Director Ron Howard to headline 2019 Excellence in Orthodontics Awards

Howard has created some of Hollywood’s most memorable films, from the critically acclaimed dramas “A Beautiful Mind” and “Apollo 13” to the hit comedies “Parenthood” and “Splash” and holiday favorite “How the Grinch Stole Christmas.” His work includes “Cinderella Man” starring Oscar winner Russell Crowe, for which Howard earned an Oscar for Best Director and which also won awards for Best Picture, Best Screenplay and Best Supporting Actress. Many of Howard’s other films have also received nods from the academy, including “Backdraft,” “Parenthood” and “Cocon,” the last of which took home two Oscars.

Howard began his career in film as an actor, first appearing in “The Journey” and “The Music Man,” then as Opie on the long-running television series “The Andy Griffith Show.” He later starred in the popular series “Happy Days” and drew favorable reviews for his performances in “American Graffiti” and “The Shootist.”

(Source: American Association of Orthodontics)
If I Don’t Sleep No One Sleeps

Snoring
Nightmares
Bed Wetting
Sleep Issues
ADD / ADHD
Difficulty in School
Dark Circles Under Eyes
Swollen Adenoids / Tonsils

Sleep Issues
Restless Sleep
Crowded Teeth
Delayed Growth
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Orthodontist burnout

By Dennis J. Tartakow, DMD, Med, EdD, PhD, Editor in Chief, Ortho Tribune, U.S. Edition

According to Boyers (2012), education is the single greatest catalyst for lasting change on our society, and the author suggests committing ourselves, as well as helping others gain access, to quality education. It is one of the best ways for sustained personal and professional success.

However, it is no secret that orthodontists’ job dissatisfaction is soaring to unprecedented levels as a result of removable aligner therapy from general dentists guided by laboratories, now even the patient directs and controls his/her orthodontic treatment from over-the-counter marketing companies without any professional supervision. Peck (2018) so apologetically stated: “It makes a retired orthodontist with a long memory wonder, when did we go astray as a learned, university- and hospital-affiliated, clinical scientific group, and why? Also, what have we missed along the way? Why is the orthodontic industry now doing a lot of our thinking? Did we do it to ourselves or have we been subtly manipulated into a changed perception?” (p 672)

The practice environment is becoming more difficult to provide compassionate, high-quality care for patients (Van Dyke, 2019). There appears be at least six symptoms of orthodontists’ burnout: (a) feelings of contempt, (b) loss of zeal, zest and enthusiasm for work, (c) increasing competition, (d) passive pressure from social media comments, (e) excessive documentation and (f) general feelings of malaise.

The doctor-patient relationship becomes more threatened by the insurer and/or employer-provider relationship. Contempt is difficult to elude and circumstance as employers change insurers, insurers change physician groups and patients are required to change physicians as a result of insurer-employer renegotiations. This often results in doctors having to accept reduced fees for services. All this leads to motivation, which can also contribute to what is driving clinical burnout in orthodontics. Norton (2018) noted: “… autonomy, mastery, and purpose to be drivers of intrinsic motivation. But we also experience the human factors, friction, and uncertainty in a highly complex delivery and reimbursement structure. This reality demands grit and resilience to sustain the high standards of excellence and compassion necessary for delivering personalized care.” (p 3)

Retaining such valued resources as improved patient care and appreciated, high-valued staff is also waning.

The realization that these workload pressures have a direct contribution to clinical burnout is apparent (Tartakow, 2019). The proliferation of imperfect treatment performance is also quite obvious, which is not peripheral to patient care but rather the bullseye of the target. Less clear is how to successfully address this raging epidemic. Promoting an ethical practice environment is omnipotent. A holistic approach to care that ensures the orthodontist, as well as the patient and family have a voice in the treatment plan, is underlying in resolving ethical conflict. Maybe it is time and necessary for a “third-party” to help sort out what appears to have become not only a basis for clinical burnout but, in some instances, an underlying ethical dilemma.

