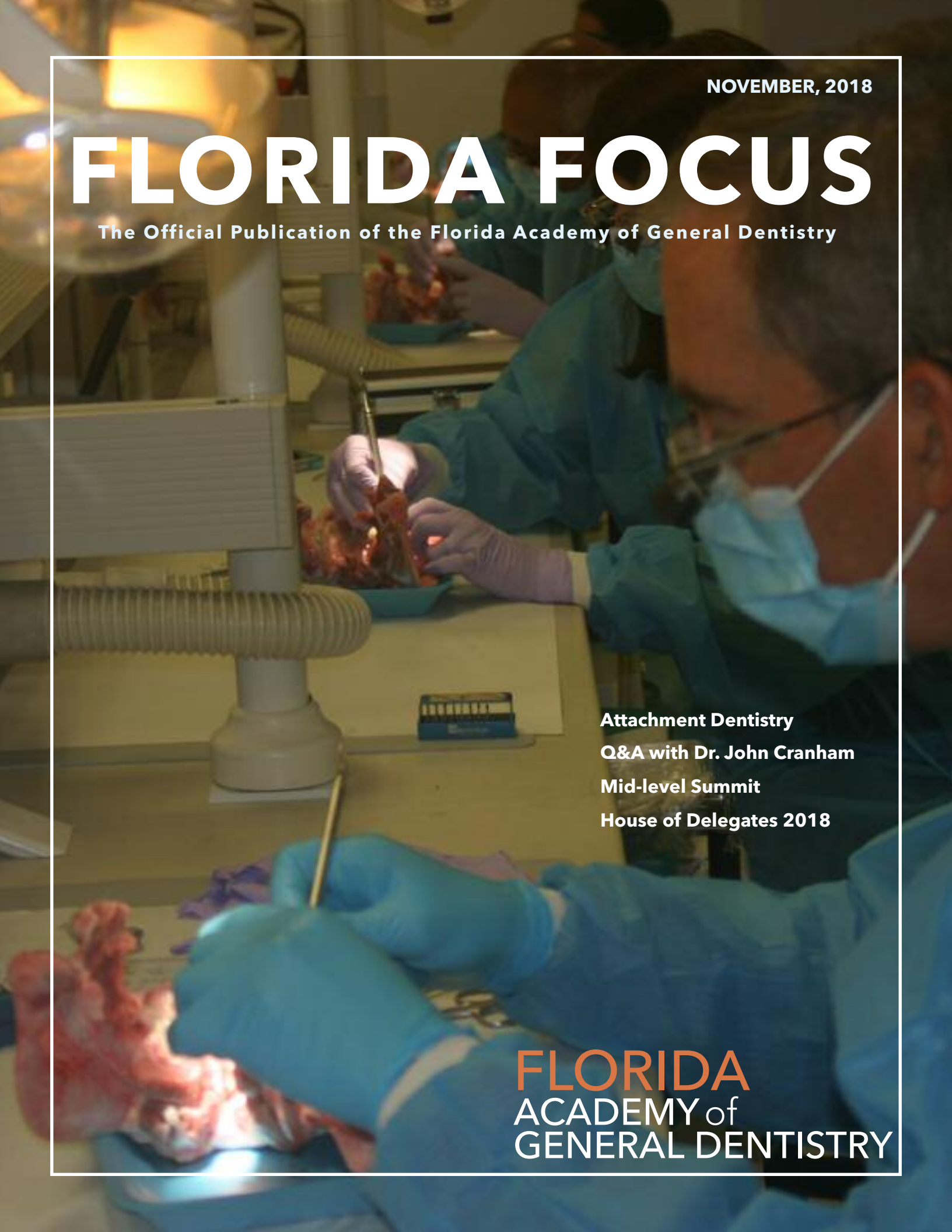

NOVEMBER, 2018

FLORIDA FOCUS

The Official Publication of the Florida Academy of General Dentistry

Attachment Dentistry

Q&A with Dr. John Cranham

Mid-level Summit

House of Delegates 2018

FLORIDA
ACADEMY of
GENERAL DENTISTRY

HAPPY VETERANS DAY

Well, thats interesting.....

Children in Greece throw their teeth on the roof for good luck. Then they make a wish that their adult teeth wil be strong.

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PRESIDENT'S MESSAGE

Summer is gone, fall is here, winter and the Holidays will soon be upon us. That means Thanksgiving, Christmas, and New Year's Day will come and go in the blink of an eye. One of the November holidays very meaningful to me is Veteran's Day. I consider myself very honored to be a 30-year veteran of our military. I am very fortunate to have a profession and able to provide for myself. Unfortunately, we have many veterans who cannot make ends meet and find themselves without a home, food, and the ability to care for themselves. I would encourage each member of the Florida Academy of General Dentistry to help at least one veteran who cannot help him or himself. Let's take cue from one of our Board members, Dr. John Gammichia of Apopka. He takes one day a year and offers free care to veterans unable to afford care. If we each help one person, the world will be better.

The Florida AGD continues to make strides in membership, continuing education, and advocacy. Membership has grown from 1678 members in June to 1794 at the end of September for 116 new members. While that doesn't seem like much, it is a 6.5% increase. It is up to us all of us to help recruit and retain members.

