# Putting AI to Work Inside the Practice



Steve McEvoy

November 6th, 2026

NESO Boston 26
NOVEMBER 6-7, 2026

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# What Positives can AI bring to a Practice Today?




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# Can AI do your Job?



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# Can AI do your Job?

I would like your help to build an Orthodontic Treatment plan. I can submit 2D facial photos, intraoral photos, a panoramic x-ray, a cephalometric x-ray, and a Cone Beam CT DICOM dataset. I can give you demographics about the patient like name, age, goals, complaints. Can you help me?



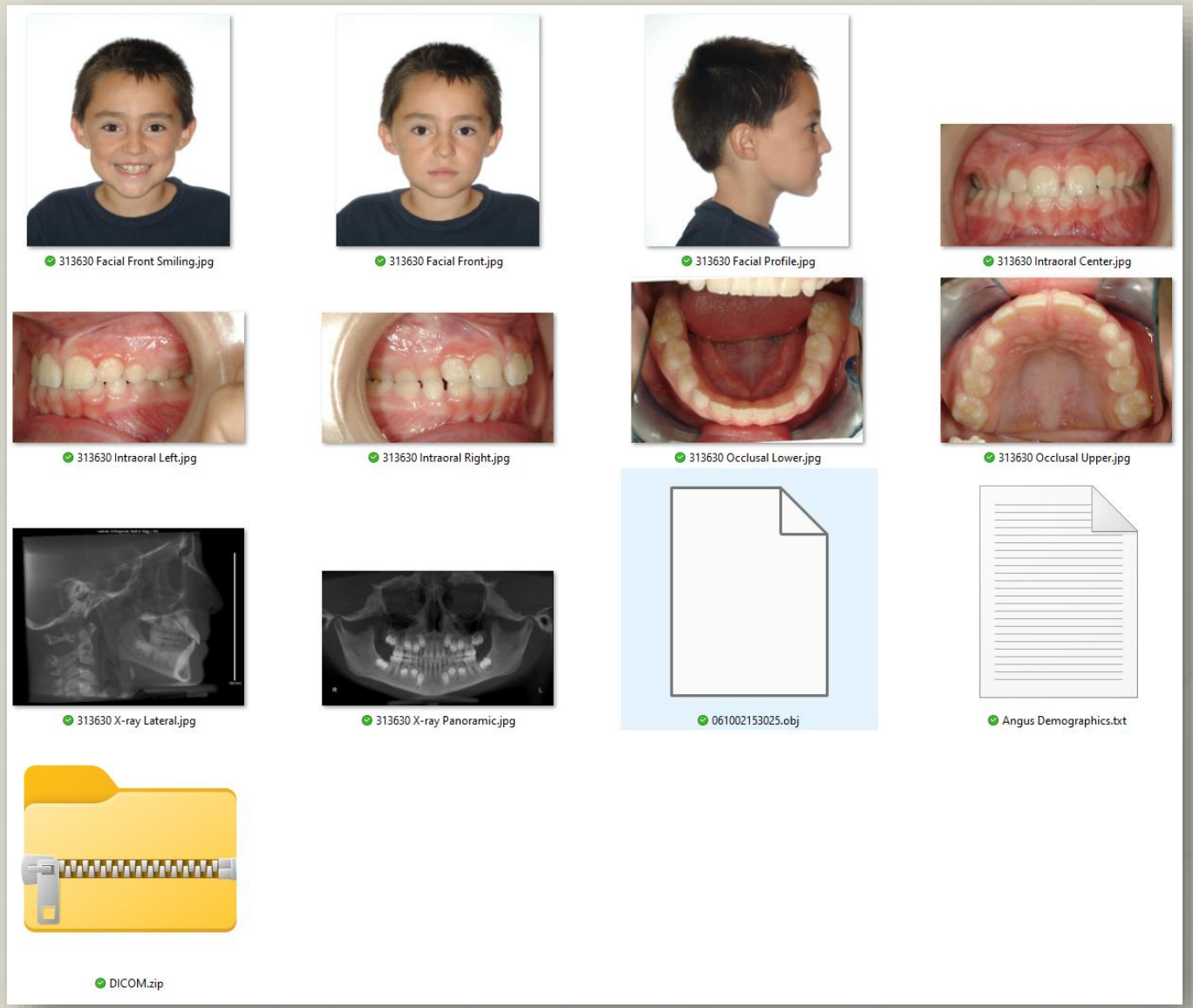

**Yes. I can help you develop a comprehensive, patient-specific orthodontic treatment plan** using the clinical photographs, radiographs, CBCT data, patient demographics, and treatment objectives you provide.

We can approach this much like an orthodontic case workup: systematically evaluate the diagnostic records, identify the orthodontic problems, consider alternative treatment approaches, and assemble a structured treatment plan.

I can provide substantial assistance with the analysis and documentation. However, there is an important distinction: **I can serve as a clinical planning and decision-support resource, but not as a substitute for an orthodontist's examination, independent interpretation of the imaging, or final clinical judgment.**

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# What I fed the beast



# In case you want to take a shot at it…




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# What did it think?

**Provisional treatment recommendation: Limited Phase I interceptive orthodontic treatment if a posterior crossbite is clinically confirmed; otherwise, active observation.**

Based on the records supplied, my leading treatment consideration would be correction of a possible maxillary transverse discrepancy. However, the crossbite has not been definitively demonstrated, and I would not authorize maxillary expansion solely from the photographs and CBCT review completed so far.

If I were preparing instructions for the treating orthodontist, I would formulate the following plan.

show me the most relevant imaging

For Angus's suspected posterior crossbite, these are the most relevant images from the records you supplied. I would prioritize the **intraoral bite photographs**, followed by the CBCT sections showing the upper and lower dental arches.

