

Health Technology Committee Meeting Agenda

June 14, 2017	12:00 – 12:50; N304
Dr. Erica Teixeira, Chair	Recorder: Ms. Lauren Moniot

Agenda Items	Responsible Individual
1. Approval of May 10, 2017 Minutes	Dr. E. Teixeira
2. Department of Orthodontics – Request for Additional Scanner	Dr. Jones
3. Transition of Electric Handpieces – Plan	Dr. E. Teixeira
4. Input for Revised Charge to the HTC; page two as attached	Dr. LTGarcia
5. Next Meeting: August 9, 2017	

Action Items			
Status	Action to be taken	Responsible	Due Date
Pending	HTC Content on Intradent	Maia/Garcia	
Pending	Educational video tutorials re: digital equipment	Restrepo-Kennedy/Maia/Medin	
Pending	DSG – Jon Simon	E.Teixeira/LTGarcia	

Health Technology Committee (2016-2017)

Dr. Erica C. Teixeira – Chair
 Dr. Zeina I. Al-Salihi
 Dr. Piriya Boonsiriphant
 Dr. Manuel R. P. Gomez
 Dr. David A. Jones
 Dr. Leo Marchini
 Mr. Charles W. McBrearty
 Mr. Ivan Medin
 Dr. Patricia K. Meredith
 Dr. Michael D. Murrell
 Dr. Rodrigo Rocha Maia
 Dr. Kyle M. Stein
 Dr. Marcos Vargas
 D3 – Elliott Glenn

ex officio:
 Dr. Veeratrishul Allareddy, University Academic Technology
 Advisory Committee
 Dr. Ronald D. Elvers, Director of Clinics
 Dr. Lily T. Garcia, Associate Dean for Education
 Ms. Michelle M. Krupp, Director of Education Development
 Dr. Galen Schneider, Executive Associate Dean

2016-2017 Charge:

Health Technologies Committee

(Consolidated Implant Steering Committee & Technology Management Committee; Implant Steering Work Group continues.)

This committee is charged to identify, appraise, and propose use of current and emerging oral health care technologies pertaining to patient therapy, to include but not limited to alloplastic materials such as current and emerging implant therapies and associated protocols, and adjunctive technologies such as those in digitally-designed dentistry that enhance the educational mission to improve the quality of education and quality of patient care. The committee will communicate advisory reports to the Associate Dean for Education.

1. Develop a protocol by which new technologies are introduced for committee consideration.
2. Review and vet the submission for introduction of new technology into the College.
3. Form Work Groups – *ad hoc* – to manage topical issues, programs, or technologies for initial consideration to the committee.
4. Provide recommendations to the ADE after complete vetting by the committee for introduction into the predoctoral education program.
5. Provide executive summary as review of how a technology is managed and where, by whom it is taught.
6. Develop budget protocols on sustaining/replacement/renewal of current technologies.
7. Report current use of technology that is no longer in use.
8. Follow reporting mechanisms to track type of inventory, location/responsible individual, and preferred agreements.

Members Present: Drs. Erica Teixeira (Chair), Piriya Boonsiriphant, Manuel Gomez, David A. Jones, Leo Marchini, Michael Murrell, Rodrigo Rocha Maia, Marcos Vargas, Trishul Allareddy, Ron Elvers, Lily T. Garcia, Mr. Charles W. McBrearty, Mr. Ivan Medin and Elliott Glenn (D3)

Absent: Drs. Zeina Al-Salihi, Patricia Meredith, Kyle Stein

Guest(s): Dean Scott Arneson and Dr. Sam Christensen

Meeting called to order 12:03 p.m.

I. **Approval of May 10, 2017 Minutes** – Dr. Erica Teixeira

Motion: approve the minutes. **Motion approved.**

II. **Department of Orthodontics – Request for Additional Scanner** – Dr. David Jones

- Drs. David A. Jones and Sam Christensen spoke about the request from the Department of Orthodontics for a new scanner.
- They reiterated the rationale and proposed use, especially as aligned with the American Board of Orthodontics use and endorsement of digital imaging for use in challenging the boards.
- They currently have the 3Shape scanner and want to use the iTero intraoral scanner.
- Their CDT Neil Reske is retiring and the scanner will also be used to image current patient casts being archived into digital images for virtual storage and archiving.
- The plan includes use of both scanners having the iTero scanner for resident use and the 3Shape for faculty practice. Ortho is looking to switch due to the following: alumni are using iTero and so are residents moving into private practice.
- The iTero scanner is being offered at discount (\$19,000) during the month of June. The competitive bid from 3Shape is estimated at \$26,000 and unable to match the previous pricing.
- Monthly maintenance, software upgrades, and cloud storage are \$180/ month for iTero. 3 Shape and iTero are comparable in quality; iTero has disposable sleeves and utilizing STL file format.
- The department uses Studio32 dental laboratory to get models (\$35/ arch or \$75 for a full set).
- It is anticipated to see a benchtop scanner to help in scanning and archival storage virtually, eliminating the need for physical space to store hundreds of casts.