Florida AGD President, Dr. Merlin Ohmer and AGD's newly elected Vice President, Dr. Bruce Cassis

Merlin Ohmer DDS, MAGD

The AGD is giving free membership through the end of 2018 with paid 2019 dues. They also give a $50 incentive to each new member and to members who recruit them. Let's all contribute to grow our membership. I want to give a big thanks to our Membership Committee of Randy Weisel, Linda Trotter, and Toni-Anne Gordon.

Our organization continues to be a source of high-quality and meaningful CE. In September we hosted a course on Attachment Dentistry that was sold out 2 months in advance. Our next CE is in January and we only have nine spots left. Our success in CE is a direct result of Patricia Jenkins, our Executive Director, and all her marketing efforts.

Your Florida AGD is continuing to advocate for quality care as we continue the fight against mid-level providers and dental therapists. We sent two people to the AGD's Mid-Level Forum in Chicago this month. Our own, Mel Kessler, was one of the panelists. A few months ago, Florida's efforts paid off as we opposed an effort to expand dental hygienist's education and practice to include diagnosis and treatment planning. We need everyone's help in preserving our profession and ensuring quality dental health care for our patients.

Region 20 had a delegation 1-3 November in Chicago to plan general dentistrys future at the House of Delegates meeting. We are a member-driven organization and I want to solicit help from our members to participate on committees, councils and our Board of Directors. Please contact our Executive Director, a current Board member, or me to volunteer.

Editor's Note

Veterans Make America Great

Fall is upon us. The winds of change are slowly bringing cooler morning temperatures. Our fall–winter Florida Focus newsletter will convey gratitude to our veterans of the armed forces.

So, to all military personnel, past and present, that served and sacrificed for our freedom of speech, educational opportunities, vocational opportunities, where we live, religious beliefs, of our leadership and choice in general, we say **Thank You!**

Dr Merlin Ohmer, our constituent president, has 30 years of service in the Navy. Thank you, Merlin.

This conjures up the memories of my father' s (another navy man) stories of his tours of duty on the aircraft carrier USS Randolph. Mom added that I was named (Randall) after the ship that took my father to numerous exotic ports of call.

Dr. John Gammichia enlightens and inspires us with an article on mid–level providers MLPs, the pitfalls of state reimbursed dental care, and "access to care or care to access."

Our science articles feature an interactive dialogue with an icon in the field of occlusion and TMD. Dr John Cranham shares his expertise in this article. Our second article updates readers on the nuts and bolts of Attachment Dentistry. These primer pearls are presented by the University of Medicine and Dentistry of New Jersey faculty expert Dr George Bambara.

This thank you to veterans newsletter comes full circle with a legislative update by Dr. Mel Kessler. I want to thank Dr. Kessler for his relentless and tireless efforts to keep us (we general dentists) apprised of the winds of change within the politics of our profession.

Please join us in our tribute to our heroes, our veterans. Our America may be experiencing some highs and lows. But our America is great! Still! Our veterans are the reason! Hopefully you will enjoy your Florida Focus.

Let us know if your constituent newsletter delivers the information that you want to read about.

Randy Weisel DDS, MPS, FAGD
Editor

AGD News

AGD Foundation

AGD Foundation Grants Available

The mission of the AGD Foundation — the philanthropic arm of AGD — is to support the efforts of the general dentist in improving the public's oral health. The AGD Foundation is committed to promoting oral cancer awareness, risk factor prevention, and diagnostic training for general dentists.

The AGD Foundation Grant Program offers financial support to community-based and community-driven programs in the U.S. and Canada that provide free oral cancer screenings and education to the public. Grant applications are available online each year Oct. 1; the application deadline is Dec. 1. AGD constituents are encouraged to apply. If you're interested in learning how to host an oral cancer screening in your constituency during Oral Cancer Awareness Month in April 2019, or at any time of the year, contact the AGD

AGD Foundation Seeks Silent Auction Donations

The AGD Foundation is asking AGD members, constituents, regions, and dental companies to donate items for its 2019 Electronic Silent Auction Fundraiser, which will be held during AGD2019, July 18–20, at Mohegan Sun Casino and Resort, in Connecticut. The foundation is seeking new items such as electronics, jewelry, artwork, vacation getaways, tickets to professional events, and autographed sports memorabilia. Auction proceeds will support the AGD Foundation Grant Program. Auction items are due June 7, 2019. For more information about the AGD Foundation's oral cancer awareness efforts, or to access the auction donor form, visit agd.org/agd-foundation.

Membership

Save Money with New AGD Member Benefits

AGD recently added nine new companies to its Exclusive Benefits program, giving members even more opportunities to cash in on savings for products and services. Members can now access the following deals:

- Office Depot: Save up to 80 percent off 95,000 items.
- FedEx: Save 25-65 percent on shipping services.
- Avis & Budget: Save up to 25 percent off base rental rates.
- Sterling Talent Solutions: Save up to 54 percent off background checks.
- Ticket Deals: Special member discounts.
- AccountingDept.com: Receive a free consultation.
- ADP: Save up to 20 percent for services.
- Transworld: Free customized analysis.
- 4imprint: Save 10 percent off all products.

