

LAB LANDSCAPE

CONVERSATION WITH ARIAN DEUTSCH

Welcome to the fourth

installment of our series of conversations with owners of Arizona dental laboratories. With the business environment shifting rapidly, new materials and technologies emerging daily, rising costs, labor shortages, and small businesses struggling to survive, the AzDA Council on Communications (Jerry Sparks, DDS-Chair) wants to help keep you informed on the “lab landscape” in particular.

This month, we are pleased to present my conversation with Arian Deutsch, Owner of Deutsch Dental Arts (Youngtown). A dental technician for 17 years, Mr. Deutsch opened his lab in 2007. He is an alumnus of George Brown College (Toronto) but, he says, “The bulk of my training came from my father who was an Air Force trained dental technician and CDT, a Swissedent graduate who studied directly under Dr. John Frush, and who still owns and operates Eurotek Dental Concepts in Connecticut.”

Deutsch Dental Arts is a Donated Dental Services (DDS) participant. DDS is administered through the Arizona Dental Foundation (see box on page 34).

How are dental laboratories dealing with the shortage of labor?

Not well. From what I have seen across the country, many laboratories are finding it increasingly difficult to find skilled technicians who are well rounded in their specialty. Fortunately for us, we are a smaller laboratory and shortage of skilled technicians doesn't affect us as much as it might the larger laboratories. But the shortage of skilled labor is a serious problem facing dental laboratories today.

What do you believe can be done to address the shortage of qualified dental laboratory technicians?

I do not believe that automation, outsourcing, or in-house training is the answer. They may be quick fixes for quantity oriented laboratories in need of skilled labor now, but long-term these proposed solutions will only exacerbate the situation and the appeal of entering the field of dental technology will continue to diminish.

I believe the only way to address this shortage properly and lastingly is to deal with the four underlying issues that were outlined by Dr. Gordon Christensen in the June 2005 issue of the *Journal of the American Dental Association*:

“Education: Public awareness of dental technology should be increased. Standardization in curriculum content should be developed. Education in clinical dentistry and dental technology should be integrated.”

“CDT: The value of certification should be increased. Technician certification should be made mandatory. A registry list should be made of all technicians, both certified



Arian Deutsch

and non-certified, in order to allow for solicitation and continued encouragement of non-certified technicians to see the benefits of continuing education, certified, and organizational membership. The necessity of formal education in dental technology for certification should be emphasized.

“Offshore Dental Laboratories: The concept of prostheses as medical devices should be enforced. Prostheses’ manufacturers should be identified, U.S. laboratories should encourage and demand an offshore registration requirement.

“Dentist-Laboratory Technician Interaction: The perceived value of dentist-technician interaction within the ADA, dental schools and the dental technology community should be increased. A viable relationship should be created between dental students, dental educators, dentists, dental technicians and patients.”

Currently the perceived value of education and certification is low, and only two states require certification in laboratories. The income of a typical laboratory technician is not attractive even after graduation from a two-year technology program, although there are some exceptions, usually due to experience and ability. The above-mentioned actions, if implemented, would be solutions that get to the root of this crisis.

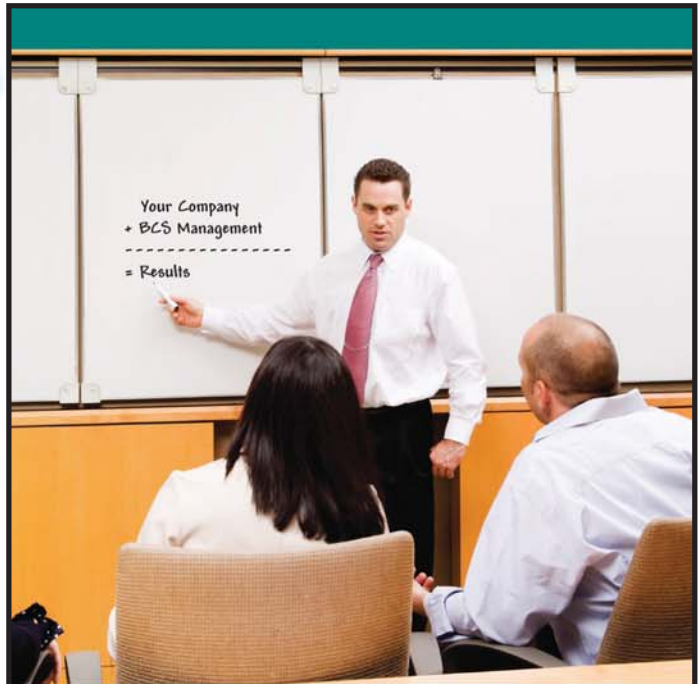
Are you concerned that by sending work overseas, dental labs could be perceived as the “middle man” and eventually dentists will bypass the labs and go directly overseas themselves?