Motion: To approve Ortho's request for the iTero scanner purchase, pending approval through IT and sterilization. **Motion Approved.**

Action item: Chuck McBrearty to follow-up on IT compliance and a Business Affiliation Agreement (BAA) and Curtis Iburg will review needs for sterilization needs.

III. **Transition of Electric Handpieces** – Drs. Erica Teixeira and Marcos Vargas

- Bien Air has been awarded the contract for electric handpieces. Implementation, installation of the control units begins July 6th – July 16th, 2017. A plan for installation is under development to avoid disruption of clinical and patient activities but must proceed during work hours as well as after hours. FGP is not moving into their area until August 11th, BienAir will come back afterwards to install.
 - The units in the simulation clinic can only accommodate 2 handpieces. Plan is to use the electric handpiece with an air-driven low speed.
 - Bien Air investing and supporting additional technicians in order to make this transition as smooth as possible in limited time. Even though this is a 3 year implementation, BienAir is still going to install everything at one time. This will be considered a "hard" installation, not a plug in.
 - **Dental Hygienists' concerns:** Mr. Arthur Mateen (Bien Air technician) suggested a disposable handpiece, disposable cups or specially made handpieces specifically designed for dental

hygienists. He offered use of specialized handpieces for a trial period, specifically designed for the dental hygienists. Arthur is willing to meet with the hygienists' after the installation period for introduction and to address their concerns. There will also be a training for faculty after installation.

- o Orthodontics has different dental units, so this will need to be considered for installation ahead of time. Justin Bringman will review and prepare Arthur on unique issues.
- o Please relay this information to your departments. Installation will occur in ½-day sessions for each department. More information will come as Justin will coordinate specific times for each department. They can do half of the departments at a time to help ease the process. Oral Surgery, Pedro and Kirkwood Hygiene Clinic need to be made aware as well. Sim clinic D1-D2 and 2nd floor Oper/Prevent Clinic will start using the electric handpieces first. 2019 – 2020 will be when the college is full electric. D2 will be learning electric this year. FamD will be installed, but not ready for students yet. This needs to be made clear. Faculty can use as early as they wish when installed.

Action Item: ENDO, OPER, and PROS must meet and confer with Mr. Arthur Mateen and Justin Bringman to decide selection of handpieces for the simulation clinic. Response needed within the next 24-48 hours. Drs. Boonsiriphant, Gomez, and Maia are charged to consult within their departments, with Mr. Arthur Mateen and report back to the Chair of the HTC.

(June 15, 2017 Note – Dean Scott Arneson clarified that only one option is available for the controller at the sim clinic. Therefore, ENDO, PROS, and Operative faculty did not have to meet.)

IV. **Input for Revised Charge to the HTC; page two as attached** – Dr. Lily T. Garcia

- Please see attachment for the charge of HTC. Dr. Garcia requests input from committee members to help envision a renewed charge for this committee. She showed an example of deleting one of items in the list of charges as it is not applicable to the duties of this committee. Please send your feedback on this charge to Dr. Garcia by Friday, June 16, 2017.

Additional Comments:

- o U of MN has 1 scanner for every 2 residents.
- o Dr. Holmes and LTG did a mock site visit at UNC- every student scans and plans a single tooth implant restoration using Simplant.
- o Most faculty in Prosthodontics use digital technology in implant treatment planning.

V. **Next Meeting: August 9, 2017 (Next academic year)**

Dr. Erica Teixeira agreed to serve as HTC Chair in 2017-2018.

Minutes recorded: Ms. Lauren Moniot

2016-2017 Charge:

Health Technologies Committee

(Consolidated Implant Steering Committee & Technology Management Committee; Implant Steering Work Group continues.)

This committee is charged to identify, appraise, and propose use of current and emerging oral health care technologies pertaining to patient therapy, to include but not limited to alloplastic materials such as current and emerging implant therapies and associated protocols, and adjunctive technologies such as those in digitally-designed dentistry that enhance the educational mission to improve the quality of education and quality of patient care. The committee will communicate advisory reports to the Associate Dean for Education.

1. Develop a protocol by which new technologies are introduced for committee consideration.
2. Review and vet the submission for introduction of new technology into the College.
3. Form Work Groups – *ad hoc* – to manage topical issues, programs, or technologies for initial consideration to the committee.
4. Provide recommendations to the ADE after complete vetting by the committee for introduction into the predoctoral education program.
5. Provide executive summary as review of how a technology is managed and where, by whom it is taught.
6. Develop budget protocols on sustaining/replacement/renewal of current technologies.
7. Report current use of technology that is no longer in use.
8. Follow reporting mechanisms to track type of inventory, location/responsible individual, and preferred agreements.