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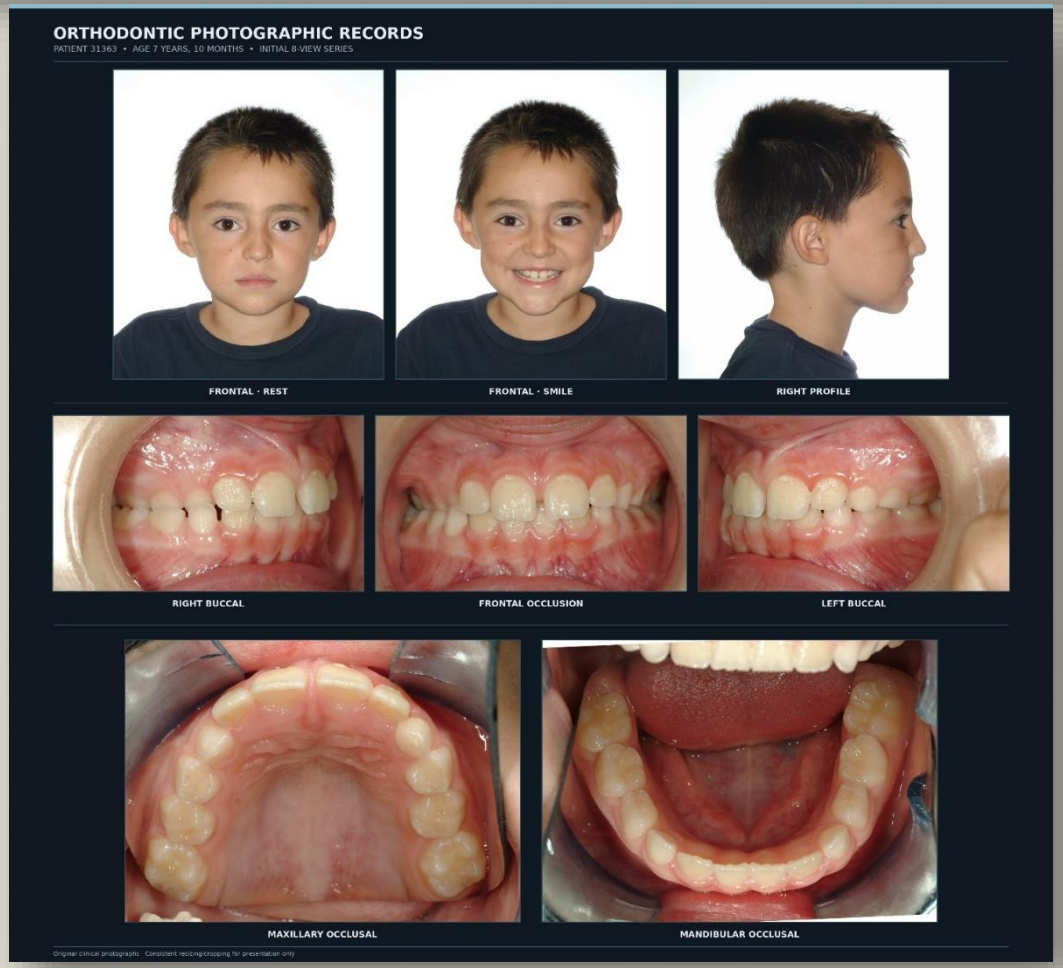
# What did it think?




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# Standard Imaging Formats

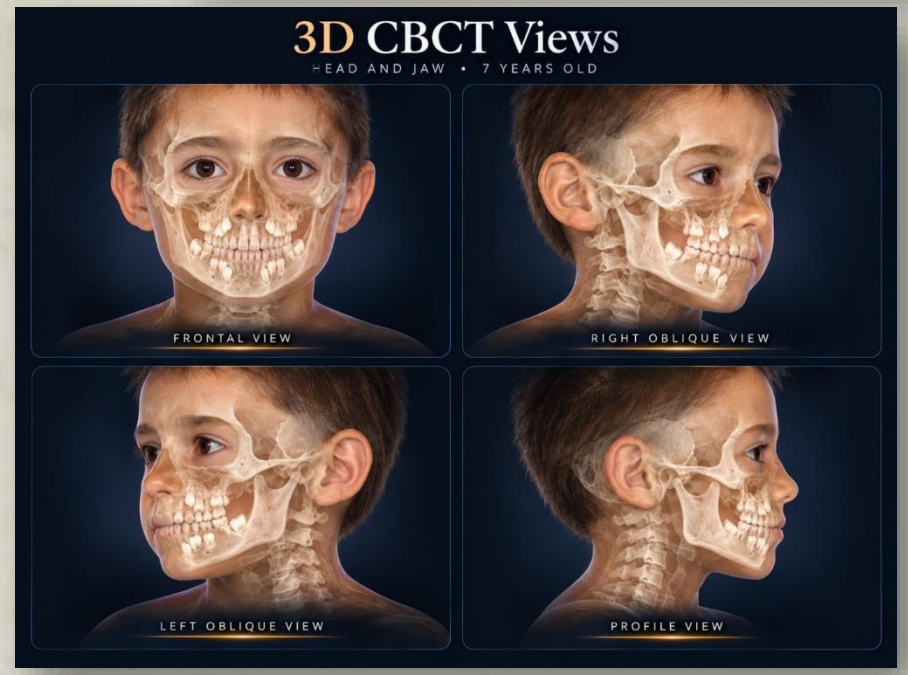
Can you make a standard Orthodontic 8-up mount of the photos

