

Australasian Clear Aligner Society



Clear idea

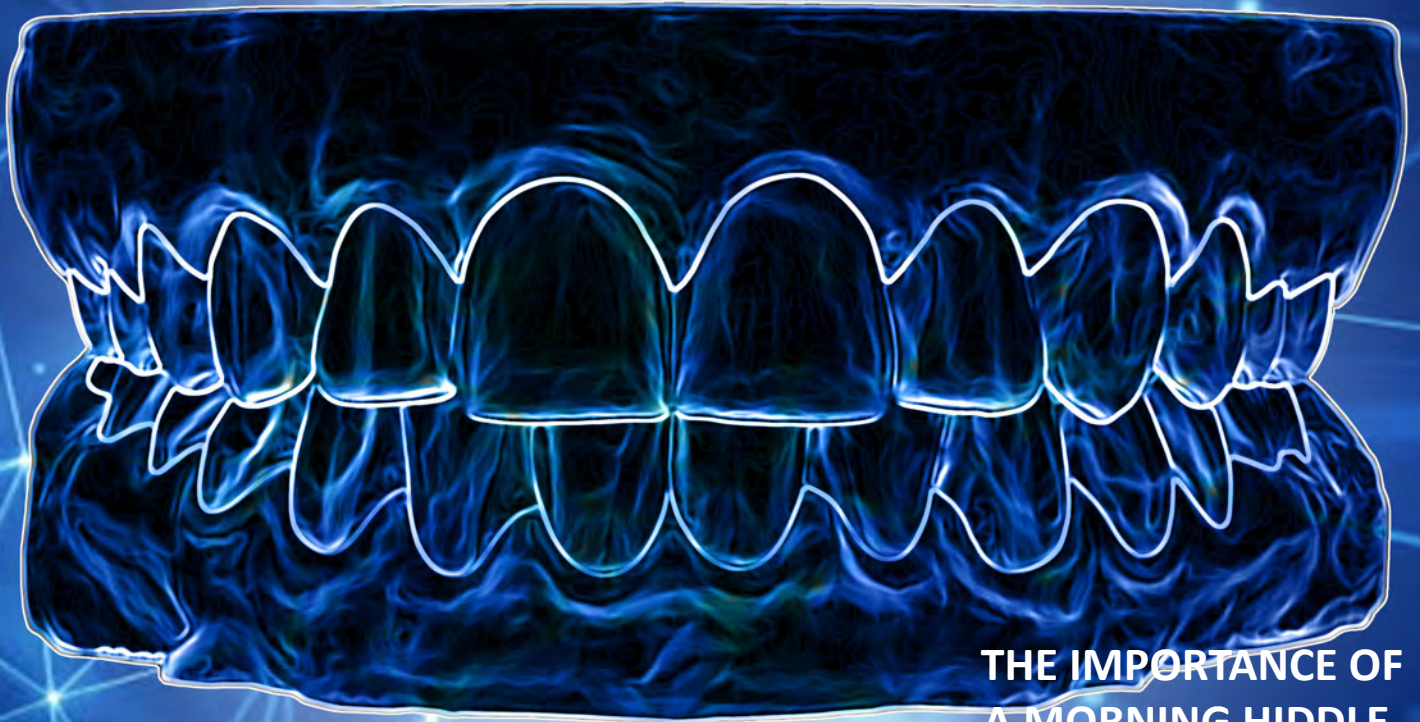
VOLUME 2
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DENTAL MAGAZINE

INTRODUCING THE SECOND AUSTRALASIAN CLEAR ALIGNER SOCIETY DENTAL MAGAZINE

ACAS2020

GET 2020 WITH CLEAR ALIGNERS



**THE IMPORTANCE OF
A MORNING HIDDLE-
DR CIGDEM KIPEL - P14**

OPEN MIC

WITH DR GEORGE ABDELMALEK
& DR THEO BAISI

- PRODUCT REVIEWS
- EXCLUSIVE ACAS DEALS
- WIN THE KESLING AWARD
- BECOME AN INAUGURAL MEMBER



**GET YOUR INAUGURAL
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AUSTRALASIAN CLEAR ALIGNER SOCIETY
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AUSTRALASIAN
CLEAR ALIGNER SOCIETY

Open Mic with Dr George & Dr Theo

Dr George Abdelmalek, Dr Theo Baisi

Open Mic

with Dr George and Dr Theo



GA: It is an absolute honour and privilege to sit down and talk with you. On behalf of all ACAS members, please allow me to thank you for being so generous with your time and knowledge. The more I've got to know you, the more that I realised that not only are you an amazing, time-tested orthodontist, but you are also a very interesting individual.

