

Looking Ahead—I

• **The past century's revolutionary developments in dentistry:** fluoride prevention, the air turbine, osseointegrated implants, enamel etching chemicals, accurate casting procedures, antibiotics used in oral infections, improved root canal instrumentation devices and filling materials, management of tissues in replantations and regenerations, filling materials used to improve esthetics, and anesthetics used to cause total absence of discomfort came incrementally, but caused progressive, evolutionary changes in dental treatment.

observation:

▶ Dental treatment now in 2000 is much more than it was at the start of 1900. Dental treatment at the start of 2100 will be vastly different than what it is today.

predictions:

▶ This new century will see advancements in cellular biology that will allow regeneration of tooth tissues, regeneration of entire teeth, and complete regeneration of lost supporting tissues.

▶ This new century will see development of devices that will shape and form oral hard and soft tissues without rotary motion. The use of these devices along with nontoxic restorative materials having properties similar to natural tissues will drastically change restorative dentistry and endodontic treatments - for the better. These same developments will lend themselves to management of enhanced cosmetic / esthetic requirements.

▶ Needle application of local anesthesia will be eliminated. Other methods of application will allow the patient to be partially in control of applications and in control of rapid dissemination of the effects of anesthesia.

▶ Periodontal disease will be all but prevented and controlled by newly developed antibacterial agents. This does not mean elimination of the disease because neglect and economic factors will be persistent. However gene alteration techniques will greatly add to preventive measures in this disease process and many others.

▶ Prosthodontists will continue to treat patients with tissues lost from trauma and disease left too long for progressive therapies to cure. These treatments will necessarily be more complicated and rest well beyond the capabilities of a dental school trained general dentist. Because patients are going to understand the prosthodontist specialist better through a wider exposure and new and different education vehicles, they will clearly want the special treatments that are available and accept the value in the fee structures presented.

▶ Don't discount the possibilities of more and more "do-it-yourself" dental treatments. This won't be just applying a weak anesthetic to the gingiva or placing an anesthetic pack in the gingival crevice. This will be computer programmed applications of enamel replacement materials; self applied washes of antibacterials and bacterial flora alteration chemicals directly into the gingival crevice; Panorex-like imaging done in the supermarket; self-constructed dentures bought in kit form with tooth shade, form and arrangement choices. □

Looking Ahead—2

- Dentistry and its specialties find themselves in unique positions in a world quickly losing contact with “personal attention” givers. If you reflect on it, your life is being controlled more and more by *things*. Try to get personal attention from your:
 - ▶ bank (ATMs), self-serve gasoline pump, or the ticket dispenser on the turnpike;
 - ▶ internet service provider (type in “keyword” and then select your choice from the menu);
 - ▶ Wall Street Journal subscription (the 800 number is self serving and your keyed numbers input from your touchtone phone will give them the information they need);
 - ▶ stock broker (go to www.mlol.com and you can view your account, receive minute by minute values of each stock in your portfolio, obtain research information on any individual company, and join a seminar chat group on any stocks interests you may have);
 - ▶ physician (report to the laboratory for an in-depth blood analysis and when the report is returned the physician will interpret it for you; or you may be in discomfort, but please appoint for a MRI and when it is returned you will receive an interpretation of it);
 - ▶ airline (que up to a warm kiosk and purchase your ticket, receive a boarding pass at a machine; or ticket on-line and avoid the hassle; at the boarding gate put your pass through a coding machine and head for your seat);

and you will see that your life is directed and controlled by *things*! One doesn't have to rely on personality or appearance anymore. Who knows how you sound and what your telephone etiquette and mannerisms are? Who cares if you board the airplane in your swimming suit (actually seen at Washington Dulles airport)? We all live surrounded by more and more people, and yet, we all are becoming more and more oblivious to them because we deal with *things*, not people!

Dentistry's uniqueness is refreshing as dealings change from people to things in this new revolution. Will dentistry continue to be a skill driven, personal contact, hands-on profession where the result depends on knowledge, dexterity, personal interaction, and absolute responsibility for the goodness or badness of the procedure? If the answer is yes, then dentistry can and should demand a high fee for the same.

The Bureau of Labor Statistics reports that wage earning dentists rate high in ratings of wage earners in major cities. Chicago - 4th at \$83,890; Philadelphia - 1st at \$89,820; Washington, D.C. -3rd at \$91,020; Detroit - 2nd at \$96,020; Houston -2nd at \$91,490; Atlanta - 1st at \$101,390; Boston - 4th at \$66,000; and Dallas - 1st at \$101,380. These figures don't even consider the nonsalaried dentists and specialists who should be making considerably more.