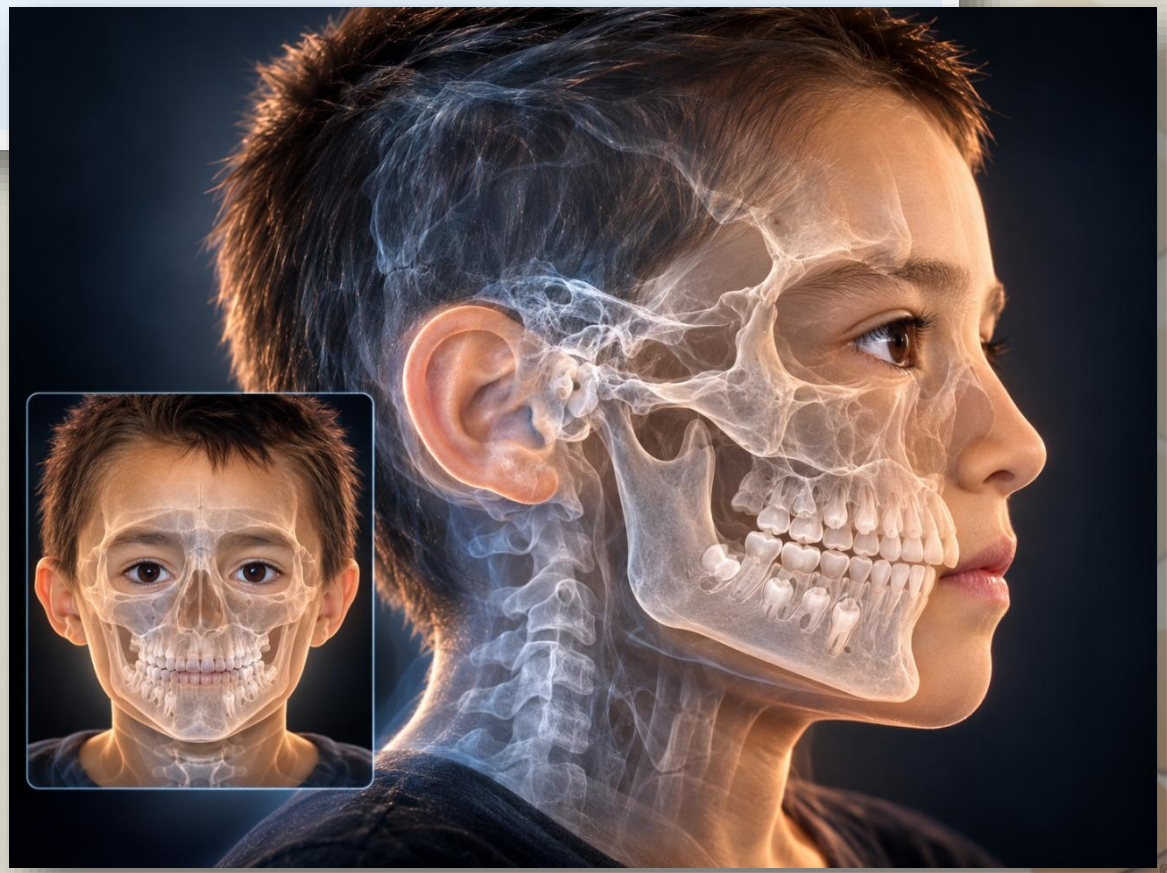



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# 3D Renderings for Consult

Create a rendered 3D view from the Dicom that shows various interesting angles to share with the parents. Then create a translucent overlay of the 3D photo that is oriented to the 3D DICOM, and make it interesting to look at.



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# Treatment Simulation

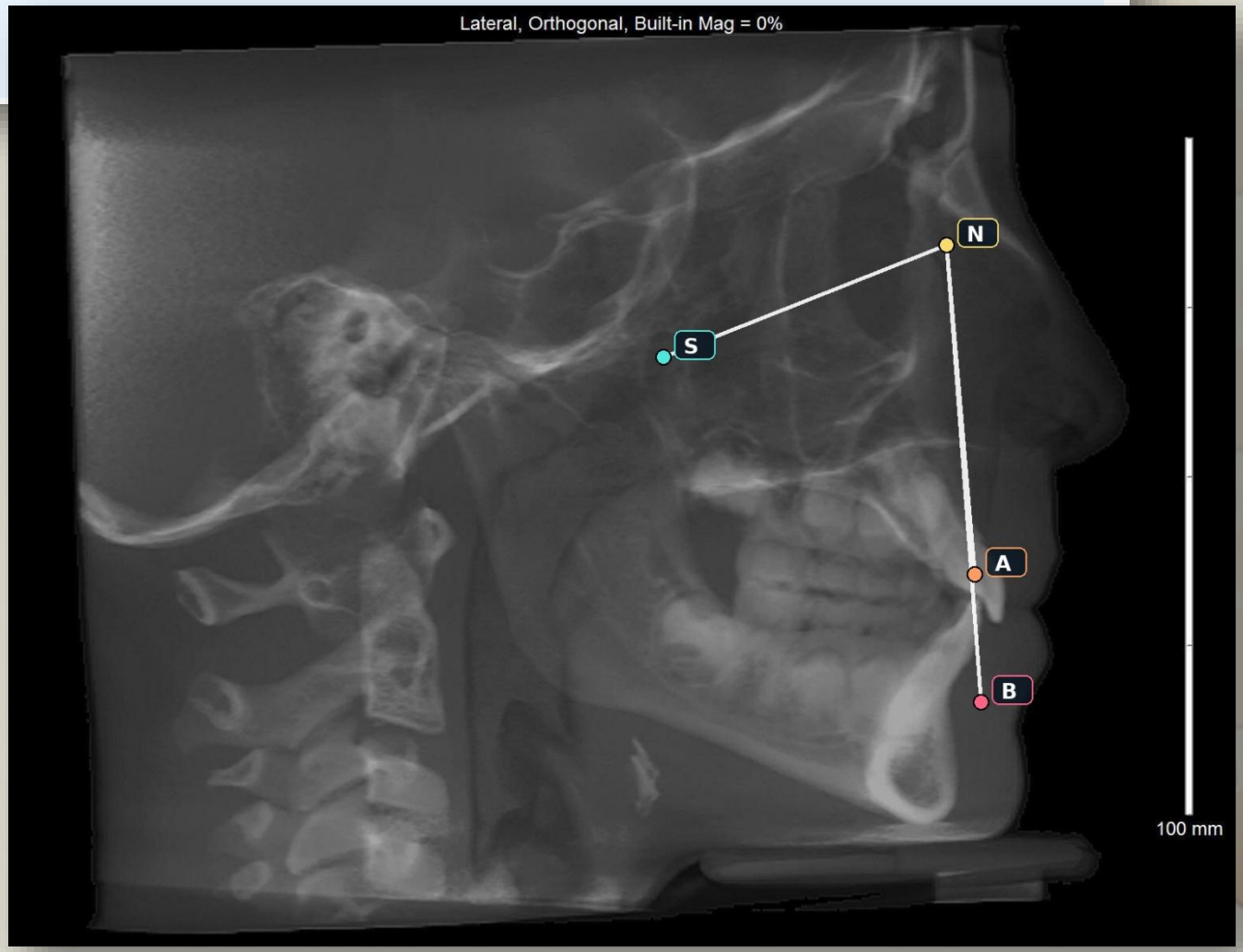
Can you make a morphing movie from the frontal bite photo that could simulate what the final result of treatment would look like