Two lasting impressions of the first time I met you was that you are very witty and you absolutely love fishing. How did you get involved in fishing and why do you love it so much?

TB: Very simply my father took me fishing when I was four, and I have the patience to sit and wait, or hunt for the fish. I find it is the only place where work does not stay in my head. It soothes my soul. I do most forms of fishing, flyfishing in fresh and salt water, lure fishing as well as bait-fishing mostly for kingfish. I love being on Sydney Harbour.

GA: What other hobbies do you have?

TB: I love to cook, eat and whiskey!!

GA: Has your wit increased inversely proportional to the number of hairs you've got on your head?

TB: No but as I am now more mature (older!!), I feel freer to say what I think without worrying about the consequences.

GA: How did you meet your amazing wife, Railea?

TB: At a family dinner now over 33 years ago. She has put up with my craziness and fishing and strange ideas. She is amazing in so many ways and I could not have done what I have done in my professional life without her 110% support throughout. I am so blessed.

GA: One of the other things I remember about you is you always a next level thinker. You were a pretty early adapter of clear aligners. Do you remember how you got started in aligners? What made you take the leap?

TB: No choice! I remember when Invisalign came, I just signed up to accreditation and Professor Ali Darendeliler (Prof George) and I was in his office and we commented that we thought that this would likely change the way we do ortho in the future. HA!!! The future is here now!!

GA: What is the percentage of clear aligner / fixed braces ratio on your clinic? What was it 5 years ago? 10 Years ago?

TB: It has been growing steadily over the years until we hit the 100 plus per year and then we are now over 60% aligners, because we have incorporated teen and Invisalign first. It is just more comfortable for the patients and much less hassle for the parents.

GA: Most of us are control freaks - there's no point denying it. As long as a patient maintained somewhat adequate oral hygiene, orthodontists were comfortable with fixed braces as the patient couldn't take it off which means we had control (plus or minus a few elastics). Clear aligners completely turn that on its head. How did you learn to deal with this,

how did you learn to "let it go"? What has that meant to you, and your practice and how have you structured your clinic to weed out non-compliers?

TB: In short we haven't let go, quite the opposite, we now do it on a weekly basis to the pixel!!!! It is just that it is virtual using DM, (Dental Monitoring). We can even monitor if patients don't wear their retainers, and they say they do, or at least that's what they tell their parents. Hahaha.

Patients use the app to contact us about a loose tooth, an ulcer anything and get a response from us within 24hr with the need to come in.

We like to think that they need to come and see us, to interact with us and justify the fee. The reality is that that they drop the kids off with grandma and the race in after school and before soccer or ballet only to be seen for a couple of minutes in their minds to be told keep going, or just change the modules etc.....and then drive home another 45 mins. I am treating patients from the Hunter Valley and Wagga Wagga. They actually love the interaction and the fact they only need to come in when necessary, while having the security of knowing they are being monitored. It is our egos that believe otherwise.

GA: Are clear aligners just for adults? Are you using it for teens? Pre-teens?

TB: Our practice is the throes of a significant transformation. Simply put if aligners can be used to achieve the desired tooth movements, as well as fixed appliances, then I firmly believe treatment will be faster, more comfortable and much less of an intrusion into a family's life. Parents can cook any type of food. Brushing is easier, and there are almost no emergency appointments. Teens are great compliers, and the phase 1s are even better and the aligners are certainly more comfortable than traditional appliances, and if they lose one they jump into the next aligner at no cost to the parent. What's not to like???