For details on these and other offers, visit our Exclusive Benefits page at agd.org/exclusive-benefits.

LEGISLATIVE REPORT

Melvin "Mel" Kessler, DMD, FAGD

First, the most pressing issue is complying with Florida' s new law (HB 21), the prescribing of controlled substances. If you are authorized to prescribe controlled substances, you must attend a mandatory board-approved 2-hour substances lecture on "Prescribing of Controlled Substances" by Jan. 31, 2019. Currently only FOMA, Florida Osteopathic Medical Association, has speakers providing the approved lecture. To set up a lecture, please call Michelle Winn Larson, FOMA Executive Director @ 850-878-7364. Cost for a speaker is $750 plus travel expenses. The only other option is to take a 2-hour CE online course. For that option, please go to: https://courses.cebroker.com/search/fl/dentist?subjectArea=3313

Failure to comply by Feb. 28, 2019, will prevent your dental license renewal. I took the course yesterday, and Dr. Lenchus, current president of FOMA, stated that last year over 70,000 people died from drug abuse. The lecture showed the gravity of the problem and in fact, the bill passed both legislative houses by unanimous votes. So my advice is just do it, they are not playing around with this new law.

At this point I would like to thank Dr. John Gammichia for his article. He pretty much covered the MLP issue and showed that the AGD is a major organization in fighting this issue. In Florida we are very fortunate to also have a very strong partner in this fight, the Florida Dental Association. In the next couple of weeks, we will be sending an eblast of an article they printed in their Capital Report, July 30, 2018. It is too large to include in this report.

Next, for those participating in Medicaid, the Agency for Health Care Administration (AHCA) announced its intent to award contracts to MCNA Dental, DentaQuest of Florida, and Liberty Dental Plan of Florida to provide dental services under the Statewide Medicaid Managed Care (SMMC) program. The dental plans will each provide services statewide.

Additional information will be provided by the FDA. Follow the changes and for additional information, contact the Director of Third Party Payer and Professional Affairs, Casey Stoutamire, Esq. @ 850-350-7202 or cstoutamire@floridadental.org.

It will give excellent background on the issue. I will also cover the issue further and then in the future will keep you apprised of where we stand. Last year we were very fortunate to defeat the bill, but since the backers of MLPs have won a victory in Arizona, they will be back even stronger. John mentioned that involvement is the key to defeating this and he is so right.

While MLPs will be our major issue, I have copied the FDA advocacy site for issues they anticipate. The Legislative Committees will begin their work in December for the 2019 session.

Mel Kessler, Legislative Chair

ADVOCACY AT AGD

AGD would like all patients to receive the best possible oral health care and maintains that direct or indirect supervision by a licensed dentist is necessary to ensure patient safety. Although the access-to-care issue is complex, AGD has focused on oral health literacy and community water fluoridation as two viable strategies for reducing oral health disparities. AGD also assists members by advocating for federal legislation (H.R. 372) for partial repeal of the McCarranFerguson Act, which shelters insurance companies from antitrust law, as well as advocating for state legislation to prohibit fee-capping of non-covered services, among other matters. In addition, AGD advocates for dental practices by developing policies on dental benefits issues, meeting with dental directors and presenting at American Association of Dental Consultants meetings and assisting individual members with review of PPO contracts and claims issues.To learn more about AGD's priority issues and advocacy efforts, visit agd.org.

Attachment Dentistry: A Nuts & Bolts Primer

George E. Bambara

The treatment planning of attachments is an area that causes much confusion among dentists today. With the fast pace of the dental school curriculum, this topic simply gets glanced over at best. It is a fortunate occurrence for a dental student to do a case that includes attachments. Many of the lectures I give to dentists bear this out.


Fig. 1

Dentists simply do not know enough about how attachments work, let alone how to treatment plan them into their case planning to ensure success. Attachments have been used in dentistry for over one hundred years and have provided dentists with a means for achieving successful restorative alternatives, superior esthetics, and retention with overwhelming patient satisfaction.

Functional Classifications of Attachments

Solid
Class 1a Solid, rigid, non-resilient (Fig. 2)
Class 1b Solid, rigid, non-resilient with a locking U-pin or screw
Resilient
Class 2 Vertical resilient (Fig. 7)
Class 3 Hinge resilient (Fig. 3)
Class 4 Vertical and hinge resilient (Figs. 1, 6)
Class 5 Rotational and vertical resilient (Fig. 4)Class 6 Universal, omniplanar (Fig. 5)

