Investing in New Technology
“Should I or shouldn’t I?” comes down to 10 questions

by Irwin M. Becker, DDS

Second opinions are common in health care; whether a doctor is sorting out a difficult case or a patient is not sure what to do next. In the context of our magazine, the first opinion will always belong to the reader. This feature will allow fellow dental professionals to share their opinions on various topics, providing you with a “Second Opinion.” Perhaps some of these observations will change your mind; while others will solidify your position. In the end, our goal is to create discussion and debate to enrich our profession. – Thomas Giacobbi, DDS, FAGD, Editorial Director, Dentaltown Magazine

Perhaps, you’ll recall dental technology products that had limitations at the time of their introduction. For example, when digital radiographs first came out, you couldn’t place them in an FMX format, and when digital impressions first came out, they could only be worked with a quadrant articulator.

Recently I had a conversation with six of The Pankey Institute’s visiting faculty who are in full-time practice. I was curious to know in what technologies they had recently invested and what went through their minds before and after purchase. Two common concerns expressed were: would they be making a sound decision, especially given the slow economy, and would their choices be in-sync with the latest technology. Some decisions were driven by need, others by a vision of higher practice. Each of the investments led to personal development, more options, and more benefits to their patients and themselves than anticipated. They all did research. Some did lengthy anticipatory research, looking at emerging technology. In every case, they reported that all product issues were assertively and promptly addressed by the sales rep and manufacturer.

Dr. Chuck Pitts of LaGrange, Georgia, recently invested in a Zeiss surgical microscope with 10x the magnification of the most powerful loupes.

Pitts says,

Only five percent of general dentists use this type of technology. There is good research and science behind these optics, which have become the standard of care for endodontists and are used by many periodontists. My motivation was to perfect my dentistry. Every time you step up the magnification, you see more and it is exciting to do better restorations. Because my team and associate can watch what I am doing on the screen, it has become my preferred teaching tool. Screen captures make it easier for patients to understand the condition of their mouths and sign on for restorative. I spent a day with a trainer, and by making a commitment to regularly use the microscope I became proficient over about four months. Now, I am obsessed with doing perfect laser surgery on crown margins and even more exquisite composite work. Although it takes longer to do everything with the microscope, ultimately the quality is better. My patients are talking about my technologically advanced methods and my reputation has been enhanced within my community.

Dr. Gayle T. Reardon of Sioux Falls, South Dakota, was clear about why she wanted to go back to school after 30 years in practice.

Reardon says,

After becoming skilled in the treatment planning, surgical placement and restoration of dental implants, I felt the next step was to become uniquely qualified to assist other dentists in treatment planning difficult cases. I was anticipating a time in my later years when I might not be able to handle the ergonomics of intensive restorative practice but would want to remain professionally active. So, four years ago, I entered the oral and maxillofacial radiology program at the University of Iowa. I earned an MS degree in stomatology and became board certified in oral and maxillofacial radiology. Initially, I hoped to have a partner in purchasing a fully featured CBCT system, but the economic climate changed midway through my three-year degree program making an investment of this size difficult. Rather than owning and operating an imaging center, I now have a consulting business (Collaborative Imaging Specialists), as well as my restorative dental practice. Investing in post-graduate education and software has presented me with unique opportunities to do high-quality 3D reconstructions from CBCT files, do radiographic interpretations, treatment plan and consult on cases, and assist with surgical guide fabrication and quality control. Another application is hard-tissue diagnosis and treatment planning for jaw joints, a keen interest of mine. Currently, CBCT is transitioning...
from ‘cutting edge’ to ‘standard of care’ in dentistry. 3D volumetric and large-field-of-view images are becoming part of the standard of care. Next will be virtual treatment planning. I don’t think my learning is nearing an end. In fact, I’m more excited than ever about emerging virtual applications for dentistry.

Dr. David Bloom of Salem, New Hampshire, recently purchased an NV Microlaser from Discus Dental.

Bloom says,
I spent time doing research into lasers – the cost, payback, training, etc. I checked out a lot of other lasers before I decided on the wireless NV. I have been a Discus product user since 1995, and I know the company has a quality track record. The NV is helping me do better dentistry for crown prep and removal of excess tissue. I didn’t have to cut corners somewhere else to afford this technology. I am still doing all the tried and true procedures I used to, but it gives me more options when it comes to contouring. The learning curve for this product is small. My hygienist and I took an online certification course and a hands-on course brought to our area. Patients are benefitting from her use of the laser to speed up healing of cold sores and for bacterial reduction in pockets.

Dr. Elizabeth Caughey of Atlanta, Georgia, doesn’t view herself as a technology expert, and has always been cautious about embracing wiz-bang gadgets. While digital radiography is hardly new, Dr. Caughey made the shift recently.

She says,
In January of 2011, I started using Dexis digital X-rays. My patients, team and I all love it. While I was on maternity leave, my Cavitron failed and I had to make a quick decision. I was concerned about the cost and reliability of another dedicated sonic scaler, so I called my Atlanta Dental Supply rep. Together we decided to try a new solution. I’ve always trusted KaVo technology, and had success with their handpieces; in fact, the electric handpiece I have been using for a couple years is a workhorse. The first time we tried the portable KaVo Prophyflex3, we knew it was a winner! We can now perform an adult prophylaxis in any treatment room, which helps in a schedule pinch! My hygienists love the comfort of the handpiece, and our patients’ teeth look more polished. Because there was no setup, my supply rep had it in place immediately, avoiding down time. I have no regrets about this fast and cost-sensitive decision. My team and I are actually more efficient and effective. I am all about win-win when it comes to technology.