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# Can it do a Ceph Tracing?

Do a cephalometric tracing and show the landmarking and data for an angles analysis




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# How about 3D Landmarking?

Can you identify some of the critical landmarks on a 3D volume reconstruction and visualize them




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# Can AI do your Job?



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# Better 3D Landmarking

BeamReaders







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# Real Science Based AI Learning

*European Journal of Orthodontics* 34 (2012) 263–275
doi:10.1093/ejo/cjq144
*Advance Access Publication 8 march 2011*

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## Consistency and precision of landmark identification in three-dimensional cone beam computed tomography scans

Will Schlicher*, Ib Nielsen*, John C. Huang*, Koutaro Maki**, David C. Hatcher* and A. J. Miller

## Automated landmark identification on cone-beam computed tomography: *Accuracy and reliability*

Ali Ghowsi[a]; David Hatcher[b]; Heeyeon Suh[c]; David Wile[d]; Wesley Castro[e]; Jan Krueger[e]; Joorok Park[f]; Heesoo Oh[g]

ABSTRACT

entification

## Comparison between traditional 2-dimensional cephalometry and a 3-dimensional approach on human dry skulls

Gregory L. Adams, DDS, MS,[a] Stuart A. Gansky, DrPH,[b] Arthur J. Miller, PhD,[a] William E. Harrell, Jr, DMD,[c] and David C. Hatcher, DDS, MSc, MRCD(c)[d]
*San Francisco, Calif, Alexander City, Ala, and Sacramento, Calif*



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# Real Science Based AI Learning