Dr George Abdelmalek, Dr Theo Baisi

The younger generation dentists are so lucky in that were very adept to things like scanners. Is your practice currently equipped with scanners, and if you are, who is the person scanning in your practice? What has scanners done to your practice? We had the first itero scanners nearly 10 years ago. We ordered two in the first shipment to hit OZ. We now have 5 scanners, and while we are not fully digital because it is still easier and faster to take and impression and make a trutains on the spot, we use them for our Aligners, Invisalign and SureSmile and Angel, as well some expansion appliances.

GA: 10% of practices are currently using scanners, what do you think that number will be in 5 years time?

TB: 100% of practices who want to survive.

GA: Do it yourself aligners. Big talking point, I remember people 5-6 years ago talking about all the bad things about Cerecs, but the more I looked into it and played with it, it was perhaps the misuse (either treatment planning or how they use it) that got the poor results. These days, it is a very popular gadget to have and I've seen first-hand the quality and convenience. Is "do it yourself" aligners, that is, in house printing and making aligners, a passing fad?

TB: No there are very good software programs around that can do this, it is just about the economics and scale. We use our SureSmile software platform to design our wires, as well as printing our models for us, cheaper landed in Australia than you can buy here, and we make our own aligners when we need to. Simple retreats, minor rotations, closing some stubborn molar band spaces etc. Printing your own models is a lot of work and effort, and I believe that we will be printing aligners in the nearer future, so why set up to print models and then have to make the aligners now???

GA: If you ever want to infuriate a dentist, all you have to talk about is direct to consumer aligners. A recent evaluation of a DTC got valued at \$3.2 Billion... that's a scary stat. Is it worth fighting? How do we fight it? If you had a crystal ball how do you see this panning out?

TB: It is not a matter of fighting it. It is about looking at the opportunity. DTC has significantly increased the awareness of the need for orthodontic treatment, at an enormous marketing cost. I believe that one company alone is running about 1100 Facebook ads live at any one time in the USA. That is massive exposure, and of course we have all seen on our social media here in Australia.

How do we make use of this opportunity? We need to educate the patients, and make them understand the different levels of care, and then let them make clear choices. We now have to listen to what the patients want and not just say it is all or nothing. We need to think outside the box.

GA: What has plastic done to and for orthodontics?

TB: Before plastic orthodontics was limited by the physical skills of the practitioners. In essence doing good orthodontics required a lot of training and experience. I originally trained in the Begg appliance and I did full banded cases without brackets. Yes I was a child genius!!!.....or I am just old and crusty!!

I used to have calluses on my fingers from bending wires. Now I am stuck to a screen most of my time. I think it is amazing. When I think back that in 1983 I did a Pascal programming course on a 64k mainframe about the size of a small fridge, I am still amazed by the how fast things have changed in the last few years.

What this has done for orthodontics? - It now means treatment is now much more accessible to patients. They can now ask for full or part treatment, good, better or best.

They can choose to retain or not to retain. They have choice they never had before. They can get straight or straighter teeth and this could also be from an orthodontist, dentist or DTC.

What has it done to orthodontics? - WOW!!! We don't know yet. As orthodontists we are dinosaurs, very set in our ways and its takes time to change. This has happened in the last 5 years, and the reality is that most of us aren't ready for it, or even want it to happen.

It certainly has created some significant challenges with respect to the best for the patients in terms of outcomes, and I am sure the DTC model will continue to evolve, as it is moulded by different regulations and market pressures.

My greatest concern is the future of the orthodontists in academic term. With the overall deregulation of dental duties across the board, and the fact that anyone can now deliver some form of orthodontic care, who is going to spend 12 years to specialise and carry on research in an academic environment. We are already seeing the effects of this commercialisation.

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GA: The most dangerous is to become complacent. But especially with the advent of things like scanners and dental monitoring, the clear aligner space is very scalable. Are you seeing more patients or less patients or not noticed a change? Also, how did you, yourself maintain hunger and how do you motivate your team to be hungry?

