LAB talk

*Laboratory perspectives from the inside out.*

# Strengthening the Relationship Between Dentistry and Dental Technology

**William Yancey, DDS and Edward A. McLaren, DDS**

**William Yancey, DDS**
*Assistant Dean and*
*Director of Continuing Education*
*The University of California,*
*Los Angeles School of Dentistry*
*Los Angeles, California*

**Edward A. McLaren, DDS, MDC**
*Director Center for Esthetic Dentistry*
*Founder and Director*
*Master Dental Ceramist Residency Program*

*Adjunct Associate Professor*
*The University of California, Los Angeles*
*School of Dentistry*

*Private Practice limited to*
*Prosthodontics and Esthetic Dentistry*
*Los Angeles, California*

*How do the veneer cases you completed* this year look in your patients' mouths? How about those all-ceramic crowns? If you and your patients were pleased, wasn't it mainly your dental technician's skill and craftsmanship that did the trick? Unless you are a master at direct bonding and only do that procedure, you and your technician have to learn and grow together to get the kind of esthetic results necessary for today's patients.

We think it's fair to say that finding that perfect partner in a laboratory technician is no easy task. Some of you have already done that and are extremely pleased with the results—but most of you are still searching, and having trouble finding what you want.

Maybe it's time to step back and look at the big picture. It shouldn't be a surprise to realize that the dental community needs to work together as a team to be able to deliver the highest standard of care to our patients. Have we done that recently? In reality, the answer is probably no. We as dentists have the tendency to work alone in our practices, and seldom venture outside our four walls to question what is happening to our community. How can this relationship be strengthened? The answer lies first and foremost with dentists in this country recognizing what these problems are and offering to lend assistance. What will happen if we don't? Would it impact you if, in a few years, you only have two choices—either you ship your case to that big laboratory that sends everything offshore, or use that small, one- or two-man "boutique lab"? It is very possible that every laboratory not in these two categories will soon disappear. Can that really happen? It already has started to happen. And this business model will only accelerate. A better partnership needs to materialize, and it needs to start now. You feel great about your practice when the patient looks in the mirror and praises your restoration. But the restoration they are praising is what your dental technician (with your input and guidance, of course) created. If they did their job well, it's almost always because this partnership worked well. If your result is less than acceptable, the opposite was probably true.

So, doctor, with less choices in the future regarding who you can use as your laboratory technician, do you think that will impact your practice? Does it matter to you if every restoration you send in goes offshore to be fabricated? Do you value the fact that now you can call your technician—or maybe even have your patient be seen by the ceramist—and make changes or get something turned around quickly and to the patient's expectations? Would you miss that service if it disappeared? Do you care what metals or materials are being put into your restorations? What are you going to tell that patient that has an allergy issue with one of your restorations and how are you going to get that information? And to those of you who know that your laboratory work is being done offshore, are you telling each and every patient that? Do we, as the health care provider, have to disclose this fact to our patients? Would you feel comfortable answering these questions in court one day? Wouldn't it be wiser to give your patients the opportunity to make a choice between an offshore laboratory and a local one? But to do that—do you even know if your large laboratory is now currently sending your work overseas to be completed? Shouldn't you as the doctor have some control over that? One thing is very obvious—we didn't have these issues to think about a few years ago. But we certainly better start thinking about them now, because they are here now. If we as dentists become involved in these issues, and find ways to help work as true partners with our laboratory colleagues, then we will all win. And then all those patients will continue to praise "your" veneers and your all-ceramic crowns.

What the authors are simply suggesting is that you should become more aware of what is happening in the field of dental technology today. What does the future look like for their industry?

Since most of us haven't checked recently, most of us are not aware of the ongoing crisis regarding the laboratory industry that is occurring in our dental community. For the past 2 years, a LabSummit meeting in Chicago has been organized by Dr. Gordon Christensen and Dr. William Yancey and attended by Dr. Edward McLaren. The goal of the conference was to identify the major issues that confront the laboratory technician industry and to see what—if anything—can be done to rectify them. This article will not go into depth regarding the potential solutions the conference attendees are currently working on. But we do think it's vitally important that you as practicing dentists know what some of these problems are. Then you can look them over and decide for yourself if you would like to get personally involved with any of these issues. The conference attendees (which were made up equally of dentists, technicians, and representatives from the dental industry) identified the following four issues to be paramount:

1. The lack of educational opportunities for laboratory technicians.(In 1990 there were 64 American Dental Association-accredited DLT programs in the United States. Only 23 remain open). Can we reverse this process? Is there a better workable model?
2. There has been a marked decrease in the process of Certification and Standards regarding becoming a Certified Dental Technician (with some people stating that it no longer matters and is therefore passé). Where do we go from here?
3. With almost no basic laboratory education programs left in dental schools (only at Louisiana State University) there has been a deterioration of the DDS/laboratory technician relationship and/or respon–sibilities. The current dental school deans seem either unaware or uninterested in the problem. Can we—should we—reverse that?

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4. The rise in offshore manufacturing (including gray marketing of dental products).This also brings up the issue of "the patient's right to know" where their crown was made.

If we look at the first of these issues (the educational arena), the educational crisis in the dental laboratory industry stems from a number of factors:

- the sun is setting on the dental technology industry: Almost half the laboratory owners and managers are 55 years old or older; the ongoing shortage of newcomers to the field only exacerbates the situation;
- there is a decline in the number of dental technology programs;
- there is a decrease in dental technology training in dental schools and a shift in dental training focus from mechanical dentistry to the medicine model approach; and
- there is a large number of displaced incumbent workers because of the growing prevalence of offshore work.

If we move to the second issue (the decrease in CDTs), we need to look at the possibility of:

- increasing the value of certification;
- making technician certification mandatory;
- encouraging the creation of a registry list of all technicians, both certified and noncertified; and
- enforcing the necessity for formal education in dental technology for certification.

Some of the factors around the third issue would include:

- increasing the perceived value of dentist/technician interaction within the ADA, dental schools, and the dental technology community; and
- creating a visible relationship between dental students, dental educators, dentists, dental technicians, and patients.

The concerns of the fourth issue include:

- emphasizing that a dental prosthesis is a medical device;
- identifying the country of origin of prostheses manufacture;
- ensuring that 510K materials are being used in prostheses—this would require interaction with the Food and Drug Administration;
- ensuring that the dentist's prescription is being accurately delivered;
- determining how far to attempt to increase barriers/and or standards to offshore laboratory work entering this country; and
- ensuring that offshore laboratories do not dilute US industry resources used to support dentists in education and research.

The authors want you to know that these problems exist, and are going to accelerate unless we take action. What we hope, of course, is that you would want to be engaged. We believe that the way you practice dentistry could certainly be affected in the near future if you don't.