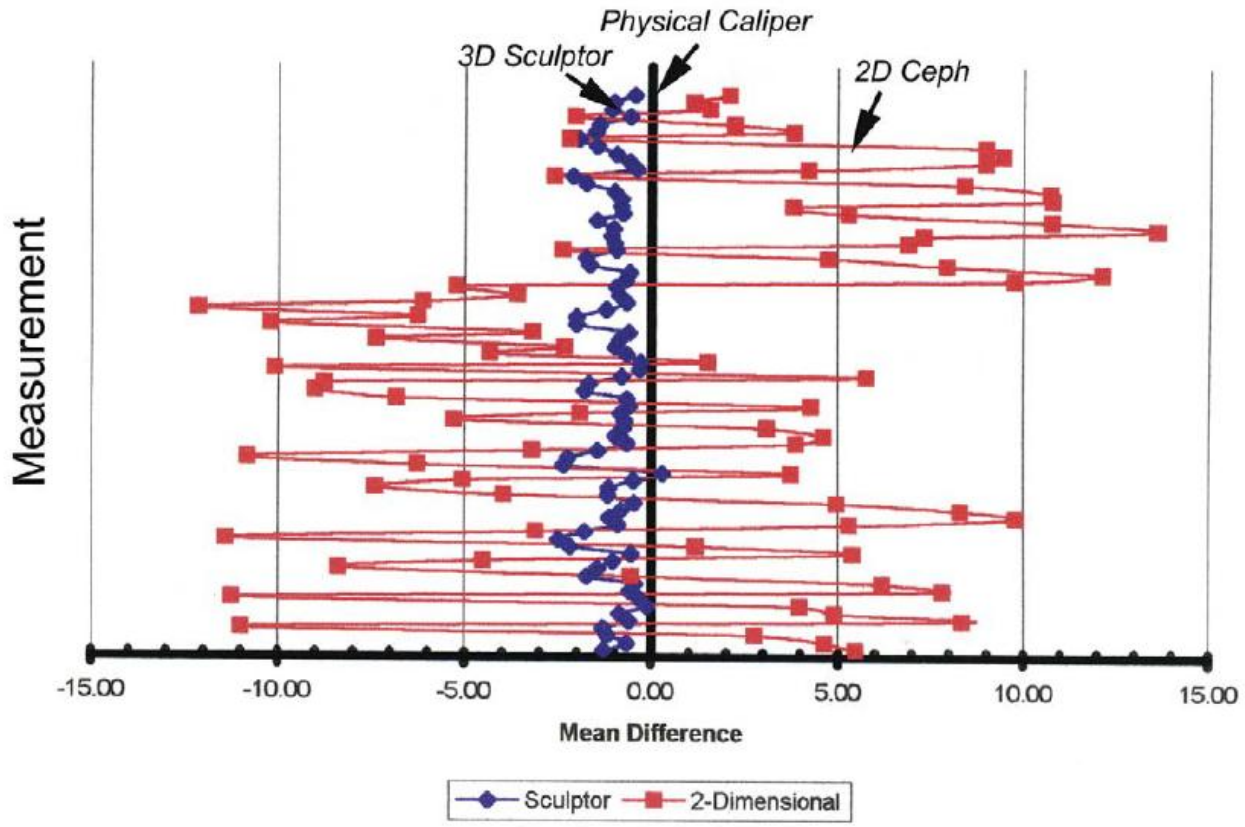
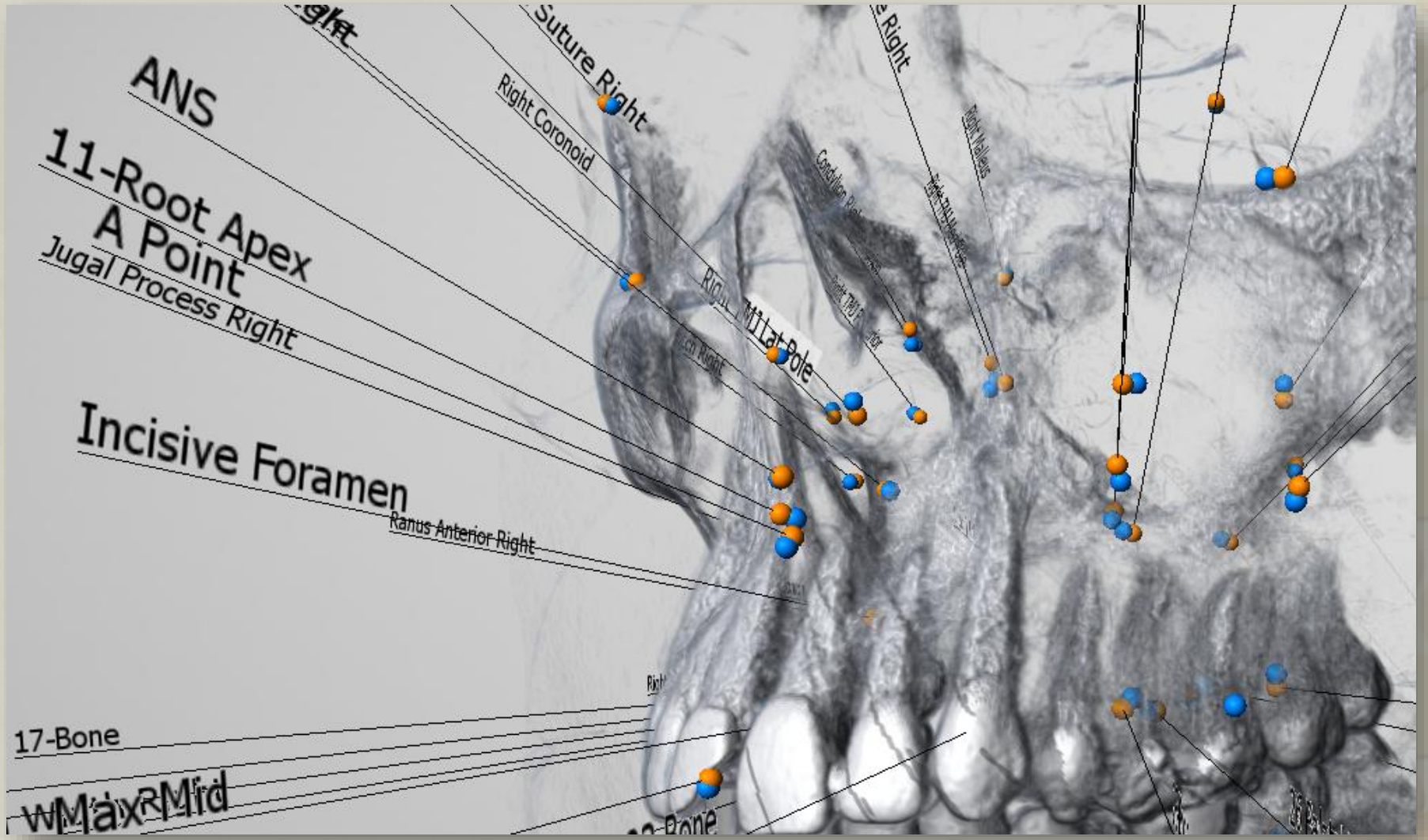



**Fig 7.** Scatter plot with smoothed lines shows how mean the 76 measurements differ from physical measurements with 2D cephalometric (*red*) or 3D Sculptor (*blue*) approach. Mean of physical measurements set at 0, and mean of same measurements taken with 2 approaches is compared. Note that means for Sculptor values are much closer to physical measurements.

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# How accurate have they got it with AI?