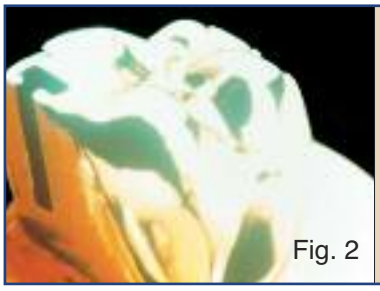
Fig. 2


Fig. 3

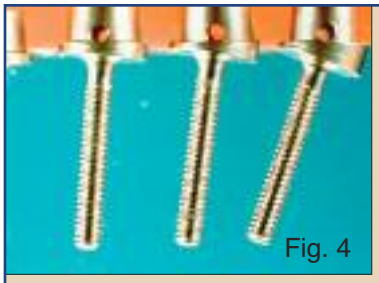
Fig. 4

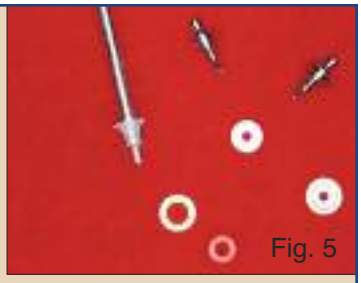
Fig. 5

Fig. 5


Fig. 6


Fig. 7

Attachments are simply rigid or resilient connectors that redirect the forces of occlusion.
By redirecting these forces, we can decide on whether hard tissue (teeth) or soft tissue (ridges) should bear more or less of the occlusal load.

In order to determine this, we need all the necessary diagnostic tools available, such as a full mouth series of x-rays, mounted study models, periodontal probing depths and mobility patterns, intra-oral photographs, and a clear idea as to which teeth will be used as abutments after phase one periodontal therapy is initiated and completed.

We also need to have good reference manuals on attachments to familiarize us with the various types that are available. Dentists then need to understand that some attachments are more rigid than others. Some require more vertical height while others provide more or less stability. They all provide various levels of retention.

Ideal places to get information are from the attachments companies themselves. I suggest purchasing company reference manuals and obtaining their product brochures.

Sterngold, Zest Anchors, Attachments International, Rhine 83, Preat, EDS, and Bredent are a few companies that you can find on the Internet. Table 1 describes how attachments are classified according to function. It is helpful in determining the treatment planning needs based upon what is remaining in the patient's mouth. The true goal is to protect and preserve the remaining dentition.

These functional classifications differentiate between a rigid (or non-resilient) attachment and one that is resilient.The rigid types are lockable and non-lockable, and the resilient types have five classifications ranging from vertical to universal resiliency. The higher the number, the less force is transferred to the abutment root or implant. These forces are redirected toward the tissues.

Attachments can be used in then treatment planning of removable partial dentures, fixed partial dentures, and over-dentures with natural teeth or implants. The over denture option of the same attachment may allow for a complete rotational movement of the prosthesis as opposed to the same attachment used on a removable partial denture, that may only allow for a hinge movement. There are many options available to the dentist.

Continued on page 7

Continued from page 6

Removable partial dentures must be evaluated by the amount and quality of soft and hard tissue support. The Kennedy Classifications 1, 2, and 4 are the areas of special concern since these are partial dentures that have soft-tissue-bearing areas. Rigid or resilient attachments can be planned depending on the condition of the remaining teeth and ridges. The attachments available for removable partial dentures are known as coronal attachments. Some are intracoronal and fit within the confines of the crown itself, or extracoronal that fit outside the crown.

Fixed partial dentures can be planned for rigid or resilient intracoronal rod-and-tube or dovetail accessory attachments. The attachments segment fixed bridges and allow for physiologic lateral and sometimes vertical movement between the segments. The attachments are always placed between abutment teeth and eliminate some of the casting and paralleling problems that can exist with long span bridges.

Overdentures and overdenture partials can depend solely on root or implant support as well sharing the support with the soft tissue. Rigid or resilient stud type attachments or various types of bars can be used. Here, careful evaluation of the supporting areas combined with proper attachments selection is critical.

These radicular attachments are classified as extraradicular or intraradicular. Those that are placed on top of a root, whether cast to a coping or a post, are of the extraradicular type. Those that are attached within the confines of a root are considered to be intraradicular. The extraradicular type will decrease the crown/root ratio slightly due to the fact that it is positioned on top of the root.

Various attachments have different heights, and therefore attachment selection is based on space and vertical requirements as well as the periodontal status of the remaining teeth and/or the number of implants and the amount and quality of the remaining soft tissue.

Bars and bar attachments can provide rigidity or resiliency depending on the bar selected as well as the shape of the bar and the number of remaining teeth or implants. Straight bars can allow for the rotation of the prosthesis around the bar, thus creating a resiliency that allows the occlusal loads to be shared between the remaining teeth, implants, and the soft tissue.
As you can see, attachment selection is made after careful evaluation of the remaining hard and soft tissues. A plan is then made as to what type of prostheses would best suit the patient's needs. The final case is then designed with a plan to preserve and protect the remaining dentition.

Although cost may be a concern, it should be the last consideration. We are always interested in what is best for the patient, and value is highly prioritized. It is important to realize that no attachment is perfect for every application. However, the use of attachments in dentistry enables us to go beyond the limits of conventional clasped partial dentures while achieving superior aesthetics.

Dr. George E. Bambara

Photos of our Attachment Dentistry course taught by Dr. Bambara in September....

