is significantly higher—almost 50 percent. During the same period, yearly governmental dental expenditures for children increased from \$1 billion to \$7 billion, and spending

## TOP PRODUCTS

### **Advantage Arrest Silver Diamine Fluoride 38%.**

For me, this has been a revolutionary approach in managing caries, especially in young, preoperative, medically compromised and special-needs patients who may otherwise require the added cost and risk of sedation. Incorporating SDF, along with other minimally invasive treatment options, helped reduce oral conscious sedation in my practice by 67 percent since 2014.

**Fuji Equia Forte.** A high-viscosity glass ionomer cement, and a biomimetic, bioactive, hydrophilic bulk-fill restorative material. It chemically bonds to enamel and dentin, eliminating postoperative sensitivity and microleakage.

**Fuji Triage.** A low-viscosity glass ionomer cement sealant material. Because this material is hydrophilic, it allows me to place sealants in apprehensive and special-needs patients who would have never been able to tolerate the placement of resin sealants. Triage is faster and easier to place, which is great for any patient—especially kids. More importantly, the sustained fluoride release improves the caries-resistant properties of the sealed surface.

### **Elevate Oral Care FluoriMax Varnish 2.5%.**

Last year my practice switched to this for three main reasons. First, nothing beats the price of bottle varnish—as low as 16 cents a drop—and often a single drop can treat primary dentition. Second, it reduces packaging waste, so it’s more environmentally friendly, and it’s not rosin- or colophony-based, so there’s no concern about potential allergens. Third, enamel maxes absorption at 2.5 percent, leading researchers to question the unnecessarily high levels of fluoride in traditional 5 percent varnish, especially when used in young children susceptible to fluorosis.

**GC America MI Paste.** I offer this for patients younger than 6, and MI Paste Plus for those older than 6. Recaldent technology delivers calcium and phosphate ions that are vital to the remineralization of enamel.

**Icon.** Icon resin infiltration can reverse incipient carious lesions and congenital enamel defects in one appointment without needles or drills. I have wowed patients and parents for five years by reversing postorthodontic white spot lesions and congenital enamel defects.



is expected to reach \$15 billion by 2020. It's not sustainable. We need a different approach, and minimally invasive treatment options are just one aspect of that shift.

**How has your practice philosophy evolved since you started practicing?  
What has driven the change?**

I was trained in what I now refer to as "Medicaid mentality." The treatment-planning approach I learned in residency was extremely aggressive: Every Class II got an SSC; every little decalcification spot got a filling; and lots of general anesthesia and sedation. I was taught that this appointment

could be the children's "only chance," because they were on state insurance.

When I got into private practice, overly aggressive treatment plans didn't fly—especially not with cash-pay or privately insured patients footing the bill. I found myself doing more conservative treatment, and was pleasantly surprised by the positive outcomes, even for my Medicaid patients. The key was placing an emphasis on the disease etiology and behavior change with the parents and patients, and not just being a carpenter of the mouth.

**According to the ADA, only 16 percent of first-year dental students were women in 1978. While that percentage has crept closer to 50 percent today, there are still**





## OTHER PRODUCTS

### Bonding agents

- 3M Singlebond

### Burs

- Two Striper

### Chair

- Dome
- Royal Dental Group

### Cements

- GC Fuji Cem2

### Handpiece

- Midwest

### Orthodontics

- Invisalign
- Ormco Damon

### Practice management

- Dentrix

### Restoratives

- Cosmedent Renamel
- NuSmile crowns
- GC Fuji II LC

### some challenges that remain for female dentists. What changes would you like to see in the profession in respect to women in dentistry?

Women deserve respect and equal pay. It bothers me when I hear reports of female dentists being compensated at lower rates than their male colleagues. I would like to see more women take an active role in leadership and organized dentistry. We need our voices heard—but part of making that happen means getting involved. I hope that I can be a role model by demonstrating that you can be a practice owner and a mother and still make the time to actively participate in organized dentistry, whether it's in a local study club, a dental association, or on a national level. Every bit helps ensure our interests and opinions are represented.

### Walk us through an average day at your pediatric practice.

Our day is typically framed by early morning and late afternoon recall appointments—patients coming in before and after school. We do the large works and sedations in the morning, and save easier

works like simple extractions and sealants in the afternoon.

We sprinkle our new patients throughout the middle of the day, when we have more time to focus our time and energy on their first visits. We try to see our preschoolers before noon and save the high-demand afternoon appointment times for the older kids who don't want to miss school.

### What's something that remains a challenge for you?

Something I wrote a few years ago in an article for *Dentaltown* sums it up for me: "After more than 10 years in pediatric dentistry, I find the kids are not my challenge—it's their parents." Parenting styles have changed dramatically over the past few decades. We have a lot more parents who want to be their children's friends instead of their parents, which makes my job all the more challenging.

**Word on the street is that your party-planning skills match your high level of work in dentistry. Brag a bit: What's the most epic party you've ever planned?**



Photography by Affiliated Children's Dental Specialists



There have been so many good ones over the years, it's hard to pick a favorite! I've done a circus theme, Candyland, Alice in Wonderland ... but what I'm probably best known for are my epic Halloween parties. Our house is decorated inside and out, front and back. One year, I converted our shed into a mad scientist's lab complete with black lights, strobe lights, electroshock therapy and realistic "body parts" for the kids to feel. My rock star dental assistant, Yvette, dressed up as the mad scientist, and my son, Charlie, was her assistant.

Last year we went to Mickey's Halloween Party at Disneyland in lieu of hosting our

own party. I got all these awkward voicemails and emails from friends worried that they hadn't received their invitations, or that perhaps that they'd been cut from the list. They were so relieved to learn we just took a year off! I thought that was a real testament to the party's legendary status.

#### **Give us a snapshot of your life outside of dentistry—family, hobbies, etc.**

That's best described as "organized chaos." I have an amazing and incredibly supportive husband, Tim, and two wonderful children, 8-year-old Charlie and 6-year-old Sabrina. The kids are in all sorts of activities—scouting, musical theater, dance, golf and soccer, to name a few. I try to volunteer at their school when time allows—my best friend and I had the winning car at Trunk or Treat last year!—and I enjoy spending time with friends and working out. I never sit around twiddling my thumbs, but women are great multitaskers like that.

#### **If you could send one note back to yourself before you began practicing, what would it say?**

"This is only the beginning." ■



### **Meet this featured speaker at Townie Meeting 2019!**

Dr. Jeanette MacLean will be one of the featured speakers at Townie Meeting 2019, which runs March 20–23 in Scottsdale, Arizona. To discover more about the event, or take advantage of discounted admission through Oct. 31, visit [towniemeeting.com](http://towniemeeting.com).