

Abstract for AADR Annual Meeting Los Angeles, CA, March 16-19, 2016

External Factors Impact Likelihood to Recommend Crowns Among National-Dental-PBRN Dentists Michael S. McCracken¹, Mark S. Litaker¹, David R. Louis², Gregg H. Gilbert¹, National Dental PBRN Collaborative Group³

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³ The National Dental PBRN Collaborative Group comprises practitioner, faculty, and staff investigators who contributed to this network activity. A list of these persons is at <u>http://www.nationaldentalpbrn.org/collaborative-group.php</u>; University of Alabama at Birmingham, Birmingham, AL.

Objectives: Clinicians frequently recommend that teeth receive single-unit crowns. Objectives were to: (1) quantify practitioner variation in propensity to recommend a crown; and (2) test whether certain dentist, practice, and clinical factors are significantly associated with this propensity.

Methods: National Dental Practice-Based Research Network clinicians (<u>www.NationalDentalPBRN.org</u>) completed a questionnaire about indications and techniques for making single-unit crowns. Four clinical scenarios were provided to clinicians, who ranked their likelihood of recommending a single-unit crown on a 4point ordinal scale. These responses were used to calculate a "Crown Factor" (CF; range 0-12) for each dentist. A higher score implies that a clinician is more likely to recommend a crown. Other responses on this questionnaire and from the network's Enrollment Questionnaire were tested to determine whether they were significantly (p<0.05) associated with the Crown Factor. These were questions relating to practice type, years in practice, perceived practice busyness, and insurance coverage of patients. Associations were tested using chisquare tests and multiple regression analysis.

Results: 1847 of 2299 invited dentists participated so far (80%). This abstract reports only on the first 1000 respondents. Dentists practicing less than 5 years were less likely to recommend crowns (lower CF). Private practice owners had a higher CF (6.8 ± 1.8) than Health Partners Dental Group clinicians (4.54 ± 1.65) and dental school clinicians (5.2 ± 1.9). CF also varied significantly by perceived practice busyness, insurance coverage, and network region. Respondents who reported in-office milling as their primary mode of making single-unit crowns (9.9%) had a higher CF (7.3 ± 1.9) vs. clinicians using a commercial lab (6.5 ± 1.8).

Conclusions: There is substantial variation in the likelihood of recommending a crown (CF) among network clinicians. This CF may be associated with identifiable external factors, as well as the patient's clinical presentation. Support: U19-DE-22516.

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Dentist Material Selection for Single-Unit Crowns: Findings from the National-Dental-PBRN

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Objectives: (1) quantify dentists' recommendations for single-unit crown materials; (2) test the hypothesis that dentist/practice characteristics are significantly associated with these recommendations.

Methods: Dentists enrolled in the National Dental Practice-Based Research Network (NationalDentalPBRN.org) completed a questionnaire about techniques and materials used for singleunit crowns, and an enrollment questionnaire about dentist/practice characteristics. Respondents were asked what material they would use for a single-unit crown on tooth #19 (posterior) and #8 (anterior) on a 40-year male who attends recall visits regularly, has no relevant medical history, has low caries risk, has satisfactory occlusion with minimal wear, and is financially able to pay for a crown out-of-pocket. Material choices included: full metal, porcelain-fused-to-metal (PFM), all-zirconia, layered zirconia, lithium disilicate, leucite-reinforced ceramic, or other. Practitioner characteristics included: gender, race, years since graduation, practice type, region, practice busyness, insurance coverage, hours work/week, practice location, and specialty type.

Results: A total of 1,847 of 2,299 invited dentists participated so far (80%); this abstract reports only on the first 1,000 respondents. The top 3 choices for posterior crowns were all-zirconia (31%), PFM (30%) and lithium disilicate (20%). There were significant differences (p<0.05) by: gender, race, practice type, region, practice busyness, insurance coverage, and hours work/week.

The top 3 choices for anterior crowns were lithium disilicate (55%), layered zirconia (17%), and leucitereinforced glass ceramic (12%). There were significant differences (p<0.05) by: race, hours work/week, and practice location. **Conclusion:** Network dentists use a broad range of materials for single-unit crowns for anterior and posterior teeth, adopting newer materials into their practice routine as they become widely available. Material choices are significantly associated with dentist/practice characteristics. Support: U19-DE-22516.

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