Full house! Sold out course-

Editor, Dr. Randall Weisel & Dr. George E. Bambara

2018
HOUSE OF DELEGATES

The House of Delegates (HOD) is the AGD's legislative body. The AGD HOD consists of 202 delegates from across the United States, Canada and Puerto Rico. Constituents are entitled to at least 1 voting delegate but may have more depending on the constituent's number of active, retired, and emeritus members. The HOD representatives act on behalf of their constituent members during the AGD Annual meeting. The HOD can amend the National Constitution and By-Laws, vote on incoming leadership and governance, and determine the policies that govern the organization with its overall activities

The AGD House of Delegates annual meeting was held in Chicago, Illinois on November 2-4, 2018. Your representatives for the Region 20 Florida Constituent include Dr. Merlin Ohmer, Dr. Andrew Martin, Dr. Laurence Grayhills, Dr. Bipin Sheth, Dr. Naresh Kalra, Dr. Toni-Anne Gordon, Dr. Harvey Gordon, and Dr. Douglas Massingill.
Kudos to the Region 20 Delegates for their contribution of time, energy, and finances to help make the AGD and our general dentistry profession the best is can be.

Congratulations to AGD's New President, Neil J. Gajjar, DDS, MAGD

Other officers who were elected during the meeting include Bruce L. Cassis, DDS, MAGD, of Fayetteville, West Virginia, as vice president, and Elizabeth A. Clemente, DDS, MAGD, of Skillman, New Jersey, who became treasurer.

Other members of the 2018-19 Executive Committee include Connie L. White, DDS, FAGD, now president-elect; Michael W. Lew, DMD, MAGD, secretary; Bryan C. Edgar, DDS, MAGD, speaker of the house; Roger D. Winland, DDS, MS, MAGD, editor; and Manuel A. Cordero, DDS, CPH, MAGD, now immediate past president.

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The AGD Podcast Series features Wes Blakeslee, DMD, FAGD discussing dentistry's latest trends with some of the profession's most highly regarded speakers.

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My Trip to the Mid-level Provider Summit

-John Gammichia, DMD, FAGD

Before I write this editorial, I want to give you a little background on myself. My name is John Gammichia. I am a 1995 graduate of UFCD and I run a private practice right outside of Orlando in a small town called Apopka.

I have done my best to stay involved. In my 3rd year of owning my practice, I wanted to quit dentistry. I came home and asked my wife how she would feel if I went back to school to do something else. (this was a real low point in my life). Luckily for me, I stuck it out. In the 6th year, I started lecturing and writing articles about the challenges of being a young dentist.

I am now a member at large and feel like a real, informed, integral part of the organization.
Because of those articles, the AGD asked me to be on the Communications Council for the AGD. I said "yes" to something I knew nothing about. I went up to Chicago for council meetings and people would ask me if I had ever been a state president. I would answer "no". They asked me if I was ever on my states membership council, again, "no". They were trying to figure out how this young '30- something' climbed the ranks to be sitting where he was at.

It was in this Communication Council that the idea of a blog got its start. For over eight years, I was the primary writer for AGD's blog, The Daily Grind. Writing the blog, raising a family, and owning a growing practice became too much, and I got overwhelmed. I had to give up writing.

Over the next couple of years I was just a dad, husband, and a practice owner ("just" lol).

In 2014, I became the editor of this very magazine, the Florida Focus, and again said “yes” to something I knew nothing about.

See I still had never held a position at constituent level. I never sat in a Florida AGD meeting. I was never a member-at-large. My first Florida AGD meeting was when I became the new editor and I was now on the executive council. Still not knowing anything about how this stuff works.

I spent three years as the editor, where I gathered info on the ins and outs of the FLAGD. But like I said, I had no idea about the ins and outs of the FLAGD.

I didn't know a thing about how dental governance works. I didn't know what the roles of all the people in the room were. I didn't know what a regional director did. I didn't know the role of our regional trustee. I didn't know what a caucus is and I didn't know what the role of the house of delegates was (or even what an AIR is).
I was sitting in a constituent meeting and didn't know what a constituent was.

“After about 14 years in organized dentistry and four years with Florida AGD, I am happy to tell you that I'm figuring it out”

What can I say, I am a slow learner. I even know the roles of the people sitting in our board meetings.
I'm so comfortable in the organization that I volunteered to go to a one day Mid-Level Provider (MLP) summit.

In September, Dr. Merlin Ohmer, Dr. Mel Kessler, and I took a day off work and flew to Chicago.It was awesome.

My eyes are now opened to the incredible work that organized dentistry does.

It was like having poor vision and reading with glasses for the first time. Up at the front sat AGD staff members and dentists that were very current and in the know about MLP. The audience was about 40 people like me who knew about MLP but wanted to know more and help. We spent the better part of the morning learning about what was going on, state by state, in the world of MLP.

We learned about the parties who were for it and why, and why the AGD is against it. We broke up into small groups to have intimate, personal discussions. We talked about the things we are seeing, and how it is, or could be, affecting our individual states.

In the afternoon, we gathered back together and discussed our findings as a group. We closed with playing ideas to use when talking to our local and state representatives.

So this is my take on everything that is going on with MLP.