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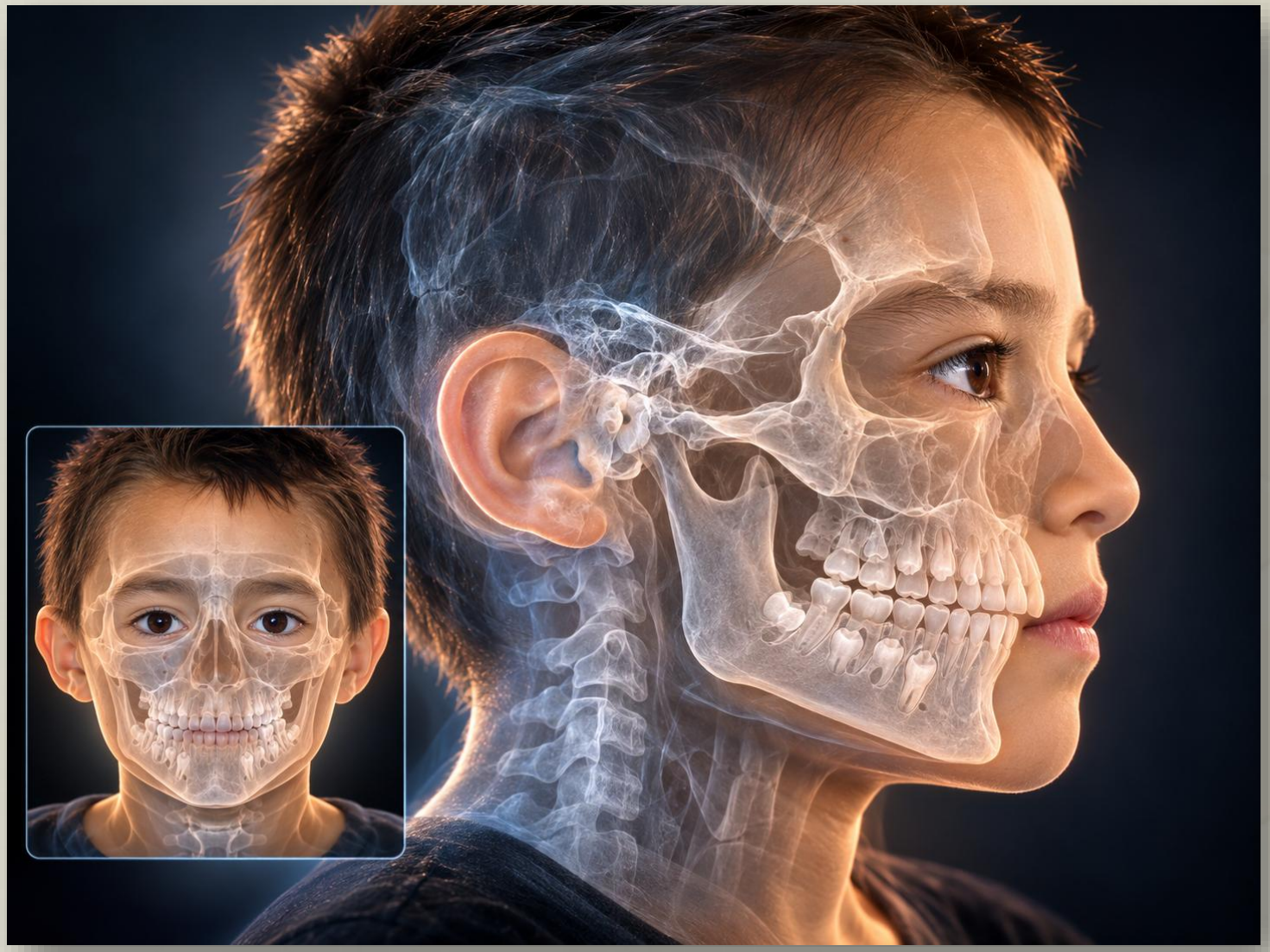
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# Do you have a CBCT?




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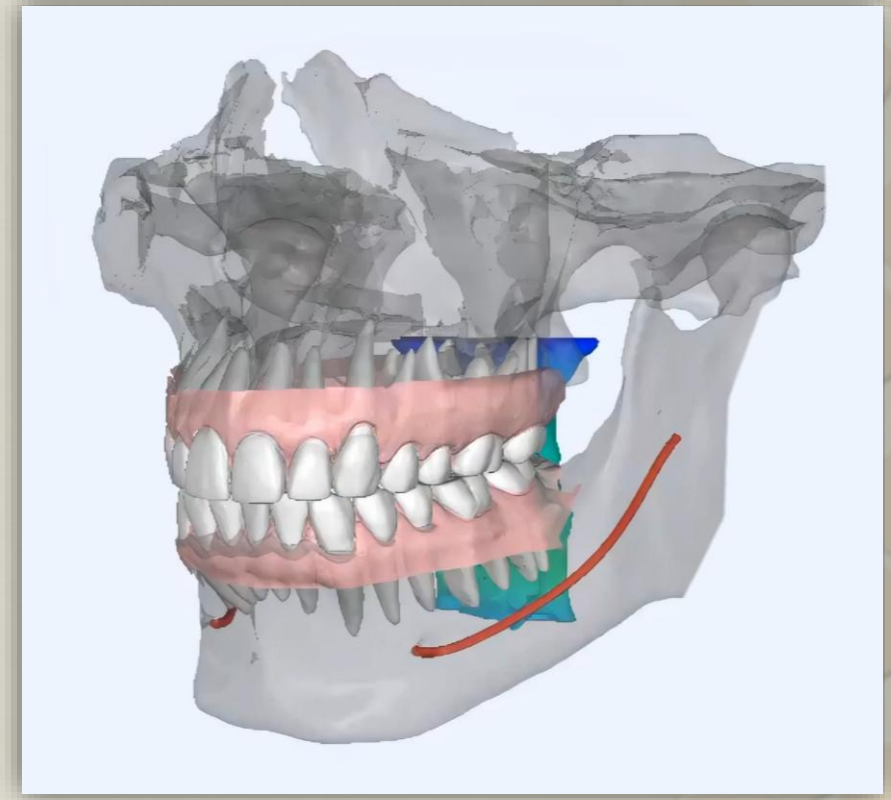
# AI for 3D Imaging Records Workups