TB: The threat of going broke keeps you hungry, with 30 staff I have an obligation to provide for them. I graduated in 1990 as an orthodontist in the recession we had to have. 11 % unemployment and 18 % interest rates. I bought into the practice and had 1 patient booked in in the CBD practice in Sydney on a specific Thursday. Now fortunately I have been around for thirty years, but I will never forget those times.

GA: Dr Gus and yourself started The Ortho Partners, an amazing service where you help other clinicians set up their third-party aligner software. How has that been?

TB: Gus has been amazing; he is the one that has been treatment planning for a number of years already so knew how to put the website together to make it function as well and as smoothly as it does. He is my twin brother!!!

The Ortho Partners has been growing steadily of the last 12 months with just organic growth and no marketing. This has allowed us to iron out any bugs and create our membership models etc. I have to say that initially people are worried about the expense, which is reasonable, but once they see what we can do to keep them out of trouble they get it.

In essence what we are seeing unfortunately is that many general practitioners are starting to do aligners because it looks easy and it is sold as being straight forward, however as we know this often isn't always the case. This is why aligner treatment is now the greatest source of complaints to the dental board against general practitioners.

I don't think that this is fair. I do not believe that the general practitioners are doing the ortho other than to provide a good service to their patients, and make a living like the rest of us. They are allowed to do it after all. Our mentoring helps them see the pitfalls in their set-ups, gives them advice and allows them to learn our reasons behind our suggested modifications, etc. While we don't teach orthodontics, by mentoring individual cases it ensures that the general practitioners have the confidence to learn and improve and help their patients.

I think that the ACAS meeting next year and our affiliation with AORTA will see things really grow next year, as well as the fact that there are many more aligner companies out there.

In the end we know that the patients will have a better chance to have a great experience and outcome if the practitioner uses our services.

GA: Does Railea ever get sick of you constantly being on your computer at home setting up software?

TB: YES

GA: In two sentences, can you guess what you'll be doing in 5 years time?

TB: Who knows?

I think our fixed appliances cases percentage will drop further. I also think that we will see the establishment of virtual orthodontic practices, where the ortho only visits to confirm treatment and the rest is done remotely.

GA: 5 quick questions: What is the first thing you notice about a person?

TB: Yes their teeth

GA: For what in your life do you feel most grateful?

TB: Railea being by my side for all this time. Laura for supporting Railea and I over the last 7 years as our Practice Manager, as well as our whole amazing team at work. If life is tough at work then life is mostly miserable and I still pinch myself that I became an orthodontist. My very good friends. The fact that I have changed so many smiles and transformed some people's lives over now two generations.

GA: If you could have lunch with one person, who would it be?

TB: My mother, who only lived to 55 years old

GA: Favourite country to travel?

TB: Anywhere with Railea

GA: Out of 10, how much are you looking forward to ACAS2020

TB: 11!

GA: Dr Theo, thank you for your time – and we look forward to speaking again soon!

Product review: Dental Monitoring

Review by Bridgette Davey (Oral Health Therapist)

Welcome to the product review section. In this section we will aim to review products relating to clear aligner treatment in the hope that as a collective we can continue to learn about suitable products that will improve our overall treatment. If you have any products that you want us to review, please feel free to email us suggestions. If you want to contribute a review of your own and any aligner related product, also feel free to contact us via email – info@acasociety.com.



SCORE
4.6/5.0

these reviews aim to be honest, relatable and are strictly unpaid.



- Less chair time
- As a general dental practice, this allows more time for other dental treatments
- Patient convenience with less 'ineffective' appointments for patients, less travelling
- makes patients more accountable for their treatment when they know we are watching- the Hawthorne effect
- Better documentation of treatment
- Keeps patients motivated as they can review progress with ongoing photos
- Can be used with any clear aligner therapy
- Allows for the individualization of protocols between practices
- Set up can be done by support staff
- Identifies poor oral Hygiene



- Patients are required to have an adequate understanding of technology
- Patients require a smartphone
- Quality of photos can vary based on patient's phone and technique (but this has improved since the introduction of the scan box which standardizes all scans)
- Glitches within the app
- DM set up for patients increase length of time for first aligner appointments

Product review: Dental Monitoring

Review by Bridgette Davey (Oral Health Therapist)

Dental monitoring has been one of the biggest advancements in clear aligner treatment over the last decade with dental practitioners being able to remotely monitor clear aligner treatment. This enables practitioners to oversee more patients with increased accuracy and with less clinical chair time, essentially re-modelling the traditional practice workflow.