First, let me explain to you what a MLP is. A mid-level provider is a new dental provider with a high school degree with three years training in a CODA-approved Mid-level program. Procedures include sealants, local anesthesia, fillings, direct and indirect pulp capping, stainless steel crowns, all fillings and "simple" extractions.
(In medicine, they are linking it to a nurse practitioner, but MLP's are doing surgical procedures, while nurse practitioners are not).
It's making dentistry a trade, like a plumber or mechanic. The current law is that they need direct supervision by a dentist.

Some people believe that there is an access-to-care problem in dentistry. Their solution is MLP's.

Organizations like the Pew Charitable trust and the Kellogg Foundation are investing lots of money to make this happen. You may hear about the great work they do with helping the underserved, and people in general.

"Getting more people to the dentist, and helping people with their dental needs is a noble thing but they are trying to solve a problem that doesn't exist."

Let's talk about access to care. The basic premise is that all people should be able to see the dentist. We all agree on this.

The pro-MLP groups think that more providers = easier access to a dental provider. I disagree.

There are enough dentists. There are enough dental providers. The problem is not ACCESS TO CARE it is CARE TO ACCESS problem.

Every child has dental coverage under the present Medicaid system. Parents are not getting the kids to the dentist. Is Medicaid a perfect system? No. Can dental coverage in Medicaid get improved? Yes.

But again, this is not a provider issue.

Would it be easier if more dentists accepted Medicaid? Yes. But it is not possible for a dentist to be profitable (or even breakeven) under the present reimbursement plans. The answer is to pay the dentists more, so more will accept Medicaid. Dentists are not being greedy, they are being responsible.
The general consensus at the summit is that educating the general population about dentistry is paramount.

If we educate parents about good oral hygiene, the benefits of fluoride, and decaying foods and drinks, that will be more effective than creating more providers. If we can get kids to take better care of their teeth and eat better foods, then we have started to solve the real problem.

Another issue that came up is that some people live in very rural areas where there might not be a dentist. We all agree that they deserve dental care as well.
There is no easy answer. Building a dental practice in a remote area would not be sustainable because there just aren't enough people to keep it afloat.

There is some personal responsibility here, though. The people that live in rural Alaska know that they have special circumstances. They have to drive two hours to go to the movies. They might even have to drive over and an hour to go to the grocery store. They know they have to get on a plane if they need surgery. They understand that they might have to go to the next town over to see a dentist, it goes with the territory.

We as a group felt that along with educating the public, and funding Medicaid, the dental profession must start being proactive with our local and state representatives.

This is a state-by-state issue, so the better your relationship is with the people that represent you, the easier it is for dentists to have influence.

Now is the time to reach out to them. If not us, then who? Everyone in the room committed to call a representative and say, "hey I am a dentist in town and if you ever have a dental question, I am a quick email or call away". Simple.
We know that talk is good, but getting face to face with the people that represent us is of utmost importance.

How can we get face to face with our representatives?

Dentist's Day on the Hill
March 11-12, 2019 in Tallahassee.
We need to show up with numbers and be the voice against the MLP's and give our representatives new solutions to the 'problem.'

To close, I want to tell you that it was such an honor to be associated with such awesome, passionate, and well educated dentists. I was also honored to represent you at this MLP summit.

We have a long fight ahead of us but with colleagues like Dr. Merlin Ohmer, Dr. Mel Kessler, others (and you) on our side, our profession is in good hands.

FLORIDA AGD & THE

If you could do a "State of the Union" for dentistry, what would be your overall thoughts?

Its an very interesting question. On one hand, US News and World Report awarded General Dentistry the #2 job in America, and Orthodontist are #5. The respect of the profession is stronger then it has ever been. Yet when I go around the country and talk to GP's as well a specialists (especially orthodontists), there is a perception that we are in the middle of a shift, that some think will forever change the life we have been able to have as a dentist. The thinking is that we will be working more hours for fewer dollars, and over time the respect for the profession will wane. While I agree that their are some challenges, their still are tremendous opportunities. Baby boomers are now aging, and this is the first population of people who do not expect to lose their teeth. They are spending billions of dollars on appearance related and health related issues. We have better materials and lab support then any other time in history. Technology (when used properly) is allowing us to do things more efficiently and many times more accurately, increasing both quality and productivity.

So we are sitting at an interesting place. I do believe that this could be the best time ever to be a dentist. To do so we are going to have to be exceptional. Usual and customary will not cut it. Their are some specific things a dentist will need to do to thrive during this time.

What do you think the greatest challenge is for a young dentist leaving dental school today?

Their is no question that the greatest challenge of a young dentist today is the debt many of them are leaving dental school with. My daughter is a junior at U of L dental school, and has many friends at U of L and other schools around the country, and the debt load I am hearing is staggering. For many, it may limit the opportunities they have in terms of where and how they practice. Many will simply never be able to own their own practice. This has led to an increase in larger group practices DSMOs and, corporate entities of different varieties.

While many think this is what will be the demise of our profession, I believe that dentists can be successful in a variety of different environments. I have practiced as a solo practitioner, in a multi-doctor, multi-location group practice and now in a DSMO. What I have always focused on is making sure NOTHING gets in the way of how I diagnose, treatment plan, and schedule. If the doctor has the ability to control those things, they can stay on a path towards being exceptional.

