



Dental PBRN Newsletter

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Welcome to the Dental PBRN quarterly newsletter! This newsletter is designed to provide you a synopsis of the contents of our website, <http://www.DentalPBRN.org>.

You can also view the projects for which we are currently recruiting dental practitioners, as well as suggest and view new research ideas.

When you visit our website you can complete your online training course that will provide the foundation for you to begin on a project if you have not already done so.

Atlanta Network-Wide Meeting

DPBRN held its first network-wide meeting May 15th-May 17th, 2008 at the Intercontinental Hotel in Atlanta, Georgia. Previously, annual meetings of DPBRN practitioner-investigators had been held by each of DPBRN's regions, instead of having practitioner-investigators from all regions in attendance at the same meeting at the same time. This unprecedented meeting brought together practitioner-investigators from all five DPBRN regions. With more than 140 DPBRN practitioner-investigators from the United States (Alabama, Florida, Georgia, Minnesota, Mississippi, Oregon, and Washington) and Scandinavia (Denmark, Norway, and Sweden) in attendance, all DPBRN regions were well-represented.

Before the meeting, each practitioner received in the mail his or her own personalized results from the Assessment of Caries Diagnosis and Treatment questionnaire (DPBRN Study 1), along with overall results from all the practitioner-investigators. This allowed each practitioner-investigator to compare his or her own answers to what all the other practitioner-investigators had responded. Network-wide results from DPBRN Study 2 were also provided to all attendees at the meeting. Results from both Studies 1 and 2 were then used during "breakout sessions". These breakout sessions were discussion groups in which representatives from all DPBRN regions were divided into groups of 8-10 practitioner-investigators. Lively discussions were had in all the breakout sessions about the similarities and differences among the five DPBRN regions. Discussion topics included: (1) which results practitioner-investigators found the most interesting and surprising; (2) which results were the most applicable to DPBRN patients; (3) which differences across DPBRN regions were due to different dental care systems in the DPBRN regions, differences in how dentists are trained, differences in patient populations. Practitioner-investigators also discussed how these results may affect how they practice in the future and how these results can lead to improving dental care. Both the U.S. and Scandinavian practitioners learned valuable information from these breakout groups and enjoyed sharing ideas and experiences with each other. At the end of the breakout sessions, certain practitioner-investigators (Dr. Jeffrey Houtz, practitioner-investigator from PDA; Dr. Louis Roque, practitioner-investigator from FL; Dr. Barry Goodspeed, practitioner-investigator from AL; and Dr. George Morarasu, practitioner-investigator from MN) presented to the meeting at large all the findings from the breakout sessions, which proved to be very beneficial to all DPBRN members.

Most of the speakers at the meeting were DPBRN practitioner-investigators. A full list of speakers and a full meeting agenda are available at the DPBRN web site. For example, Dr. Craig Amundson (practitioner-investigator from HP) provided information on the characteristics of the HealthPartners dental care system. Dr. John Snyder (practitioner-investigator from PDA) presented information on the Permanente Dental Associates dental care system. Dr. Ola Johan Basmo (practitioner-investigator from Norway) provided information on the Scandinavian dental care system. Dr. Martha Wallace-Dawson (practitioner-investigator from Birmingham, AL and DPBRN Executive Committee member) spoke about the characteristics of the private practice dental care systems in AL, FL, GA, MN, and MS and how they affect dental care, and in a presentation later in the meeting, discussed her experiences in doing a randomized clinical trial. Dr. Paul Benjamin (practitioner-investigator from Miami, FL and DPBRN Executive Committee Member) gave an overview of DPBRN Study 1. Dr. Craig Ajmo (practitioner-investigator from Dunedin, FL) discussed preliminary results from DPBRN Study 2. Dr. Dan Pihlstrom (practitioner-investigator in the PDA region and DPBRN Executive Committee member) presented on the importance of translating research into practice, pointing out that it can take as many as 17 years to translate traditional research into daily clinical practice, but that results from DPBRN studies should speed up this process.

Dr. Pat Foy (practitioner-investigator from the MN region and DPBRN Executive Committee Member) concluded the meeting with how DPBRN practitioners can engage other practitioners in their community through local, state, national, and international presentations.