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# CephX for Imaging Workups

CEPHX
BY ORCA DENTAL AI

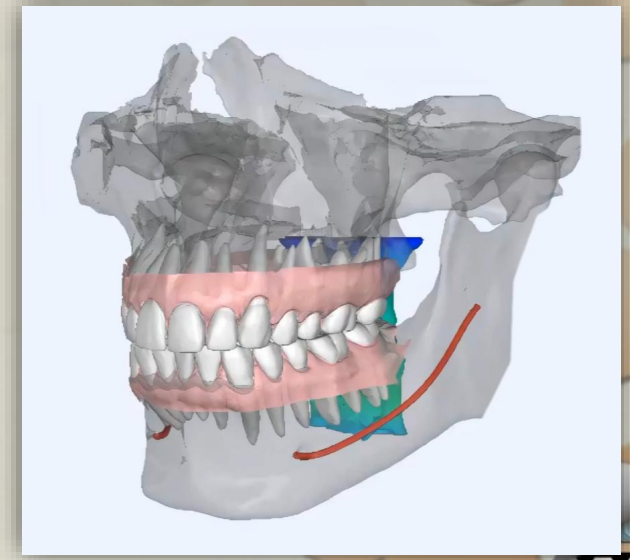


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# CephX for Imaging Workups

Can be used to create:

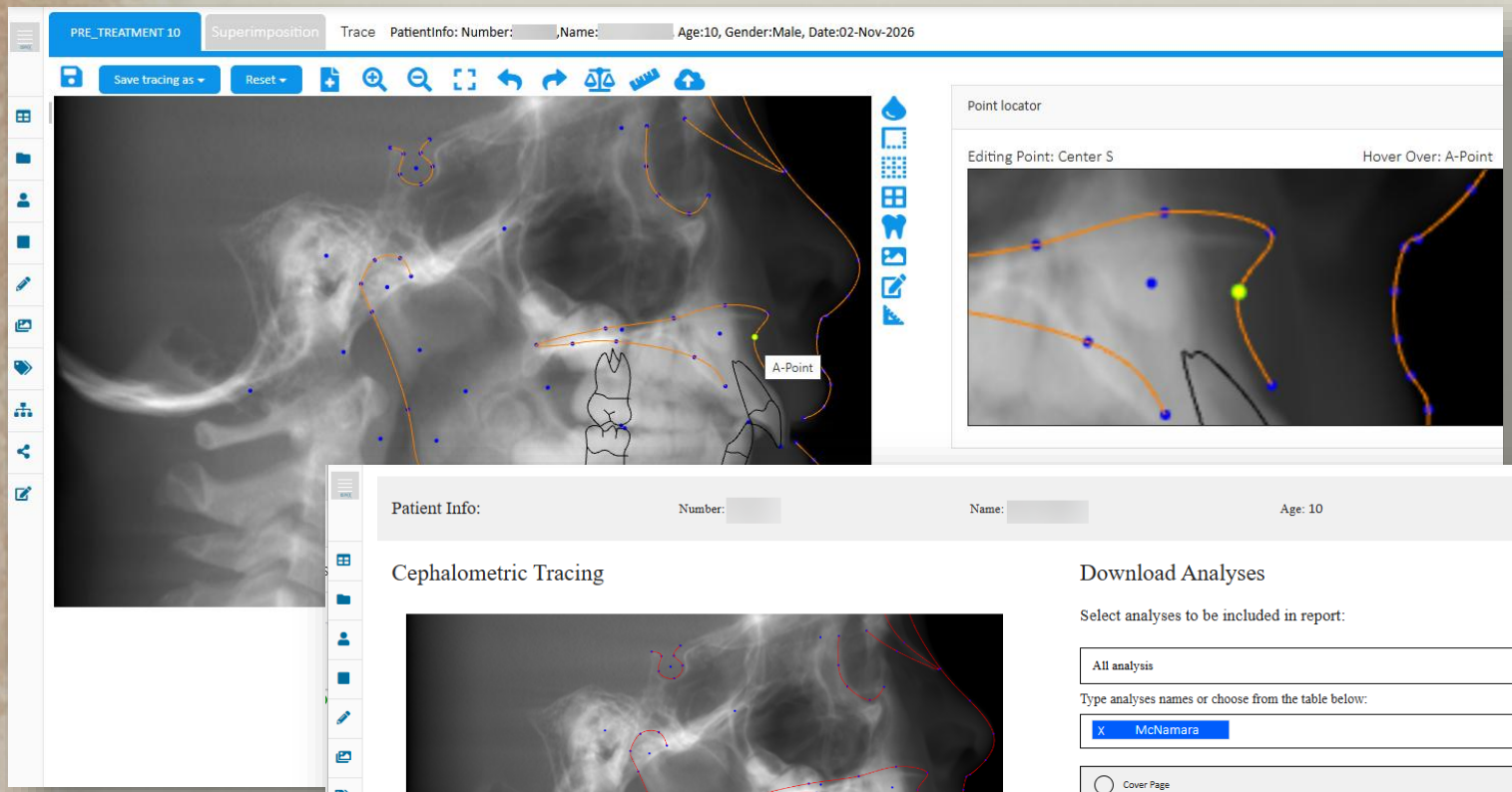
- 3D Volume Rendering
- Segmentation of Maxilla and Mandible
- Segmentation of Teeth, Roots and Nerve
- Segmentation of Airway
- Multiplanar Slicing and Measuring
- Automated Ceph Tracings
- Airway Analysis
- and a lot more…

