



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

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DENTISTRY**

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DEAN'S OFFICE

October 11, 2006

DEPARTMENT OF
ORTHODONTICS

SCHOOL OF DENTISTRY
CAMPUS BOX 7450
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Dear Dean Williams,

We, the orthodontic residents, are writing you to voice our concerns about the decision to outsource all lab work within the dental school. We were surprised at the choice to include the orthodontic/pediatric dentistry lab in this decision, as it seems incongruent with the goals of the dental school. We are in accord that elimination of our lab will result in compromised learning, compromised care for our patients, and compromised economic outcome for the school.

An in-house lab provides educational opportunities for orthodontic and pediatric residents, as well as dental students. The lab technicians teach both residents and dental students how to fabricate the retainers, appliances and casts. These skills are a vital part of daily practice and comparable private sector continuing education is scarce. As you are no doubt aware, our lab technicians serve as instructors in Growth and Development courses and give the dental students their only exposure to the fabrication of orthodontic appliances. The orthodontic/pediatric dentistry lab is also a great source of knowledge for our faculty. The skilled people that work within the pediatric dentistry/orthodontic lab, as our faculty would attest, possess a level of expert manual dexterity that is rare even in the best of faculty. We are in accord that elimination of the lab staff will create an educational void with little or no supplemental recourse. Quite simply, it begs the question, who will teach us these important technical skills?

The quality of the care that we provide to our patients is greatly dependent upon the service the lab provides. It is a regular occurrence to petition the lab for same day or immediate assistance with appliance fabrication and repair. We rely on the quick return of diagnostic casts for our various conferences and treatment planning meetings with patients. In an environment where the individual clinical faculty is present only every-other week, it is vitally important that our lab be accommodating to the rigidity of our patient care schedules. The service provided by our in-house lab greatly enhances our ability to provide excellent care to our patients. This service could never be matched by a distant commercial lab.

We understand that a decision of this magnitude must have required careful consideration of the impact on our education and the potential consequences. The careful dialogue between our respective departments and the dean's office would logically include careful analysis of commercial lab outsourcing. However, we are concerned that the assumed financial benefit of out-sourcing will create a logistical quagmire for both the orthodontic and pediatric dental clinics, due to our unique dependence on available on-site lab technicians. The other labs historically available at the dental school are no less important, however, we are prepared to make the case in that there is a qualitative difference between how they operate and interact with students. We question the merits of this decision and expect great difficulty in maintaining our educational experience, the quality of care our patients now enjoy, and the efficiency with which our orthodontic clinic operates.

We question if a solution has been properly addressed. How will the efficiency of our orthodontic clinic be maintained? Will the clinical staff and the residents be required to perform many of the duties currently provided by the lab? Bear in mind that such a solution will require sacrificing substantial patient care time. The efficiency of the orthodontic clinic has a direct impact on the income produced by our department. Financially, would it not be a greater benefit to allow residents and clinical staff to concentrate on treating and finishing orthodontic cases? Unlike any other lab in the dental school, we interact with the lab daily and depend on the convenience and service they provide. The ability for us to concentrate on treating patients allows us to maintain an efficient and economically productive clinic.



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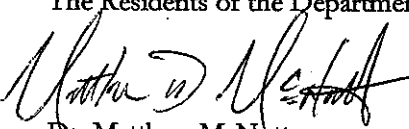
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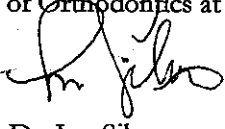
We would like you to address the economic benefit in this decision. Our own careful assessment leads us to conclude that our in-house lab is much more cost-effective than sending our work out. Commercial labs charge not only by appliance, but have additional charges according to the clasps, labial bows, and accessories that are required for each appliance. The advertised commercial lab price is only for the simplest appliance and escalates quickly when custom retentive clasps or soldered labial bows are added. Rarely is it appropriate to prescribe such simple appliances as advertised at the base price by commercial labs. The appliances we currently use would be considerably more expensive from a commercial lab versus the cost of fabrication by our current in-house lab. We are not willing to compromise quality of care due to a miscalculation in the cost analysis associated with the decision to remove the orthodontic/pediatric dentistry lab.

Our in-house lab is an immensely valuable asset to our clinic. We, as a group, are compelled to discuss ways we can help resolve this issue. Please reconsider the decision to remove our laboratory technicians and feel free to call upon us as part of the resolution in maintaining the educational benefit, quality of care, and positive economic outcome that can only come by maintaining the orthodontic/pediatric dentistry lab. We look forward to your response and the opportunity to address our concerns in person.

Thank you for your time and consideration,

The Residents of the Department of Orthodontics at UNC Chapel Hill

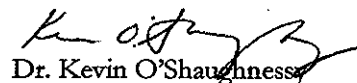

Dr. Matthew McNutt


Dr. Jon Silcox


Dr. Eric Bednar


Dr. Keisha Alexander



Dr. Gustav Hersey


Dr. Kevin O'Shaughnessy


Dr. Jared Blacker

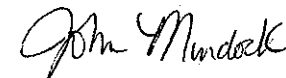

Dr. Gavin Heyman


Dr. Dan Grauer

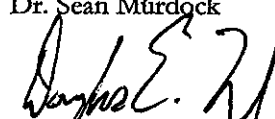

Dr. David Rothas



Dr. Tung Nguyen


Dr. Sean Murdock


Dr. John Murdock

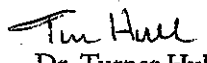

Dr. Jason Pollei


Dr. Doug Ford


Dr. Gary Tucker


Dr. Scott Tucker


Dr. Robert Sanborn


Dr. Turner Hull