Technology Request Form for Patient/Simulation Clinic
(Includes Software Installation)

Faculty/Department Requesting: Orthodontics

Technology (Equipment/Software) Name: Intra-oral Scanner

Vendor Contact Information: Brian Laney, ITERO TERRITORY MANAGER
Align Technology, Inc. 2560 Orchard Parkway, San Jose CA 95131 Main 612-817-6917 Fax 651-730-0412 Email blaney@aligntech.com ITERO • ORTHOCAD

RETURN COMPLETED FORM TO CHAIR, HEALTH TECHNOLOGIES COMMITTEE

- I. Brief description of the purpose of the technology and how it will be used (consider potential learning outcomes, patient care benefits, utility, quality, acceptance and longevity):
The intra-oral scanner will be used to make initial, progress, appliance, and final models. It will eventually replace our plaster and stone models. This will decrease the burden of our wet lab and prevent the need for more physical storage. The benefits to the patient include: less invasive than and more comfortable than impressions and quicker turnaround times for treatment plans as well as Invisalign. Scans with the current intra-oral scanner have shown to be more accepted than traditional alignate or PVS impressions.
- II. In what location(s) is the technology to be installed?
The intra-oral scanner will be placed on the clinic floor of the Orthodontic Department. The software will be installed on clinic, resident, and faculty computers across the department.
- III. Who is responsible for maintaining software/hardware updates?
The IT department at the College of Dentistry will be in charge of maintaining software/hardware updates.

Skip questions IV - IX if requested technology not software related:

- IV. Hardware specification requirements
None, everything is on the scanner and sends through the wireless internet connection.
- V. How is the software licensed (dongle, PC based, server based)?
PC based, Windows 8
- VI. Does the use of the software involve patient protected health information?
It does but the machine is password protected. The username and password needs to be entered every 24 hours.
- VII. Does the use of the software involve sending data outside the College of Dentistry?
The scans will be sent to a cloud storage system (Ortho Cad). www.myaligntech.com

- VIII. Does the software integrate with axiUm or MiPACS?
No, but it does integrate with Dolphin.
- IX. Does the software require workstation administrator rights to run?
No
- X. Will the Vendor require remote access? Yes, support can be done using team viewer.
- XI. Evidence: Please include evidence available and/or best practices
Aragon ML, Pontes LF, Bichara LM, Flores-Mir C, Normando D. Validity and reliability of intraoral scanners compared to conventional gypsum models measurements: a systematic review. Eur J Orthod. 2016; 38 (4): 429–434 pmid:27266879
Naidu D, Freer TJ. Validity, reliability, and reproducibility of the iOC intraoral scanner: a comparison of tooth widths and Bolton ratios. Am J Orthod Dentofacial Orthop 2013;144:304–310. pmid:23910212
- XII. Training: Is there a plan for training (student/faculty/residents/specify users)?
There are two, two hour remote sessions that will help with basic operation of the scanner. In office training on more advanced scanning techniques will follow the remote sessions.
- XIII. Cost: How much will it cost? Include any annual maintenance/upgrade fees.
\$18,999 (no shipping, no tax). Annual maintenance and upgrade fees are \$180/month. This includes unlimited storage in the cloud, software updates, tech support, and full warranty extension.
- a. if supported by grant or external funding, include account and PI name:
[Click here to enter text.](#)
- b. if a “Gift in Kind” or “Preferred Development Agreement”, please see Dean Arneson and include with request form (yes/no/not applicable).
[Click here to enter text.](#)
- XIV. Company characteristics (include name, reason for choice, alternative if company goes out of business, representative contact):

Itero by Align Technology was the company of choice due to the clinical recommendation of the vast majority of private practice orthodontist across the country. If the company goes out of business a secondary option would be 3 Shape by Trios. The representative that we will be working with through Align Technology is Brian Laney. His contact information is at the top of page one.
- XV. Self-bias or possible conflict of interest:
None
- X. Implications for Curriculum – specify if related to predoctoral and/or advanced education curriculum:
- a. Identify area of curriculum incorporation: Predoctoral and/or Advanced Education Program(s)
The intra-oral scanner will be incorporated by both residents and faculty in the Orthodontic Department.

- b. Responsible individual to submit proposal into existing course or creation of new course:
Thomas E. Southard

INTERNAL USE ONLY

Technology & Media Services Review: [Click here to enter text.](#)

Central Sterilization Services Review: [Click here to enter text.](#)

Health Technologies Committee Approval: [Click here to enter text.](#)

Office for Education Approval: [Click here to enter text.](#)

Office for Finance & Facilities:

Business Associates Agreement required (yes/no): [Click here to enter text.](#)

Business Associates Agreement on file (yes/no): [Click here to enter text.](#)

Purchasing Contract/PO Information: [Click here to enter text.](#)

- c. Curriculum proposal for submission to Curriculum Committee for review (include course no.):
Orthodontic Practicum: ORDN:5209:0001

Faculty Signature: _____ Date: _____

DEO Signature: _____ Date: _____

Form should be submitted to HTC Chair