Do you think the pressure on a general practice is different then it was a decade ago?

I think there are some similarities, but I also think there are some differences. The third-party payer thing (dental insurance) is still there and can make it difficult to stay profitable. For the solo practicing doc, larger group practices, and corporate entities are getting more common, putting pressure on the little guy. The larger organizations have bigger marketing budgets, better abilities to negotiate for equipment and supplies (lower overhead), and can often put their offices in more visible locations. Additionally we are seeing products and services going directly to the consumer. Clear aligner therapy can be done by mail, or you can go to a "store"in a mall and be scanned. Either way the aligners are sent to the directly to the consumer without the supervision of a dentist. Personally, I think this is a class action lawsuit waiting to happen, but the point is, when a patient is considering where they will go for the services they want, the choices are far greater. Dentists today have to get very clear how they are going to differentiate themselves in today's economic landscape. What excites me, is I think its possible to stand out in a way, that you can not only be busy, but be doing more of the procedures you truly love to do.

As an educator, are their things you are doing differently to meet the needs of todays dentist?

Great question. What we notice most today is dentists want to be able to have access to information in a variety of formats. When I left dental school in 1988, we pretty much had books, lectures, and the occasional VHS tape we could watch. But we pretty much went to lectures at big meetings, local events or at teaching institutions around the country. The internet changed all of that. Dentists have access to chat rooms, online forums, YouTube (and a bunch of other sites with free content), as well as online options they can pay for. I believe online messaging has changed the pace at which people want info. We have had to adjust by getting our own messaging tighter and to the point. It doesn't matter if we are doing a lecture in a hotel room, a hands-on training session, or something online; at the Dawson Academy, we have recognized that people don't want fluff. I am not suggesting that we had a lot of fluff before, but we have really boiled down our content to really get clear on what the student will need to have success back in their offices. This is probably the largest change over the last decade.

The only other thing that has really improved our ability to teach is the ease at which we can obtain clinical photography, as well has great video to input into our programs. High-res digital photography and especially videography have been tremendous aids in helping us show other colleagues what we do, and how to do it.

DAWSON ACADEMY

What do you think a dentist has to do today to thrive in these economic times?

In 2001 Jim Collins published the book "Good to Great". He studied several companies that were once good, that became great. He spent time studying how they all did this, and found some interesting commonalities. He recommended three questions to business owners, that I am going to recommend to any dentist who is reading this. These questions are the key to thriving in today's environment. The questions go like this:

a.) As a dentist, what are you deeply passion about (what do you love doing)?
b.) What could you be best in the world at (what could you do as good as anybody)?
c.) What fuels your economic engine (what procedures are the most profitable)?

If you can focus on the things in you practice that have all of those qualities, you are going to THRIVE as a dentist. The reason for this is the vast majority of the dental world is literally running towards usual and customary. Trying to figure out how they can do things faster, get compensated by third parties, and do as much of it as they possibly can. While I believe you can be very successful doing it this way, it is difficult to sustain. It is exhausting.

The other way is to become exceptional in an area of dentistry, which will allow you to solve problems most people can't. That may be related to esthetic, replacing teeth with implants, solving TMJ problems, or restoring broken down occlusions. Jim Collins points out if you LOVE what your doing, are great at it, and are charging appropriately, that translates to success. The kicker is, if it were easy everyone would be doing this.

Dentists who take this route are going to have to invest both time and money to get trained to practice at this level, as well as learn the business, leadership, and communication skills that are as important as the clinical excellence. They are also going to have to learn to professionally get the word out on how they are different. The good news is today's consumers are highly educated. Many patients are acutely aware that there is a difference between usual and customary, and someone who has separated themselves from the pack. They will search the internet, talk to their community and sometimes interview multiple health care providers until they find the person they believe will solve their problem.

So the short answer to this question is the doctor first has to have the courage to set a bold vision, what Collins called a BHAG (Big Hairy Audacious Goal). They need to ask and answer those three questions. Then they have to work at it. The great thing about being a dentist is we have the capacity to always learn new things, reinvent ourselves, and continuously improve. For those that do that, they will not only experience the spiritual rewards of helping people, but they will also live the life as a dentist that they dreamt of.

Dr John Cranham's Biography

Dr. Cranham was an honors graduate of the Virginia Commonwealth University in 1988. He is an internationally recognized speaker on the esthetic principles of smile design, contemporary occlusal concepts, treatment planning, laboratory communication, and happiness and fulfillment in dentistry. His primary clinical focus is solving complex dental problems involving esthetics, TMJ /occlusal issues, implants, or cases with an interdisciplinary focus. He resides in Chesapeake Virginia with his wife Kim. Together they have three children Cornell, Kaitlyn, and Kristen.

Dr. Cranham has been an active teacher since 1995. In 2000, he founded Cranham Dental Seminars, which provided lectures and intensive hands-on experiences. In 2008, Cranham Dental Seminars merged with THE DAWSON ACADEMY, a world-famous continuing education facility based in St. Petersburg, Florida. As The Dawson Academy's acting Clinical Director, his primary responsibility is the design of the curriculum and the standardization of the educators within the Academy. He is involved with many of these classes. Currently the Dawson Core curriculum (Seven 2.5 day classes) is being taught in 4 domestic and multiple international locations . He spends approximately two-thirds of his time in his practice and the other third as an educator.