Emergent policies, regulations and possibly legal intervention are necessary to solve what has become an ethical and moral crisis in our profession. We cannot change what history has already written; we can only change ourselves and begin with unsaid hands to write a new chapter. As Peck stated: “… all this may help assure the best destiny for the specialty of orthodontics. And for those of us who care deeply about it, that will mean a lot.” (p 674).

References


An anthropologist with a PhD degree, Buschang is regents professor and director of orthodontic research at Texas A&M University Baylor College of Dentistry. He has published more than 260 peer-reviewed articles, numerous book chapters and several books.

John Valentine Mershon Lecture

The 2019 Mershon lecture will be given by Dr. Greg Huang, a professor and chair of the orthodontic department at the University of Washington School of Dentistry. Huang will present “Results from the National Dental PBRN Adult Anterior Openbite Study,” at 2:10 p.m. today in Room LACC 150/151.

Huang led the AAO Practice Based Research Network Committee, formed in 2013 to encourage orthodontic research in network settings. The adult anterior openbite study was the first project to be approved, and the AAO began recruiting member participants in 2015. Huang’s lecture will include results of the study.

In memorandum

Following the recent passing of Dr. William Profit, the 2019 Annual Session Planning Committee designated the lecture period during which Profit was to speak as the William R. Profit Memorial Lecture (10:20 a.m. Sunday in Room LACC 403). Dr. Kevin O’Brien of Manchester, United Kingdom, has accepted an invitation to give the lecture and will present, “Standing on the Shoulders of a Giant: A Retrospective on Bill Profit.”
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Treatment satisfaction and the orthodontist-patient relationships

Part one of two

By Angelica Chaghouri, Herman Ostrow School of Dentistry, University of Southern California

Abstract

Patient-centric care has been pervasive across health systems in the United States during the last several years (Epstein, Lesser and Levinson, 2010). The same approach of putting patients first in dentofacial treatment is no exception. Individualized care is no easy feat and requires a combination of factors: understanding patients’ goals and expectations, treatment planning, utilizing up-to-date instruments and tools and an open and positive relationship between health-care providers (i.e., orthodontists) and patients.

Researchers and practitioners alike have poured hours into implementing the best treatments and tools to achieve patient success, and less attention has been paid to how orthodontists’ relationships affect patients’ satisfaction with their outcomes.

The study sought to understand how doctor-patient relationships influence patient satisfaction with their orthodontic treatment by soliciting survey questionnaire responses from patients across health systems in the United States during the last several years (Epstein, Lesser and Levinson, 2010). The same approach of putting patients first in dentofacial treatment is no exception. Individualized care is no easy feat and requires a combination of factors: understanding patients’ goals and expectations, treatment planning, utilizing up-to-date instruments and tools and an open and positive relationship between health-care providers (i.e., orthodontists) and patients.

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Coming up

To read part two of this article, please pick up the Ortho Tribune AAO Show Daily Issue 2, available outside the convention center, on Sunday.

in three different clinic environments. A majority of patients who were satisfied with treatment and the overall experience also had very positive relationships with their orthodontists.

Orthodontist-patient relationships and treatment satisfaction

Are orthodontia patients satisfied with their outcomes upon the completion of treatment? The days of the all-knowing doctor are over, and as health-care providers, we cannot be satisfied solely if a patient received and completed a treatment (Anwar, 2017). Doctors need to give attention to the wholeness of a patient’s experience throughout treatment, which is commonly referred to as patient-centric care.

Before patient-centric care was a priority, doctors solely dictated treatment plans, but that has changed in recent years. Today, doctor-patient relationships are a large part of the patient’s overall experience. It is no longer satisfactory to simply address a patient’s chief complaint. Patient satisfaction with treatment outcome is a function of the care received.

The relationship between orthodontists and their patients was studied to determine if the nature of these relationships has an impact on the patient’s feelings about his or her treatment outcome. More than two dozen patients were surveyed about their relationship with their orthodontist.

