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Is Implant Patient Safety & Treatment Integrity Being Sacrificed for Marketing?

The IDIA Advisory Board

Implant companies are now directly selling surgical kits and implants to general dentists without the training required to comply with the Standard of Care. Shareholder reports from 2002 outline Nobel Biocare's strategy:

"The priorities and objectives can be summarized as follows: Implementation of a new sales strategy targeting a new market segment, i.e. General Practitioners."

The Shareholder reports from 2003 are even more specific about the strategy:

"High volume of surgical starter kit sales confirms that the new strategy targeting general practitioners has been successfully implemented and accepted."

A Nobel Biocare Corporate Profile quotes President and CEO Heliane Canepa as follows:

"We care about specialists, of course. The input of specialists has helped to make Nobel Biocare the world leader in our industry. But it troubled me that at the dawn of the 21st Century, only six percent of general dentists were performing any kind of implant surgery."

The legal standard of care for performing surgery requires knowledge of the diagnosis and alternatives to treatment, experience and skill in performing the chosen surgery, and most importantly, knowledge, training and experience in addressing all the potential complications and failures of surgery.

The goal of the company-sponsored surgical training courses is to make implant surgery appear easy to as many new surgical customers as quickly as possible. Since these are one and two-day courses there is not enough time to address risk management or how to handle complications. Indeed the limited formats inherent in such constrained programs cannot provide in-depth training on the surgical procedures or exposure to treatment of complications.

The literature promoting these surgical training programs contains extensive marketing hype and questionable representations. For example, there are brochures stating that any dentist can start placing implants immediately following these courses.

As part of Nobel Biocare's partnership with the AGD and the Perio Institute to provide surgical training for general dentists, a course was presented at the AGD meeting in July 2005. The following is an excerpt from the course description:

"This course is designed to get you started placing some of your own implants. After taking the workshop you will be able to offer single tooth replacements (where you have adequate width and height of bone) or implants for patients with a fractured or non-restorable tooth. The market for overdentures is huge. This two-day surgical implant workshop is a starting point to give you the skills to place implants in these types of cases."

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Alpha Omega presented a one-day surgical training course sponsored by Innova in March, 2006 with only 90 minutes devoted to surgery. The brochure stated the following:

“Above all, dental implant therapy is the best treatment value a patient can receive, and one of the simplest, safest and easiest and most profitable a dentist can offer. This is especially true when a restorative dentist places the implants in the many routine “every day” clinical situations seen in general practice.

Upon completion of this one-day workshop you will be ready to start your first implant placement on the “following day” . You will realize how simple it will be to incorporate both the surgical as well as the restorative aspects of implant dentistry into your practice.”

Unfortunately, since AAOMS and AAP are considered “trade associations” an attempt to take a stand on the issue could be viewed as “restraint of trade” should one of the implant companies decide to pursue litigation.

However, Dr. Jay Malmquist, President of AAOMS, did address the issue in his inaugural speech at the annual meeting in Boston in 2005 and again in the January/February 2006 issue of AAOMS Today. His editorial “In My View” stated the following:

“Moreover, these companies never mention that professional liability legal standards require all practitioners providing a service to meet the highest standard of care expected of any other surgeon or face potential malpractice litigation...”

Unhappily for their patients, course participants, believing they are now trained to a level of competence after just one or two weekends, return to their practice ready to perform their recently learned skill in the operatory. The results of their misconception may be seen in the caseloads of the state boards, where

Your “Business Partner” Could Be Cannibalizing Your Practice

Cynthia M. Bollinger, Director IDIA

As a management and marketing consultant who has spent the past twenty years facilitating the expansion of implant dentistry in this country and abroad, I have several concerns about the current sales strategies being employed by many of the implant companies. First and foremost, I am very concerned about reports of increased failures and complications resulting from the inadequate training that general dentists are receiving in company-sponsored courses.

Additionally, I am concerned that this strategy could be eroding the referral base of surgical implant practices. The source of potential new surgical customers for some companies has become the data base of general dentists who purchase prosthetic components. Surgical specialists now see their best referring dentists being targeted by these implant companies – the general dentists that they spent years training – the ones that restore implants on a regular basis.

When companies use incentive programs for obtaining new general dentists as surgical customers, it motivates the sales reps to court the referrals of their existing surgical customers. Personally, I find the tactics they are using to convince surgeons’ referrals to place their own implants unprofessional and borderline unethical. For instance, I have actually had dentists tell me that reps made the following comments:

“...you don’t need the surgeon” “you can bypass him and keep the entire fee and control the whole case” “surgery is more profitable than restoring implants” “surgery is so easy now with all the new technology” “your competition is going to be placing implants and you don’t want to be left behind” “we’ll run commercials for you if you purchase our system” “we’re running commercials in your area about ‘teeth in a day’ and you don’t want to be left out”

Unfortunately, many company representatives will not admit to these tactics when directly confronted, so it is difficult to know who to trust. Therefore, I am making several recommendations to my consulting clients to protect their implant practices from being cannibalized.

- Ideally, surgeons should only work with companies that support the team concept so that their referrals are not the targets for new surgical kit sales. This can be determined by comparing the types of practice building programs available for supporting the team concept and by reviewing the shareholders’ reports outlining the company’s sales strategies to verify that the focus is not on general dentists.