Dr Cranham has published numerous articles on restorative dentistry and has published the book The Complete Dentist with Dr. Pete Dawson. Additionally, with Dr. Andrew Cobb, he created The Dawson Diagnostic Wizard, a treatment planning software program utilized by Dawson-trained dentists. Dr. Cranham sits on the advisory boards to several dental manufacturers (unpaid positions), and is on the editorial board for Inside Dentistry and the AACD journal. As an active educator, he has presented over 1400 days of continuing education to dentists all over the world. Dr. Cranham is committed to providing the highest-quality patient care, as well as developing sound educational programs that exceed the needs of today's dental professional.

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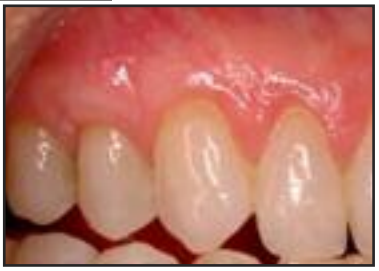

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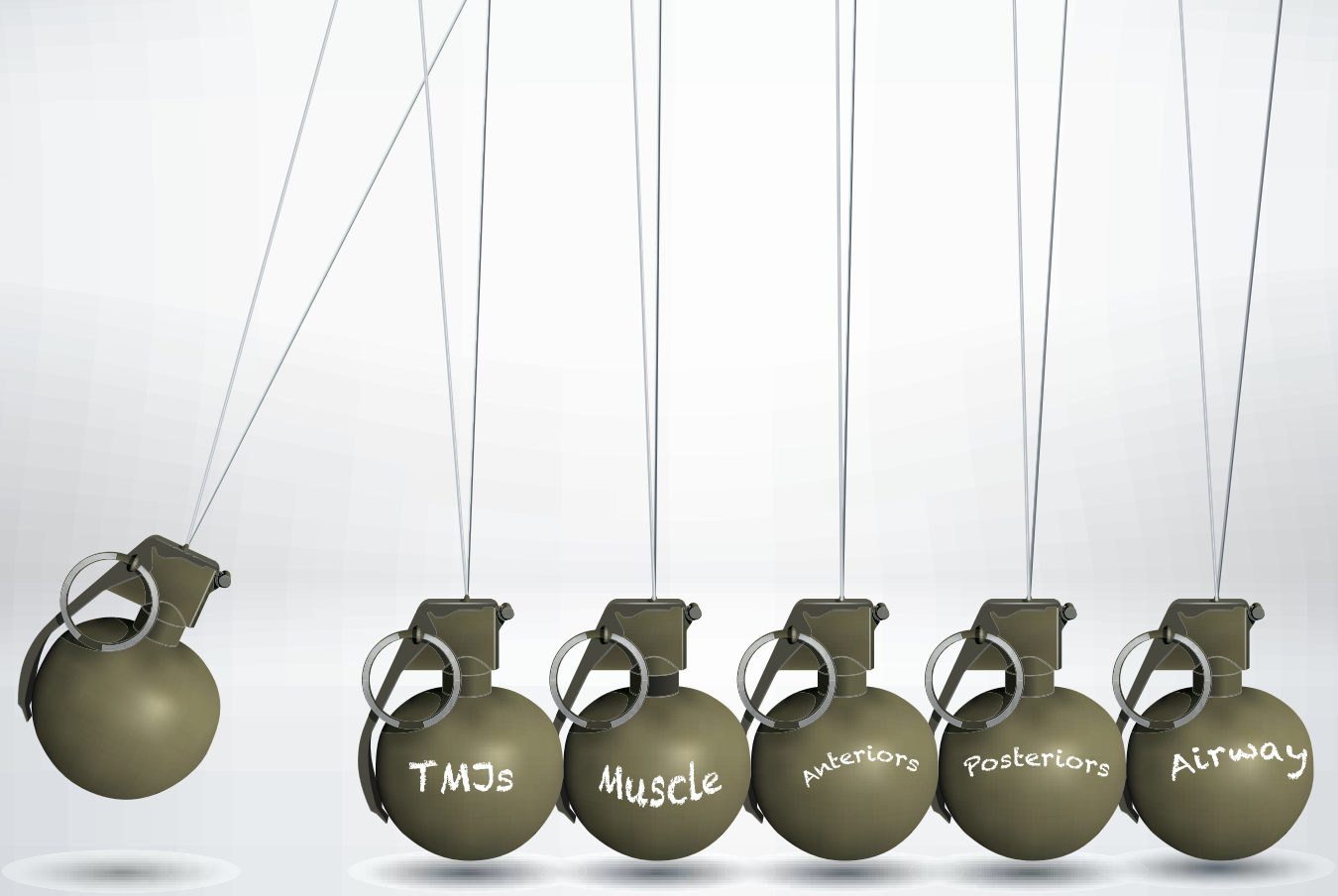

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