

The Evolving Relationship Between Dentists and Dental Laboratories



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For the last several years, a Dental Laboratory Summit has been held in Chicago during the annual Chicago Dental Society Mid-winter Meeting. Drs. Gordon Christensen and William Yancey spearheaded the original Summit meeting, and most recently, Dr. Burney Croll of New York has taken on the role of volunteer executive director for the group.

The Summit meeting has brought together a cross-section of representatives from the laboratory industry, organized dentistry, dental manufacturers, and trade publications as well as dental and dental laboratory educators.

The 2008 meeting was a hotbed of discussion on issues such as offshore outsourcing, dental technician certification, dental technician education, and doctor-technician communication. These 4 areas have been the themes of the Summit group for several years now. However, the work done during this last year has resulted in a better understanding of the urgency to address them. In fact, the 2008 meeting has resulted in a number of outcome-driven objectives that allied organizations have now committed to work on collaboratively.

The Summit process has facilitated an open and frank exchange of ideas and information between many organizations and institutions in dentistry and the dental laboratory industry. Although the Summit process was conceived as a medium to bring about change and foster solutions for challenges facing the dental laboratory industry and the profession of dental technology, it has also highlighted how intricately tied dentists are to dental technicians.

In today's dental world, several converging trends are impacting the relationship between dentists and dental technicians. The opportunities that arise from these trends necessitate that both professional groups work more closely together to ensure the successful delivery of oral healthcare to dental patients.

According to the Centers for Medicare and Medicaid Services, the demand for dental services is significantly increasing in the United States from \$87 billion in 2005 to projections of \$167 billion by 2015.¹ In the United States, based on statistics available from the US Department of Labor, Bureau of Labor Statistics, the demand for dental care is growing, while the number of dentists per 100,000 citizens is decreasing.²

It has been discussed in a number of dental publications that dental schools no longer teach laboratory procedures to the degree they once did (some not at all), and this has placed an enormous responsibility on dental technicians not only to be service providers to dentists but also to be teachers of dental technology. The educational dilemma

in dental technology fares no better. The number of ADA-accredited dental technology programs in the United States is down from a historical high of more than 50 to just 20, graduating an average of 250 students nationally each year.³ With the challenges that we face, how can dentistry and the dental laboratory industry meet this demand? Let's explore a few of the options that could help.

Adult Education in Dental Technology

With the recognition that the traditional educational models will probably get worse before they get better, dentists and dental technicians must be committed to training and learning together using nontraditional methods. There is no lack of access for adult continuing education in dentistry or dental technology. It is evident today that dental associations, allied dental associations, training companies, and learning institutes.

However, it is imperative that the dental technology education offered is uniform and benefits both parties based on acceptable standards for real-life situations. In this regard, the Foundation for Dental Laboratory Technology was launched earlier this year as a mechanism to provide life-long career learning modules in dental technology for all recipients who need it: dentists, dental technicians, hygienists, and assistants. The Foundation does not seek to recreate the content that is in the marketplace, but rather seeks to serve as a conduit to coordinate programming that is already available.

Technology Advances

The advent and development of CAD/CAM products from companies like Sirona, 3M ESPE, Cadent, KaVo, Nobel Biocare, D4D, and others that support digital technologies for both the doctor's office and dental laboratory will help dentistry meet increasing consumer demands. These advances will also change how doctors and dental technicians communicate with each other.

With any technology, there is a length of time before the "masses" fully utilize what is available. With that in mind, it will likely be another 5 to 7 years before this new technology realizes its full potential in relation to the number of possible users. Once that happens, the general dentist and the everyday dental technician will be in a new era of dental care. Much like the medical field, dentistry, and those within it, will be fully transformed into a high-tech healthcare profession.

Outsourcing

The presence of dental laboratory work being outsourced to foreign countries has been around for more than 20 years. However, the prevalence of laboratory work being manufactured overseas

has significantly increased in the last 5 years. The option to utilize outsourcing can not only help meet production demand but also allows access to products at a price point that brings dentistry to underserved populations. Although outsourcing can solve certain problems in the marketplace, it does come with some potential for risk and requires due diligence on the part of those who seek to use this business option. With the well publicized product recalls on toys, toothpaste and pet food that took place in 2007 and now in February of this year with documented cases of lead in dental work in the United States, the dental profession and the dental laboratory industry now face additional scrutiny from federal regulators and state legislatures which may result in new requirements and/or increased enforcement of regulations to ensure patient safety. Since February of this year, over 275 television stations have posted stories related to lead in dental work and its unlikely that such coverage will die down, at least for the remainder of 2008.

The outsourcing of dental laboratory work to companies in foreign countries is not limited to dental laboratories. It is a well-known fact that a number of dental schools and dental group chains in the United States have been outsourcing their work as well. The issue is not whether such activity is politically or morally acceptable, but whether it is done safely. The National Association of Dental Laboratories (NADL) accepts the fact that we are in a global economy and that it is here to stay. The ADA has also gone on record in its globalization report, stating "To the extent that equipment, instruments and supplies cost dentists less than they would have cost if manufactured in the United States, dentists will benefit directly from globalization. The same can be true for dental laboratory costs, provided the quality of those services is acceptable. The savings per year can be substantial and accrue directly to the office bottom line."⁴

Earlier this year, the media reported several documented cases of lead contamination in dental restorations manufactured by foreign dental laboratories. With formal documentation that such cases can and do take place, work should be done to ensure transparency and to provide for appropriate government regulation to ensure the safety of outsourced dental products for the patient. Even before such cases became known, NADL in September 2007 submitted 7 formal recommendations to the FDA. This was done in response to requests from the Presidential Interagency Task Force on Import Safety. NADL's goal in putting forth these recommendations was based on the premise that "dental patients in the United States should have a reasonable expectation that their restorations are safe for use—no matter where they are manufactured."⁵

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Some of the NADL⁵ recommendations included the following:

1. Achieving governmental recognition that “qualified to place a product on the market” in the dental laboratory industry is defined as “each dental laboratory in the United States employing at least one certified dental technician designation.” There are 3 states that already specify such a requirement in their dental practice acts. Other states that have tried to secure such a practice through legislation have usually been met with political opposition. It is crucial that such a recommendation is not lost in politics but rather seen as being in the best interest of the entire dental industry and the patients it serves.

2. Requiring US dentists and dental schools purchasing their dental laboratory work from foreign dental laboratories to comply with the same FDA requirements with which a US dental laboratory must comply. This not only ensures transparency but more importantly provides that all links in the supply chain are covered in case of an industry-wide product recall.

3. Providing the dental patient with the right to know where his or her restoration was manufactured and verification of what materials were used in the fabrication process. Such information would become a part of a patient’s record.

Conclusion

Practicing dentistry and working as a dental technician in these times requires a new perspective and an ability to let go of the politics of the past. It requires a call for renewed energy to face a time of monumental changes within and around our inexorably tied professions. Dental laboratories and their dental technicians seek to be your partner in this quest. As we move together into the future, we need each more than ever!◆

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