The reason that our profession and its specialties are in this fortunate and almost singular position is that we do treatments, have competencies, are trained as problem solvers, and above all deal directly face to face with individuals. It would seem that this is our strength! This should be our strength in the recruitment of students. This should be our strength in asking for research dollars. This should be our strength in maintaining our positions in academia. This should be our strength in every arena for years to come. We have brains and we have hands and they are connected to provide solutions to people's problems. What is to change it—a machine with a menu? We must understand and build on the fact that we are not and will not be *things* dealing with people. This great advantage will be money in our pockets in this century! □

The Internet — A Great Starting Place for 2000!

Just think of it! A quarter century ago major medical libraries became connected! That's right, MEDLINE connected the libraries online, thereby putting all of their resources in one pool, available to all. At the time everyone thought it was a remarkable achievement!

Now, a quarter of a century later, one can browse a dictionary (*WebBound*) that contains the web addresses of over 60,000 sites. Websites have proliferated to some 4 million worldwide. One doesn't have to be a nerd to know that we are just breaking the ice in the sea of information flow. Every eighteen months the number of transistors that will fit on a silicon chip doubles [Moore's Law], but Intel is presently saying that the scaling of transistors on chips may be reaching a limit. A Hewlett Packard researcher has developed a prototype memory cell the size of a single molecule and it works on entirely different principles from present day semiconductors. To further wet one's appetite for our new century's explosion of technical developments, we know that ways are being sought to connect browsing software into videogame machines, TV sets, hand-held computers, cell phones and stand alone chips in everything from automobiles to duplicating machines. And this is the only beginning of the information revolution. Who knows, maybe an Apple computer may be elected President one day!

Is dentistry keeping up? It's doubtful. Survey statistics have shown that approximately 80 percent of dental practices have computers (American Dental Association Survey Center, 1997). The survey also shows a low computer use rate by dentists in the office, the computer being more frequently used for administrative functions. Even though office computer availability was fairly high, only between 21 and 34 percent had office access to the Internet. A subsequent recent study of computer using dentists reported that 27 percent of the respondents (85 of 314) considered the Internet "not at all essential" for the practice of dentistry (Schleyer et al, JADA 1999; 1501). There are no statistics for practitioners in the specialty of prosthodontics.

Two observations: 1] The conclusions one can draw from these statistics are disappointing, considering the proliferation of information available in dentistry and the ease of its retrieval. One might further conclude that in spite of great amounts of electronic information and heightened computer technologies, the impediment to using information is a lack of aggressiveness in getting to its sources. 2] The American College of Prosthodontists needs to establish a Statistical Information Division that would conduct and report surveys of specialists in prosthodontics. In order to practice and move forward effectively, specialist practitioners will do better knowing how their personal conduct of practice "measures up" to other practitioners.

In a more mundane way, now is the time to readily apply the uses of electronic information. Yes, you can use it in the office to improve business and management procedures. Yes, it will help in the laboratory as an assistance in CAD/CAM fabrications. Yes, you will better your communications with office personnel, with referring dentists in and referrals out, to laboratories, and as a chat mechanism to gain the help of other practitioners and eliminate office isolation. Yes, you will see great changes in continuing education, classroom instruction, study clubs and your monthly dental meeting may even become a thing of the past. Yes, you will be in close contact with diagnostic centers. And you can be sure that state boards and NERBS and CERBS and other regional testing agencies will be connected and conducting virtual testing and credentialing.

It's not learning how to play the piano anymore (as in PC); it's learning how to coordinate the entire orchestra to give a concert! Use some of these sites to begin your own concert:

Office Management

- Microsoft Outlook 98. You can share lists, calendars, appointment schedules, notes, address lists, and communicate by e-mail in and out of the office.
- prctmgt@listserv.temple.edu

Contact with dental organizations:

- American Dental Association
<http://www.ada.org>
- American College of Prosthodontists
<http://acp@prosthodontics.org/>
[includes American Board of Prosthodontists information]

Discussion

- Internet Dental Forum (a subscriber group)
<http://www.idf/stat.com/>
- University of Iowa College of Dentistry
<http://www.vh.org/Beyond/Dentistry/leslie.htm>

Dental Internet Sites Location

- University of Iowa College of Dentistry
<http://www.vh.org/Beyond/Dentistry/sites.htm>

Dental Journals

- Quintessence Co., Inc.
<http://www.quintpub.com/journals.htm>
- Journal of Dental Technology
<http://nadi.org.jdt/>

Commercial Dental Products

- Procter and Gamble Co.
<http://www.dentalcare.com/>
- Henry Schein, Inc.
<http://www.henryschein.com/>

Internet Sources Cont.