The survey data was not meant to find a causal or correlative relationship between patient satisfaction and doctor-patient relationships. Still, this researcher finds meaningful insight can be gleaned from the data to explore the importance of doctor-patient relationships for treatment outcomes.

This research study was motivated by my personal experience with orthodontic care as a young patient. For many young patients, orthodontic treatment can be the first contact an individual has with a health system, and the orthodontist could become a standard for all future doctor visits.

The long-term contact with an orthodontist may also color an individual’s perceptions of future contact with other health-care providers.

Literature review

The literature demonstrated that factors impacting patient satisfaction varied. Pacheco-Pereira et al. (2015) found that patient satisfaction was associated with at least three different factors: perceived esthetic outcomes, psychological outcomes and quality of care. According to Bos, Hoogstraten and Prahl-Andersen (2003), a patient’s attitude toward his/her appearance before orthodontic treatment would affect his perception of treatment. If a patient has pre-treatment goals, how hopeful can the orthodontist be regarding improving perceptions by providing care? Pacheco-Pereira et al. suggested that “quality of care” could be one of the answers.

Pacheco-Pereira et al. defined “quality of care” in terms of dentist-staff-patient interactions during the course of treatment. Sinha, Nanda and McNeil (1996) concluded that orthodontist-patient relationships had a significant effect on satisfaction, compliance and adherence during treatment.

Sinha et al. (1996) surveyed more than 200 adults before and after completing orthodontic treatment that provided evidence linking doctor-patient relationships and satisfaction. They suggested that an orthodontist’s behavior was correlated to patient satisfaction. They identified behaviors such as politeness, friendliness, empathy and communicativeness as influential in affecting satisfaction — the most important were politeness, reassurance and concern. Their research revealed that the doctor’s calm, confident attitude and unhurried approach increased patient satisfaction (Sinha et al., 1996).

Sinha et al. emphasized that patient compliance was definitely related to treatment satisfaction. Nanda and Kierl (1992) found that patient-doctor relationships have a significant effect on patient compliance and treatment outcome.

There was conflicting research on the topic of compliance. In 2005, Bos et al. found that there was not a strong correlation between compliance and satisfaction but that sex was a better predictor of satisfaction than compliance.

This suggested that a function of patient satisfaction with treatment outcome might be based on pre-treatment appearance, which an orthodontist would have no control over.

(Editor’s note: References will be included at the end of part two.)
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Dolphin moves its cloud to SaaS model with Cloud Subscription

By Matt Yamamoto, Director of Sales, Dolphin

Dolphin’s reputation is marked by our eagerness to embrace new technologies and use them to develop cutting-edge solutions for our customers. Back in 2012, we were excited to introduce Dolphin Cloud Sessions — joining the call of “cloud computing” and leading orthodontics into the newest trend.

In this same spirit, and to better serve the needs and preferences of our customers, we are now happy to announce a new SaaS (software as a service) model for our cloud product. We are calling it Cloud Subscription, which essentially means that customers can “subscribe” to the software rather than “buy” it.

Dolphin Subscription will be offered in two three-tiered packages to accommodate the different needs and size of a practice. Customers will have the choice of an Imaging and Imaging & Management package.

All updates, backups and support are included in the subscription price, with plans starting at $180 per month.

Here are some frequently asked questions about the service.

Tell me again what Dolphin Cloud is?

Cloud Subscription lets you enjoy full-featured Dolphin Imaging and Management programs in the cloud. It eliminates the need for a local server to handle your Dolphin database, thereby eliminating costly server purchases and the fees associated with configuration and maintenance.

We automatically update your software and perform the necessary, regular data backups. You run the latest version of Dolphin software, every time. And, Cloud Subscription seamlessly supports multiple offices.

Sounds cool. How does it do all that?

Cloud Subscription utilizes industry-standard technologies such as remote desktop connection, remote apps and virtual workstations. An appropriate combination of these technologies is used to create a virtual server environment to deliver the Dolphin software and data to your practice.

Will my data be secure?

Cloud Subscription is hosted in an “SSAE-16 Type II certified” hosting facility, which adheres to all the latest security and network requirements for professional hosting of data and applications. The Type II Certification measures and evaluates security over time.

