Partha Mukherji DDS
Fellow Academy of General Dentistry
Assistant Adjunct Professor Texas A&M University College of Dentistry
October 19, 2016

Partha Mukherji DDS
PARtha Mukherji

- General dentist Fort Worth, TX
- Champions Conference attendee 2011-2016
- ADA Advanced EBD workshop attendee 2012
- EBD “peer coach” for research study with U of Pittsburgh (Dr H Spallek et al)
- NDPBRN Southwest Region
- Adjunct Assistant Professor Texas A&M College of Dentistry

Partha Mukherji DDS
DEFINITIONS

• Evidence-based dentistry:

Evidence-based dentistry (EBD) is an approach to oral healthcare that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences.
DEFINITION(S)

Champion:
Someone who publicly supports or defends a set of beliefs, political aims, or a group of people (Macmillan)

Implementation:
to carry out, to put into effect (dictionary.com)

Dissemination:
the act of spreading something, especially information, widely; circulation.
EBD CHAMPIONS CONFERENCE

JULY 2011

Met Dallas-Fort Worth area Champions, including Drs. Tonya Fuqua (Fort Worth) and Beverly York (Dallas-faculty professor at Baylor College of Dentistry)

Teamed up with Dr. Fuqua to disseminate EBD strategies with local component society (Fort Worth District Dental Society) Fall 2011

Partha Mukherji DDS
STRATEGIES TO CHAMPION EBD

Your practice setting: MAKING AN INFORMED AND EDUCATED DECISION WITH THE TEAM and PATIENT IS ULTIMATELY KEY IN PRACTICE.

Bridging the gaps: DEBATE AND DISCUSSIONS AMONG COLLEAGUES & (local dental and dental hygiene schools- bridge the gap)

Communicating patient care: SIFTING THROUGH “JUNK SCIENCE”, guidelines (sealants, lasers, etc.)
COLLEAGUES
(FW DISTRICT DENTAL SOCIETY, STUDY CLUBS)

Speak at local district dental, dental hygiene society

Presentations to local study club “EBD principles…”

Wrote articles for constituent newsletter fall 2014, 2016
Staff Training

• Educate staff on EBD principles

• Train staff how to use ADA’s EBD website (systematic reviews, clinical recommendations)

• Communicate evidence/research to patients
Staff picks one topic a month to bring to monthly meeting (flossing, sealants, oil pulling, implants)

Pose a topic to staff to research

Place a topic for staff to read once/week, discuss briefly during morning meetings

CATALOG these articles and any feedback
M DENTISTRY

Social media:
Ex: Twitter: #ebdchamps

Study clubs

Pick up the phone and start a discussion

Partha Mukherji DDS
I have been (somewhat) silent about this, but I and others who have spoken with me have been observing for the last few years as we hear little bits about the coming EBD push. The fear has been that it will turn into a no tolerance, black and white list of dictates by "big brother" and driven by the big money interests of data mining insurance companies or future nationalized health initiatives. This article is exactly what I would want, totally reasonable and desirable and beneficial for all. Of course, we all do have to watch for the slippery slope, so that it will not ever become the aforementioned.”
HAS THE EFFORT BEEN WORKING?
(AFTER THE ARTICLES)

“I like the idea of mentioning that this is an intentional, new, recurring item designed to help practitioners find answers and evidence about decisions we all have to make and to help us to improve our skills and confidence in being able to quickly access the information. Maybe even some tips on several of the best ways to do so. But I really believe that most readers will value the section more, and look for it each month, if each issue has at least one quick article to look at and feel like they learned something.”

*** the same person who made previous comments ***
OTHER COMMENTS FOR COLLEAGUES:

“We treat patients, not statistics“
(dentist promoting his sleep apnea appliance)

“That EBD stuff is for those in academia”
(dentist teaching advancements in prosthodontics and restorative dentistry)

Last year’s conference: “Why do we need guidelines?”

My personal thoughts: is it being used as a buzz-word?
(Evidence-based, patient-based, patient-centered, practice-based, etc.)
HAS THE EFFORT BEEN WORKING?
October 9, 2012 ADA News

ADA News tailors university faculty EBD workshop
By Jean Williams

Loma Linda, Calif.—One size fits all may be fine for pajamas, but some things call for a tailored fit.

Loma Linda University School of Dentistry got just such precision when the school tapped the ADA Center for Evidence-Based Dentistry to customize a two-day EBD workshop for its faculty in June.

It all started at the 2011 ADA EBD Champions Conference, where Dr. Leif Bakland, Ronald E. Buell Professor of Endodontics at Loma Linda, was in attendance. Dr. Bakland found the Champions conference to be an inspiring revelation.

“I had expected it to be full of faculty members like myself,” he said. “But here were all of these private practitioners, and I’m thinking, ‘Why are they taking time off? It’s costing them to do it, and they’re coming to participate in this.”

Customized learning: EBD instructor Dr. Elliot Abt offers guidance to participants in Loma Linda University’s customized EBD workshop.

Partha Mukherji DDS
97% of Terminal Cancer Patients Previously Had This Dental Procedure...

February 18, 2012 | 970,126 views | Disponible on Español

Spread the Word to Friends And Family By Sharing this Article.

Story at-a-glance

- During a root canal, there is no way to sterilize your tooth; after the root canal, dangerous bacteria hide out in the tooth and are unreachable with antibiotics.
- Root-canaled and filled teeth harbor bacteria that morph into very toxic forms, which then can migrate to other tissues in your body and cause serious medical conditions, including diseases of your heart, kidneys, bones, and brain.
- There is no other medical practice that permits leaving a dead body part inside your body, because it triggers your immune system to attack.
- If you have a diseased tooth, or if you’ve already had a root canal, I highly recommend consulting a biological dentist about having it extracted.

Most Popular

1. The Aspartame End Game... And What’s Next
I DON’T NEED SCALING AND ROOT PLANING: I NEED OIL!
MORE RECENTLY:

DOES FLOSSING WORK??

Editorial  Flossing may not work—whaaaat?

Medical benefits of dental floss unproven

By JEFF DONN Aug. 2, 2016 2:12 PM EDT
CHAMPIONING EBD

Educate and inform your patients when making treatment decisions (3 principles of EBD)

Be tolerant and respectful “We treat patients, not statistics”

Allow for professional discussion and debate “Is this an ADA thing?”

Partha Mukherji DDS
Standard of care
• Legal/malpractice issues (rubber dam, implants, etc.)

Dental compliance

Electronic medical records, quality measures and outcomes

Get involved in NDPBRN, ADA EBD Forsyth, ADA EBD-pamphlets in office
LEARNING FORWARD

• ADA Advanced EBD Workshop with NYU
“What is the use of having evidence-based dentistry without practice-based evidence?”

- E-cigs, rubber dams, laser use as adjunctive therapy to SRP, oral cancer screening methods
THANK YOU

• Thank you, ADA center for Evidence-Based Dentistry
• Congratulations to EBD champions of 2016
CONTACT INFORMATION

• e: pmukherjidds@gmail.com
• T: @MdentistryTEXAS
• FB: Mdentistry (Fort Worth)
• C: 832-368-7435