In our laboratory, we specialize in removable, implant, bar, and screw retained prosthetics. Removable has never been a big outsource item in comparison with C&B. However, I have had many dentists specifically ask whether we outsource overseas because their patients have inquired as to the origin of their dental work. I am glad to say that we do not outsource outside of the United States because I believe that in this economic climate I would hope that every reasonable effort is being made to keep the dollars here.

If a lab sends a crown overseas, are they obligated to inform the dentist?

Definitely. I believe that both dentist and patient have a right to know where the work is being done, and which materials are being used.

Continued on page 34



“Life is the sum of our choices.”

— Albert Camus

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LAB LANDSCAPE CONTINUED

How are the labs dealing with the decrease in lab technical schools?

They are hiring unskilled labor and training in-house, which is one reason it's hard for dentists to find consistent quality, communication, and service. Dentists want and deserve consistency and reliability and when a lab has constant turnover, it is delivering neither. This has become a significant problem and is the number-one complaint I hear from new clients.

Are poor impressions from dentists still a big problem?

From time to time, sure. However, it is not necessarily the dentist's fault. It's no secret that for more than ten years now, dental schools have been cutting back

on education for removable prosthetics, with some schools even reducing it to an elective. There is simply not enough time with an expanding scope of practice and emerging new technologies.

A positive way that we have found to deal with this issue, when it does arise, is through on-site consultations that cover the many impression systems available, the pros and cons of the differing systems and materials, and how they are to be used. We work with prosthodontists and general dentists who take impeccable impressions, which of course makes our job easier, but it is also enjoyable and fulfilling to work with dentists who are open to suggestions. Many times it just comes down to the amount of experience the practitioner has with removable. It's all about teamwork.

What are some of the other challenges labs and dentists must work to overcome?

Communication because everyone is so busy. Thankfully there have been many advances in recent technologies which have facilitated good communication between dentists and laboratories. Many times, though, the most effective form of communicating the nuances of a particular case is a good old-fashioned phone call or visit.

What is the biggest challenge you face in communicating with dentists?

There are two -- accessibility and time. I must say, though, having been in Arizona for just over a year now the dentists with whom we work have been great in both respects. They return calls in a timely fashion if they are not available right away, and as a lab owner I try to make myself available as much as possible via cell phone and email. Many of our clients provide detailed patient information, including photographs. We have also been able to be involved in the treatment planning phases of many cases, and observed and given input during the surgical planning and placement of many types of dental implants. This type of cooperation and communication has truly made our experience here enjoyable, and we look forward to many more years to come.

DENISE RUCCI IS DIRECTOR OF COMMUNICATIONS FOR THE ARIZONA DENTAL ASSOCIATION AND MANAGING EDITOR OF INSCRIPTIONS. HER EMAIL ADDRESS IS DENISE@AZDA.ORG



QUESTIONS FOR THIS INTERVIEW WERE SUPPLIED BY THE AZDA COUNCIL ON COMMUNICATIONS. AZDA MEMBER DENTISTS ARE INVITED TO SUBMIT QUESTIONS FOR THIS SERIES TO MS. RUCCI'S EMAIL.

DDS LABS

The Arizona Dental Foundation acknowledges the dental laboratories featured in this series that participate in its Donated Dental Services (DDS) program.

Stegman Dental Laboratory
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