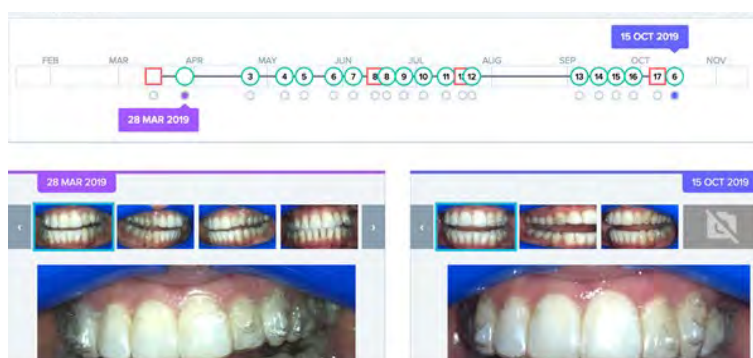
How it works: The Dental Monitoring app assists patients in taking a series of photos at set intervals determined by the overseeing dental practitioner. The photos are taken by the patient in the comfort of their own home, not in a clinical setting. Patients use their own smartphone and download a free app via the app store. The photos that are captured by the patient are then uploaded and assessed by Artificial Intelligence technology. The assessment recognises and assesses a number of areas such as fit of the aligner, appliance care, gingival recession, gingival inflammation, evidence of calculus and missing attachments just to name a few. Once the scans are assessed the patient is then told if they proceed forward to the next aligner or to hold for an additional number of days before reassessing with another scan.

Dental Monitoring began with just the smartphone scans using only cheek retractors; however images were compromised with bad lighting and inaccurate angulation. The introduction of the scan box as part of the process has improved the quality of photos and standardizes the scanning process. The in-app chat feature has been great in that it allows two-way text communication with patients which also remains documented for medicolegal reasons.

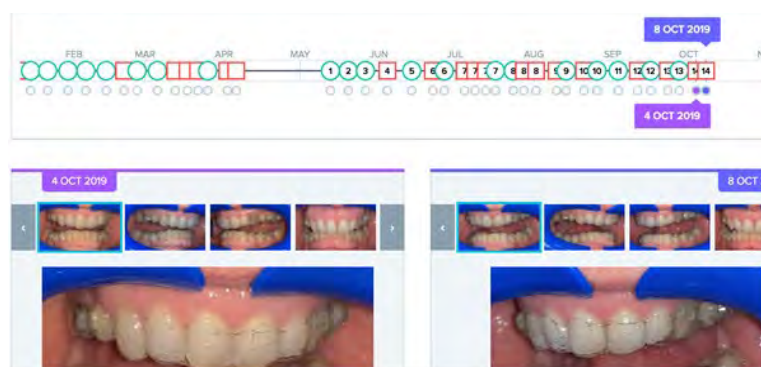
We have welcomed Dental Monitoring technology into our practice and are now rolling this technology out for almost all new case starts. Dental Monitoring so far has been well received by the vast majority of patients with the introduction of appointment by demand philosophy. The ability to assess each aligner fit reduces the likelihood of needing additional aligners. We have found that compliance with clear aligners has improved with patients that use dental monitoring and makes the patients more accountable for their own treatment. The ability to send messages through the app helps with documentation of treatment and patients feel a greater degree of care with their treatment.

Overall, it is the authors opinion that DM is well worth the time and financial investment, both from a clinical efficiency, patient satisfaction and overall treatment accuracy.

Please note: the society and the author of this review are not sponsored or financially rewarded for this review. The review expresses the opinion of the author alone. Readers are encouraged to do their own research prior to making any decisions about product purchases.



An example of GOOD compliance



An example of BAD compliance



Example notification of attachment missing