Dr. Bradley S. Portenoy of Rockville Centre, New York, did what he calls a “360 analysis” before making a recent major investment.

Portenoy says,
I needed a new digital panoramic and weighed the pros and cons of a 2D or 2D/3D investment. Cost was an issue but in the end I gravitated toward the newer 3D technology, which will undoubtedly be the future radiographic standard. The enhanced 3D images also allowed me to become a more comprehensive dentist. After evaluating numerous units and software, I decided on Gendex DP 700 and the Anatomage imaging software. Henry Schein support was stellar throughout the entire process. Now, I can do pans, as well as CBCT scans, and the unit is the size of a small panoramic. The small and medium fields of view both reduce radiation exposure and reduce the need for a medical radiologist review since I only see the dental and osseous structures that dentists usually see on radiographs. The 2D/3D unit has been extremely valuable for me. We routinely take both digital panoramics and CBCT. These alone pay for the monthly loan. The real return on investment comes日内 with the use of the laser to speed up healing of cold sores and for bacterial reduction in pockets.

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from the excellent implant planning I can now do with this technology. In fact, with 3D imaging at my ready, I realized that placing implants could be a reality for me. I decided to attend Columbia University’s Implant Continuum, and now I place some of my own Nobel implants. Implant placement will be the real return on investment for this new technology. The goals for me are performing optimal care for my patients and setting my practice apart. This new technology helps me accomplish both and in a profitable fashion.

Dr. Daren Becker of Atlanta, Georgia, has made more than one recent technology investment. I asked him to talk about the Cadent iTero Digital Impression System he purchased three years ago.

He says, I clearly felt digital technology was more accurate and going to become the norm. I did thorough research and tried E4D and CEREC as well as iTero, but at that time both the CEREC and E4D came with a milling unit and I didn’t want to manufacture restorations. Digital impression has made me more effective in getting precise fit, and delivery appointments are shorter, rarely needing adjustment. Patients see this as cutting edge. Before digital, I remember having to retake impressions if a margin was not clear or distorted. Now, if that happens, I can simply rescan the area that was missed without having to redo the entire scan. The iTero software has a way to measure occlusal clearance so you can be sure there is enough space for the restoration. I have adopted a technique of mounting the iTero models on a semi-adjustable articulator using a traditional face bow and centric relation bite record. This, along with appropriate equilibration, has helped the ceramist greatly improve the occlusion created on restorations. When I have needed service, my Henry Schein high-tech rep can run diagnostics, installs replacements and do the calibration for the iTero.

When I started the preceding six conversations, I have to admit, I was not expecting all happy endings. But there you have it! During my three decades as Chairman of Education at The Pankey Institute, I was privileged to observe many successful, comprehensive-care dental practices. The conversations shared in this article have affirmed for me that 10 guiding questions are as important as ever. When considering whether to invest in a new technology, you will be wise to ask yourself:

1. Am I clear about why I am considering this product?
2. What are the science, research and level of testing behind the product?
3. What limitations does the product have, and can I modify the manufacturer’s suggested techniques to get around these?
4. Will the product help me do better dentistry (effective) or will it make me simply more efficient?
5. Will I have to cut corners to pay for the item?
6. Will I have to give up a tried-and-true technique or will I have additional beneficial options?
7. Is the manufacturer’s customer support stellar and is product training accessible?
8. What has been the manufacturer’s track record with this and/or other products?
9. Do I have the time, interest and means to intentionally develop the associated new skills?
10. How will I aid my patients and team in seeing the benefits and accepting the new technology?

Each of the six dentists said something about his or her sales rep making a difference. If you are thinking about buying over the Internet or from a catalog, ask yourself if you are willing to risk having someone “there for you” in order to save a few dollars. Reps who carry out the tradition of being a trusted friend and genuine advisor can be of enormous assistance in product choice and support. I am convinced that a trusted rep who works hard to develop a valued relationship can become an additional team member.

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Author’s Bio

Dr. Irwin M. Becker received his dental degree from the Medical College of Virginia in 1969 and attained Board eligibility in periodontal prosthodontics from Boston University. In his Miami practice, he achieved a high level of success as a restorative dentist. Starting in 1984, he chaired the Education Department of The Pankey Institute for 25 years. In 2005, he received the AGD’s Weclew Award. In 2011, Wiley published his textbook Comprehensive Occlusal Concepts in Clinical Practice. Currently, he is on the visiting faculty of the University of Florida and an advisor to The Pankey Institute. He offers CE courses at Nova Southern University and practices part time in Pinecrest, Florida, specializing in occlusal therapy. You can contact him by e-mailing irwin@irwinbeckerinitiatives.com. To comment on this article, please visit www.towniecentral.com/Dentaltown/Magazine.aspx and search for “Investing in New Technology.”