At the beginning and end of the meeting, practitioners filled out a questionnaire regarding the impact of practice-based research in their clinical practices. Practitioner-investigators very much enjoyed meeting other DPBRN practitioner-investigators from across the globe and enjoyed interacting with each other throughout the meeting. Thank you to all who attended in making this a very successful meeting! Attending practitioner-investigators look forward to using the DPBRN results and interactions at the meeting to improve dental care for their patients.



Various posters from DPBRN presentations were on display for practitioners to view and discuss. For a list of all poster presentations, please visit the DPBRN website.



Practitioners divided into focus groups to discuss the results of Studies 1 & 2.



After the presentations, practitioners asked questions and gave comments during an open panel discussion.



Practitioners discussed the meeting during breakfast.



Practitioners were able to meet each other during the reception.



Practitioners gave most of the presentations at the meeting



PDA practitioner-investigators in Atlanta.

Testimonials from the DPBRN Atlanta Meeting

Dr. Cyrus Lee, PDA: "The Atlanta DPBRN Network-Wide meeting reaffirmed to me that PDA truly is at the forefront of defining and delivering evidence-based dental care. I feel more confident about the effectiveness of sealants in treating early occlusal caries, and whether to intervene surgically or medically when it comes to interproximal carious lesions. I also realize, however, that there is a lot of information we don't have, especially on the outcomes of different treatment strategies. So really, the biggest change is realizing the importance of incorporating PBRN studies into my practice."

Dr. Dorthe Oleson, Denmark: "It was a great and interesting meeting - very rewarding to discuss our treatment procedures with other dentists. It stated how important research is - we treat differently depending on the theories and assurances of the University - that's why it is so important, that we all contribute so we can all improve. It will be interesting if we can affect each others' treatment procedures - when our health systems are different."

Dr. Hakan Flink, Sweden: "Finally a network who is concerned about the development of odontology. Looking forward to an interesting development."

Dr. David Gesko, MN: "Being able to learn perspectives from other portions of the country - and in this case world - allows growth and excitement for change! DPBRN allows a perfect forum to advance our profession and improve the health of those we serve."

Dr. Bob Maland, MN: "It has been very gratifying to be a part of DPBRN. The meeting in Atlanta was a great opportunity to share and compare philosophies of caries management with dentists from Scandinavia and from other sections of the US. I feel participation in DPBRN gives us a chance to give something back to dentistry by participating in clinical research which has the potential to change the way we practice."

Dr. Robin Yardic, MN: "I was very proud to be a representative of HealthPartners attending the DPBRN conference. I was able to share information about risk assessments and interventions that showed HP's commitment to dealing w/ the caries process, and realize how far ahead we are of other practices. It was very interesting meeting the Scandinavian dentists who have an even more conservative approach to restorative dentistry than we have. It was great meeting with other practitioners and researchers who are involved in the same goals we are at HP."

Dr. Vince Riehm, MN: "The 2008 Atlanta DPBRN meeting was well planned and carried out. It provided ample time for taking in new information and for each of us to share our own observations with others. I picked up some good information and I would encourage other dentists, who haven't yet gotten involved in DPBRN, to sign up. DPBRN is good for our patients and our profession."

Dr. Mike Bauer, MN: "I found the Atlanta meeting engaging, challenging, and rewarding. I am encouraged by the enthusiasm of dentists in providing evidence-based solutions to every day practice decisions. I would like to have more regular meetings with dentists from the US and Scandinavia. We should try to bring all our colleagues into the DPBRN."

Dr. Don Worley, MN: "The DPBRN meeting in Atlanta was an eye opener. To have practicing dentists from all over the country and Scandinavia sharing their treatment philosophy was a unique experience."

Dr. Thomas Walker, AL: "It was very interesting and informative meeting the many dentists from various regions of the world at the recent meeting. The philosophies of treatment were as diverse as the doctors that related them. The conference impressed upon me that what appears as a simple restorative procedure as I had been taught was not viewed the same outside my community of dentists. It also planted the seeds that perhaps this research may be the standardization of treatment that may follow. Many items of interest to ponder however."

