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In This Issue

AO Japan Charter Chapter holds
inaugural meeting in Tokyo 1

President's Message:

AO to update strategic plan
for 2015-18 2

How much money can discount
implants save, and is it worth it? ... 3

2016 Annual Meeting will
focus on globalization of
implant dentistry 3

Academy News welcomes
five new editors 5

AO completes successful Japan
Charter Chapter Meeting, plans 2016
program in South Africa 7

Dollars and Sense:

Bob Salvin, CEO of Salvin Dental
Specialties: Entrepreneur, mentor,
photographer 5

Academy honors 54 Outstanding
Students in Implant Dentistry 11

Editor's Editorial:

Half truths and two times truths and
Diana Prince's lasso 14

AO welcomes 601 new members
..... Insert

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Charter Chapter Report

AO Japan Charter Chapter holds inaugural meeting in Tokyo

By Dr. Stephen L. Jacobs, Academy News Editorial Consultant,
Vice Chair, Global Program Development Committee

The latest AO Charter Chapter held its inaugural meeting, in Tokyo, Japan, on July 26. Dr. **Takashi Sumi**, Ichinomiya-City, Aichi, Japan, the AO Japan Ambassador, who had been working on this event for over a year, assembled a lineup of speakers from the United States, United Kingdom, and Japan, with a theme "The Science of Implants and Associated Biology."

Extensive industry sponsorship, organized locally, ensured that there was no cost to the Academy, and many major companies involved in our industry were represented.

The actual event began the evening before, with a welcome reception at the Roppongi Hills Club, where the organizers, sponsors and speakers enjoyed traditional local hospitality, some short speeches and great company, all with a spectacular view of Tokyo from over 50 floors up.

Early the following morning over 300 delegates from all over Japan and, more importantly, representing all of the country's leading implant associations and groups, assembled at the Tokyo International Forum for the scientific meeting.



Dr. Takashi Sumi, organizer of the Japan Charter Chapter meeting, was also a principal speaker.

Dr. Sumi, and Drs. **Kenji Takeshita**, Tokyo, and **Kunihiko Teranishi**, Tokyo, addressed the delegates, welcoming them to the meeting and explaining the ethos and purpose of the Charter Chapter initiative.

AO President Dr. **Russell D. Nishimura**, Westlake Village, CA, welcomed AO members and non-members

alike to the largest Academy event ever held outside the shores of the North American Continent. He urged non-members to join the AO family, benefit from membership, and continue to grow the

How much money can discount implants save, and is it worth it?

By [Dr. Navid Rahmani](#), Academy News Editorial Consultant



Dr. Rahmani

journal *Dental Economics* entitled, "The science and economics behind a \$100 dollar Implant." It focuses on two key concerns for me, and I am sure, most den-

tists. We all want to know if a \$100 implant system could have long-term success rates comparable to more expensive implants. How much money can we save by using one of the value or discount implants, and is it worth it?

The author, Dr. **Albert Yoo**, is a friend of mine whom I know to be a dedicated practitioner, but his contention that the difference between a \$400 and \$100 implant is \$300 unfortunately may mislead many.

My view and that stated by the journal's editor, Dr. **Chris Salierno**, are essentially the same: the best way to make implant placement profitable is to have fewer problems, and this may have little to do with cost of the implant.

As a young periodontist only a few years in practice, the creation of a loyal referral base derived from happy dentists and satisfied patients is critical for my very survival and hoped for later success. I have learned from working closely with AO member implant dentists who have been in practice over 30 years that dentistry is really a back end business. Successful and profitable [implant dentistry](#) is not about placing the implant and uncovering it three months later; instead, it has a long term definition. Sure I may be paid a few thousand dollars for a [bone graft](#) and implant case, but the future of my practice will come from that satisfied patient coming back for more treatment and sending family and friends, and referring dentists must

be pleased with my work, knowing their patients are glad they were sent to me.

Taking even a conservative approach of a dentist sending only 10 patients a year, I now understand that the loss of those patients and that referring dentist can cost hundreds of thousands of dollars over the next 25 years of practice. We periodontists and oral surgeons are placing implants frequently and by attending meetings like the AO Annual Meeting, we all know academically not all implants are a success. There is almost a consensus that implant repairs are not only costly but usually not very impressive, and many referring dentists have more going on in their practices than restoring implants, and they may only do a few implant cases a year, so when a referring dentist has two or three unhappy patients in a row, he or she may look to another surgeon who has no failures.

The question of making implants profitable is somewhat dependent on who is using them. I know there are hundreds of implant systems used throughout the world and they all cannot be failing. I do not like paying \$400 for an implant that I know costs much less to produce and may be almost no different from one priced at \$100 that looks just like it. I, too, hear of colleagues having great success with low-priced implants and wish I could use one for \$50, but it is important for me to know that the more expensive implant has a long track record, with thousands of placements,

and has been used by hundreds of dentists. I also find the presence of a local representative, who is earning a salary partly from my payments, to be a useful resource for some of my less experienced referrers. In short, I cannot afford or at least at this time I am unwilling to experiment with a discount implant. If I were a restorative dentist doing my own [implant surgery](#), then the cheaper implants might have more appeal.

I look forward to seeing some well-done, comprehensive studies comparing implant brands, so all of us can see the differences, if, indeed, there are any. I question why such studies do not exist. Profitable implant practice, from my perspective, does not start with the cost of materials, but with the approach to treatment, the comprehensive evaluation, treatment planning of the entire patient, including, of course, a thorough medical history. The emphasis on oral hygiene and frequent maintenance and accurate timely radiographs and, most important, good communication with my referring dentist are key to completing a successful and profitable implant case. Yes, I know I will lose some cases. I already have, because the patients who are sent only for a prescription surgery can get it cheaper from another dentist, using less expensive implants. If one day they are shown to be as effective as the ones I presently use, I will be joining them. Until now, I will keep going the way I have accepting patients in my [Manhattan Periodontics & Implant Dentistry](#).

2016 Annual Meeting will focus on globalization of implant dentistry

The theme Program Chair Dr. **Peter K. Moy**, Los Angeles, and the committee have created for AO's 31st Annual Meeting, February 17-20, 2016, in San Diego, CA, is "Globalization of Implant Dentistry, A World Collaboration."

The deadline for abstracts for Clinical Innovations, Oral Research (Scientific and Clinical) and Electronic Poster (Scientific, Clinical and Case Studies) was September 4. An important part of the program will be a "Focus on China," the third in a series of AO Annual Meeting symposia dedicated to a single country.