DENTISTRY

- If surgeons work with companies that support the “weekend warrior” trend, they should write to the company president and voice their serious concerns about the impact this could have on implant dentistry long-term. They should also consider working with another company – one that still supports the team concept. **Continuing to purchase products from these companies is supporting the marketing strategies that are eroding the referral base of surgical practices.**
- The surgeons should purchase the prosthetic components themselves so that their referrals are no longer part of the company’s data base. In addition, they should not provide referral lists, course participants lists or any other information about referrals to their sales reps.
- They should utilize their own Implant Coordinators to do lunch and learn meetings with referring offices and to assist with impressions, components, etc. rather than the sale reps.
- If surgeons find out that sales reps are trying to convince their referrals to place their own implants with inadequate training, they should strongly consider demanding that the rep be replaced, or telling the company that they intend to work with another company.
- They should inform referrals about the risk management issues and consider presenting the IDIA Standard of Care program, which features Art Curley, to referring dentists and their staff. If they work with 3i, they should contact their local sales rep or the customer development department for more information, as 3i is participating in the dissemination of the standard of care message to the dental profession.
- In all of the continuing education programs provided for referrals there should be some discussion of the nuances and difficulty of surgery and how ideal placement directly impacts the esthetic outcome, the ease of restoration and their profitability.
- If referring dentists want to place their own implants, surgeons should provide recommendations regarding the minimum requirements for training programs and openly discuss the marketing hype and the problems that are inherent in following the implant companies’ recommendations on abbreviated training courses.

the number of complaints filed by patients injured or otherwise harmed by dental professionals who lacked the necessary training to perform a particular procedure is increasing.”

Since dental organizations are apparently prohibited from adopting a position that could change this trend, the profession has no alternative other than a grassroots approach to solving the problem. It is up to surgical specialists who want to maintain the integrity of implant dentistry to inform their referring dentists that a weekend course “preparing them to place implants” is fraught with potential shortcomings.

If the profession ignores this problem, the risk could be the demise of implant dentistry as we know it today:

- The number of failures and complications will continue to increase, undermining the success rates and Standard of Care achieved over the past 20+ years.
- With increased failures, the public will perceive implant dentistry in a negative manner, adversely affecting patient acceptance.
- Specialists will not only lose referrals, they will also be forced to jeopardize referral relationships when asked to salvage, redo or treat cases that have failed and the complications associated therewith.

A growing concern is that if the companies taking this marketing approach are successful, then other companies will be forced to adopt the same strategies, regardless of concerns for patient safety. And if the profession and industry do not address the situation, attorneys, juries and dental boards will.





The Legal Consequences for “Weekend Warriors”

Arthur W. Curley, J.D.

From a legal perspective, any licensed dentist can perform any dental procedure. However, when a general dentist begins to perform procedures that are primarily performed by dental specialists, due to either complexity or difficulty, the law holds all such practitioners to the standard of care expected of specialists providing similar procedures on a regular basis. The test of the standard of care is not so much a dentist’s ability to begin or initiate treatment, rather it is the experience and ability of the dentists to quickly recognize and treat all the various potential complications.

Therefore, although it is legal for general dentists to perform implant surgical procedures, if complications arise that are not quickly and skillfully handled by the operator, the patient injured by a mishandled complication can initiate litigation. In such cases, the general dentist will be held to the same standards as surgical specialists who have had a three or four year residency program that includes exposure to and management of numerous complications.

In the experience of this author, having represented the dental community for over 30 years, many general dentists do not seem to be aware of the potential liability of placing implants, particularly after only taking a one or two-day training course with minimal clinical experience. Many of these abbreviated surgical training courses, which typically do not cover risk management or complications, have been promoted as being sufficiently comprehensive to qualify any dentist to immediately begin placing implants. Unfortunately, not having more extensive training can leave dentists ill-prepared to handle the full variety of complications and failures that can occur.

This author has too often been asked to defend general dentists who had performed surgical procedures based upon courses with inadequate training. The late diagnosis and treatment of a complication often results in much more injury to a patient than the mere loss of an implant. Typical cases involve permanent nerve injury, significant infections, sinus perforation or loss of adjacent teeth. The potential of these

problems can be increased when a general dentist relies on an implant manufacturer’s marketing representation that 1-2 day training courses are fully adequate.

Ideally, dental specialty societies should establish guidelines for the minimum amount of training required for implant surgery. Such a standard would cause the implant industry to revamp its curriculum for surgical training courses to better meet the needs of general dentists who want to incorporate implant surgical procedures into their practices while maintaining appropriate standards of care.

Since at this point dental societies have not yet promulgated standards for training, the alternative for maintaining the integrity of implant dentistry is for surgical specialists to be proactive. They should consider providing proper education for their referring dentists in risk management and counsel them regarding appropriate minimum requirements for surgical training should they wish to place their own implants. Equally they should address the breadth of potential complications associated with the surgical placement of dental implants. Exposure to the realities of dental implant liability claims, and preventative risk management generally deters most dentists from becoming implant surgeons until they have reasonable training for patient safety.

Unfortunately, if these warnings are not heeded, it will be the legal profession of attorneys, judges and juries that will create and mandate the standards for training in implant procedures. By then practitioners and patients alike will have experienced a myriad of problems that could have been prevented, and instead have left the industry with a poor image in the public eye. In other words, repeating the mistakes of the 1970’s when all manner of implants were being placed, with little or no training, leaving the patient population with the belief that implants were experimental and unsafe. It took the dental profession and numerous risk management courses 20 years to overcome the lack of surgical standards and regain the confidence of patients and the profession.