Dr. Jocelyn McClelland, AL: "The DPBRN meeting had a large impact on my practice. I have attended many continuing education programs in my 20 years of practicing dentistry, but this was the first one that I actually implemented knowledge gained on the weekend into my practice on Monday morning! It really made me appreciate being a part of such an important project."

Dr. Edward Bozeman, MS: "On returning from the Atlanta DPBRN Meeting, I decided to make a real effort to apply what I learned from all the presentations. Over the first few days back in the office I saw several patients who had E1 proximal surface lesions that I decided to monitor instead of treat. Each of these patients has low caries risk factors. One interesting case involved a patient who had not been in for re-care in three years. At his last re-care visit we took BWX radiographs and found a proximal lesion that had just reached E2 status. He failed to return for his appointment to treat this lesion, and when I saw his name on our daily schedule for re-care I feared this tooth would now be non-restorable. To my surprise his BWX update revealed no change in radiographic appearance of the lesion. This time I chose to monitor the lesion rather than restore because of what I learned from the presentations at our meeting. Hopefully this patient will continue his good home care practices, and we will find this lesion to remain inactive."

Continued

Personalized results of Study 1 are now available

For practitioners who completed DPBRN Study 1, "Assessment of Caries Diagnosis and Treatment" the personalized results are available and have been mailed to each practitioner, or if they attended the Atlanta meeting, were given to them at that time.

Study 1 focused on methods that DPBRN dentists use to diagnose and treat caries lesions. It had 3 aims which quantified the percentages of DPBRN dentists who report: 1) using selected methods for caries diagnosis; 2) using a caries risk assessment protocol of any variety; 3) intervening surgically at caries stages E1, E2, D1, D2, or D3.

DPBRN comprises 5 regions: AL/MS: Alabama/Mississippi; FL/GA: Florida/Georgia; MN: Minnesota which included dentists employed by HealthPartners; PDA: Permanente Dental Associates in cooperation with the Kaiser Permanente Center for Health Research; and SK: Denmark, Norway, and Sweden. The aims were accomplished by sending a questionnaire to all DPBRN dentists from all regions who perform restorative dentistry in their practices (n=915). A total of 532 DPBRN members returned completed surveys.

The results show significant variation among the different DPBRN regions in various aspects: techniques used to diagnose dental caries, use of caries risk assessment, treatment options chosen by dentists, and the decision to intervene surgically in the caries process. Additionally, the use of caries risk assessment varied substantially by dentists' year of graduation of dental school. The treatment options used also varied according to the specific case scenario. And finally, the decision to intervene surgically varied by the depth of the caries lesion and patient's caries risk.

During the DPBRN Network-wide meeting in Atlanta, practitioners participated in breakout groups with a representative from each region to discuss the similarities and differences in their responses to DPBRN Study 1. Please consider ways that these results can have an impact in your daily practice and let us know of your insights by e-mailing the Principal Investigator of Study 1, Dr. Valeria Gordan, at vgordan@dental.ufl.edu. We hope that you find these results to be interesting. Thank you for your participation!

Studies Update

The DPBRN study entitled "Reasons for placements of restorations on previously unrestored surfaces" exceeded our expectations. Our goal was to recruit 100-200 practitioner-investigators. All DPBRN regions have finished their recruitment of practitioner-investigators for this study. We enrolled more than 200 practitioner-investigators.

The next study will be the one entitled "Longitudinal study of dental restorations". This study will recruit all the practitioner-investigators who participated in the "Reasons for placements of restorations on previously unrestored surfaces" study. Recall that this involves following the restorations that you placed on previously unrestored surfaces. This study is currently underway.

The DPBRN studies entitled "Reasons for replacement or repair of dental restorations" and "Patient satisfaction with dental restorations" will be done at the same time in each practice, with recruitment underway. Recruitment for the DPBRN study entitled "Questionable occlusal caries lesions" will occur in late 2008.

The DPBRN study entitled "CONDOR study of osteonecrosis of the jaws" has completed data collection. This study involved all 3 practice-based research networks with a goal of identifying 179 cases. DPBRN exceeded its goal for enrolling cases. The Alabama/Mississippi region had 80 cases; HealthPartners had 13 cases; and the Kaiser Permanente/Permanente Dental Associates had 11 cases.