Dental Literature Data Bases

•University of Iowa College of Dentistry
<http://www.research.dentistry.uiowa.edu/summaries/index.htm>

•A resource list from *Internet Dentistry Resources*
<http://www.vh.org/beyond/dentistry/sites.html>

•National Library of Medicine, resources from MEDLINE
<http://www.ncbi.nlm.gov/PubMed>

Establishing your own Web Page

•Follow the directions given in the October 1999 ACP Messenger (info@sdiweb.com) □

Goodbye 1900s, Hello 2000 ARE YOU READY?

**Let's be honest.
Nobody likes
change!**

But change we will. One thing is certain about change; nothing changes without someone doing it. Complacency will accomplish

nothing! And if you are not in the equation then you can be sure someone else is. The outcome most probably will result in your dissatisfaction with the parameters the other guy or group has set, and/or you will be left behind because the other guy or group has moved out and left you behind. Oh yes, there is another unavoidable result and that is boredom! "Been there, done that!" Let's hope that's not your motto for the next year or for anytime to come. Become involved in organized dentistry; support progressive changes that will bring the best students into the specialty; do everything in your power to insure that the specialty of prosthodontics is recognized, is respected, is sought after for its great worth to patients in need; and most important, figure out some way that the dollars you give will better the specialty as you want it.

**Starting where?
Starting when?
Starting how?**

The Volume 5, No. 1, January 1999 *ProsStars Newsletter* set a definite agenda for all Non-Boarded trained prosthodontists.

A year ago the message was clear and it remains the same! Take the Boards! Become boarded to become identifiable to the public and to other specialties in dentistry; to gain additional competencies through self study; to insure the education "process" remains viable by proving that the education process works and that the testing process verifies it; and finally to say to yourself, "they did it and I did it, and I'm now on a plane with equals." Can you imagine the strength shown in your self, your practice, and the specialty by you becoming

Boarded? And can you imagine the desires of those coming along behind you in dentistry to see your successes, your pride, and your ability to solve dentistry's toughest problems?

Starting when? Now! The first step is an awakening to say "I'm getting out of the rut and I'm going to have some challenge and fun in this life I have left!"

Starting how? Call or write the American Board of Prosthodontics Executive Director, Dr. William D. Culpepper at, 706 Cumberland Circle, NE, Atlanta, GA 30306, (404) 876-2625, and remember The American College of Prosthodontists' website <http://acp@prosthodontics.org/>. This site contains information about the Boards and Board applications (in living color).

**"Things are
a Changin'"**

Subscriber Thomas (Tom) McGarry, the President Elect of the ACP, wrote to *ProsStars* in 1998 his

feeling that "the future of the specialty is in private practice and in recruiting sufficient numbers of residents." He sees the great majority of graduating residents having to enter private practice. Because of that, he notes the necessity of "an educational experience that truly prepares them [the residents] to challenge the environment of private practice." He further stated that "We must define ourselves by what we do and not by comparison to another group [the GPs]. Prosthodontics needs to differentiate itself by diagnosis and treatment difficulty and education level so that we are not perceived as a discretionary service or an elitist service by either the public or the GP"

The change he points out is probably valid in that the core founders of the specialty and then of the American College of Prosthodontists were in the main educators and/or military; and now the makeup of the specialty (trained, but not boarded, and boarded) has swung heavily to private practitioners. His charge that training should conform to the needs of the Private Practitioner is also valid.

Tom's position in the College will permit him to be very influential in the next few years. He should emphasize what private practitioners want in order to be recognized, effective, and viable as specialists. He further should have ample input into identifying and defining what the specialty is and what do we want it to be. Give him some help and join the fray. Send your ideas to Tom at [<mcgarry@qns.com>](mailto:mcgarry@qns.com). In 2000, we are fortunate that Tom McGarry, as a private practitioner, is coming into the College's leadership! □