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### Playing the devil's advocate



From the time when I started in CAD/CAM dentistry 23+ years ago, we have seen an array of system solutions from closed to open chairside (CS) CAD/CAM systems, scan only and hybrid systems that offer you the choice to mix and match, low entry price to multiple CAD/CAM and digital imaging systems.

Now days many dental practices are considering the potential of a CS CAD/CAM system or practices are considering the need to upgrade their solution, review the capabilities, potentially have multiple CAM and CAD software solutions (integrating with their preferred dental laboratory or manufacturing centre), new materials, expanding clinical applications and also explore 3D printing, which is the buzz these days. As a guide all CAD/CAM systems work on a 3 step sequence, Imaging, Design and Fabrication.

So choices need to be made and this can cause confusion along with mixed messages from the re-sellers to the end user. Along with the various system solutions are multiple re-sellers of the same system, new distributors and new distribution methods. More importantly you need to know who is backing and supporting these systems. The big question, however, is quite simply "*is it?*"

Recently, my company - Digital Dentistry Consultancy (DDC) was engaged by a dental practice to help them find the solution best suited to their practice now and into the future. They believed technology solutions should fit the needs of the practice, improve practice interoperability / integration / profitability and deliver better patient care. From us, they were after the technical expertise without the sales pitch. In essence, our role in these cases is to play the devil's advocate to either support, refute, enhance their knowledge and help them decide should they buy at all and if so what?

#### A case in point...

One of the practice principals had previously utilised Sirona Cerec® and 3Shape Trios®, so there was a base understanding of what could be achieved with CS CAD/CAM. The aspect we began with was the **DDC CAD/CAM-Digital-Practice Audit** to establish a baseline of the practice and a document that we could all refer back to, which was important when decisions were being made on their preferred CAD/CAM solution. In our initial discussions we were not discussing the individual elements of each CAD/CAM system. We discussed **WHAT** the practice was trying to achieve with their potential purchase, the potential IT and practice infrastructure, an integrated clinical workflow solution and the potential future needs such as 3D printing. These were just some of the questions that were covered in the audit.

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In reviewing their IT infrastructure we looked at what their existing network was and their connection speeds to the internet. The latter is important for when outsourcing to their preferred manufacturing centre (many smart practice owners invest in CS solutions to produce their staple requirements in-house and outsource complex cases like implants or orthodontics that potentially has expensive dedicated equipment). You need to consider your upload capacity as most intra-oral scan files are large. A number of manufacturers offer Cloud based services or a scan file, generally a .STL from your system that may be sent via Dropbox, or something similar, to their clients or manufacturing centre.

One other consideration is Privacy and retention laws relating to medical data/information Australia. *“AHPRA - Guidelines on dental records, 2. General principles to be applied – 2.7 Dental practitioners should be aware of local privacy laws that govern the retention of records, which require retention from 7-10 years. 3. Information to be recorded – 3.2d. Other digital information including CAD/CAM restoration files. 3.2e. instructions to and communications with laboratories.”*

Australian Health Practitioner Regulation Agency (AHPRA), Dental Guidelines on Dental Records July 2010.

We discussed the retention and protection of their digital data based on the AHPRA guidelines. You may not need a physical storage room for models, but there was a need to consider data storage now and into the future. This was discussed with their IT provider.

We looked at the practice clinical workflow the chairside (in-house milling) options for an inlay, onlay and crown (not complex and posterior only) solution. We discussed material solutions to be utilised chairside by the practice clinicians. This did not preclude the option of more complex work being completed within the practice in the future as technology and applications suited to the practice become viable. More complex work such as complex posterior crowns, implants, anterior crowns and veneers, smile design, orthodontics and removable prosthetics, was considered the realm of the dental laboratory.

So for this practice it meant that there was need to look at systems that offered ease of use to the whole practice so that uptake of the technology would be accepted by all. The clinical decisions were not guided by just the technology but the ability to deliver better patient care.

They purchased a CS CAD/CAM system best suited to the clinical and technical outcomes based on the DDC CAD/CAM-Digital Audit and technical advice from DDC. They were able to negotiate additional benefits and bonus software at a greatly reduced cost, with a CS CAD/CAM system that could be expanded with their future needs in mind.

Recognizing that the dental professional have quite different and distinct needs, DDC offers a consultancy or partnership model which allows you, the dental professional, to extract from DDC the support and technical advice that is appropriate and most useful for you.

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