OK, OK. What does ‘Cloud computing’ mean anyway?

Cloud computing is the practice of using a network of remote servers hosted on the internet to store, manage and process data, rather than a local server or a personal computer.

What are the compatible devices of Dolphin Cloud Subscription?

You can connect to Dolphin Cloud Subscription using most desktop and mobile devices, including:
• Windows PCs
• Macs
• smartphones (iOS and Android)
• tablets (such as iPads and even the Microsoft Surface)

Finally, Dolphin Cloud Subscription is backed by the same solid team that has spent more than 30 years developing and supporting software solutions for the dental specialty industry.

Added stability is provided by Patterson Dental, the organization that owns Dolphin, and a company with 140-year history serving the dental community.

Got more questions?

Contact Matt Yamamoto, at left, Director of Sales, Dolphin, at (800) 548-7241 or visit www.dolphinimaging.com/cloud.

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VISIT US AT AAO BOOTH 1239
By Mark S. Sanchez, DDS, founder, CEO and chief developer at tops Software

In today’s competitive orthodontic landscape, it’s important to offer speed and convenience. The tops teleOrthodontic Platform™ — powered by Rhinogram — brings the ultimate in patient convenience to any orthodontic practice.

We have created a way for new and existing patients to almost literally put an orthodontist’s practice in the palm of the patients’ phones.

It’s the phones they look at for hours a day — with their social media presence tied to directly to topsOrtho.

Rhinogram reports that four out of five patients want the ability to text with their orthodontist. Texting is fast, easy and convenient. It gives the patient and the practice their time to choose and engage.

Patients can tap to send a Facebook Messenger text directly to the inbox in topsOrtho. From there, your staff can respond and answer initial patient questions. In fact, your staff can handle five times as many inquiries via topsOrtho messaging than by incoming patient phone calls.

Rhinogram users have seen amazing results, such as:
• 25 percent increase in new business.
• An additional $80,000 of new patient revenue per month.
• And phone call reduction of 50 percent.

With templated responses, practice staff can direct patients to send photos of their teeth that allow you — the practitioner — to do a preliminary consult before the patient ever arrives at your office. This is the kind of convenience that patients today demand.

The tops teleOrthodontic platform puts a practice on prospective patients’ phones. Whether they’re at home or at work, any time of day, patients can reach you without sitting on hold for 10 minutes, and those same patients can begin to interact with a practice before they drive by another practice down the road or walk by a storefront in the mall.

Now orthodontists can bring their practice to the patient instead of waiting for the patient to come to them. TeleOrthodontics is the future for orthodontics. It gives patients better control and options for communicating with a practice, and topsOrtho puts that convenience at their fingertips.
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Are you evaluating sleep, breathing and airway issues in your practice?

A comprehensive HealthyStart System provides the tools and methods for treatment

By Leslie Stevens, HealthyStart

How are we treating children who exhibit sleep, breathing or airway issues? In many instances, we look to remove tonsils and adenoids, tape a child’s mouth, provide myofunctional therapy or possibly even expand the arches. Is this enough?

The answer lies in a uniquely multi-dimensional treatment system called the HealthyStart®, which addresses the underlying root causes by expanding the arches, promoting growth and development, and addressing improper habits while creating proper habits simultaneously. The HealthyStart system uses a series of oral appliances typically worn at night while sleeping.

Research involving 501 children showed that nine out of 10 children exhibit one or more outward symptoms of sleep disordered breathing (SDB). These outward symptoms can be identified through the HealthyStart questionnaire, where parents indicate their child’s applicable symptoms and provides the degree of prevalence. On average, children will have four outward symptoms, which can include:

- ADD/ADHD
- Headaches
- Nightmares
- Teeth grinding
- Bed wetting
- Difficulty in school
- Chronic allergies
- Restless sleep
- Dark circles under eyes
- Mouth breathing
- Daytime drowsiness
- Snoring
- Swollen tonsils/adenoids
- Delayed growth
- Defiance/aggression

Some habits are expressed as behaviors that are either repetitive or patterns that are instigated by sleep. Examples of repetitive habits are thumb sucking, tongue thrust, mouth breathing, etc., which can be addressed with myofunctional therapy. Each HealthyStart Habit Corrector design has myofunctional therapy built into each appliance and is activated by a swallow.

During sleep, we swallow one time a minute, and during the day, we swallow two times a minute. When a child wears the HealthyStart appliance at night, 500 corrective repetitions occur to create a proper swallow, eliminate mouth breathing, create nasal breathing and eliminate tongue thrusts. This assures myofunctional therapy occurs with wear and guarantees constant reinforcement, even during sleep when it’s most needed.

Other habits instigated by sleep include bruxism, fidgeting, headaches, bed wetting, allergies, asthma, etc., which HealthyStart addresses by influencing positive changes in sleep, breathing and the airway.

The HealthyStart System promotes growth and development by influencing jaw growth in a forward direction while eliminating detrimental malocclusions and deficiencies in jaw development and growth. HealthyStart treats any overbite, overjet, open-bite, crossbite, gummy smile, Class III and deficiencies in both the upper and lower arches.

The HealthyStart system will promote 54 percent growth in the mandible as compared to the control sample. The HealthyStart treatment allows maximum airway development. The System expands arches to gain greater nasal breathing and provides an area for the tongue to position in the upper palate.

The proprietary HealthyStart technique incorporates built-in myofunctional therapy with a ramp to lift tongue and expansion tabs to flatten tongue and add pressure for expansion of the arches. Additional expansion is gained with the eruption of teeth. The HealthyStart system utilizes natural eruptive forces of the teeth to gain approximately 4 mm of expansion. Typically the expansion that is gained with use of the HealthyStart system represents 77 percent of the needed expansion of pediatric patients.

Learn more about the HealthyStart technique, which addresses the underlying root causes of SDB, creates dramatic changes in occlusions, promotes jaw growth, creates proper habits and eliminates poor habits all while expanding the arches. Complimentary educational webinars are available at www.healthystartwebinar.com, and 1 C.E. credit is provided. Make a more permanent change for your sleep patient by treating early and treating for life.

Photos/Provided by Ortho-Tain

Here in Los Angeles

To learn more about the HealthyStart System, visit the HealthyStart booth, No. 1819, go online to www.thehealthystart.com, email info@thehealthystart.com or call (844) KID-HEALTHY.

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To learn more about why cloud computing really is a big deal, visit www.cloudinfo.us.
TAGLUS Aligner/Retainer material

By Allure Ortho Staff

TAGLUS aligner/retainer material has quickly become one of the top choices for clear aligners and retainers, according to Allure Ortho.

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Align announces new iTero updates and connectivity

By Align Staff

Align Technology has announced multiple updates associated with the iTero® Element family of intraoral scanners (iTero Element, Element 2 and Element Flex).

1.7 software upgrade
With the 1.7 iTero scanner software upgrade, orthodontists have access to new features that improve scan quality and provide additional functionality for patient data protection. These improved features include:

- Improved image quality and resolution of restorative model.
- Direct visualization of high-resolution scan in “scan mode.”
- Improved scan process for prep segments.
- Inactivity logout feature that activates after a pre-defined period of system inactivity for greater privacy of patient information.

In addition, a separate iTero software update also provided customers with an improvement in their experience at myitero.com, with clear visibility to file download status.

Here in Los Angeles
To learn more about the iTero and how it can help your practice, stop by the booth, No. 2001.
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Dr. Cherie Nicolucci
Superhero, Nicolucci Orthodontics

team tops listens! We want your practice to run as smoothly as possible, so we are always looking for ways to further improve our award-winning service. Dr. Cherie Nicolucci, a much beloved tops Doc, adopted topsOrtho as soon as she bought her practice. She believes topsOrtho has empowered her team to work faster, increase efficiency, and experience far fewer IT issues and expenses.

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