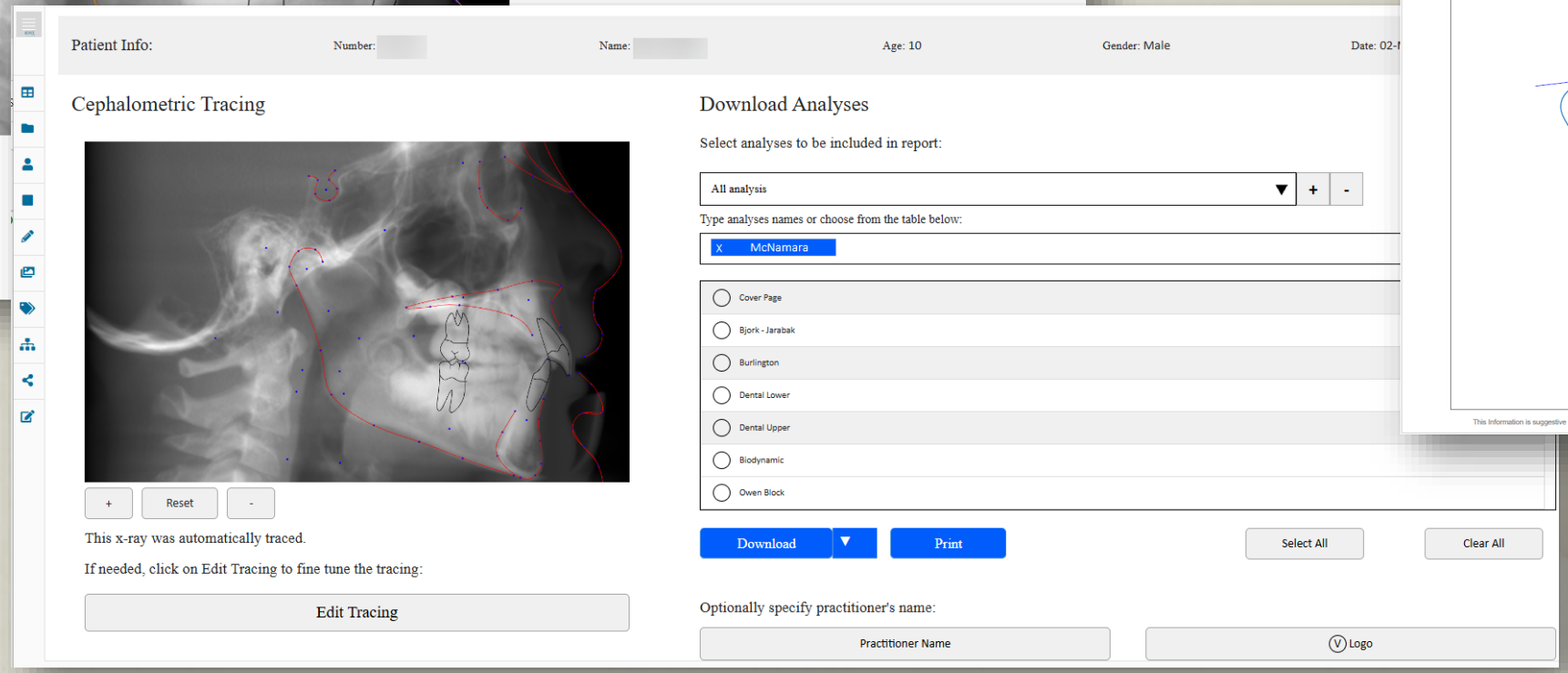


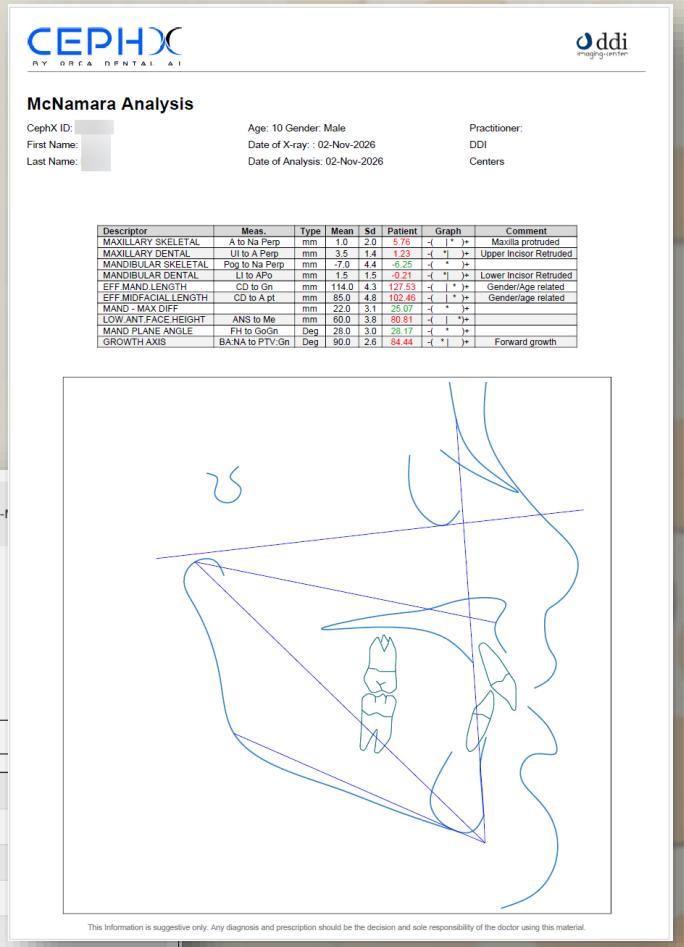
CEPHX
BY ORCA DENTAL AI

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# CephX for Tracings and Analysis




CEPHX
BY ORCA DENTAL AI

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# Records Person Workload



# AI Records Person Assistant

Can we use AI to streamline the process of:

- Recognizing and Sorting the images
- Automatically Rotate
- Automatically Flip
- Zoom to match Scale
- Crop as needed




Save Time and Improve Accuracy and Consistency?

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# Records to feed the beast

















# Let’s see what AI Can do

Can you prepare a standard Orthodontic 8-up mount for me if I provide you the facial and intraoral photos?

ChatGPT

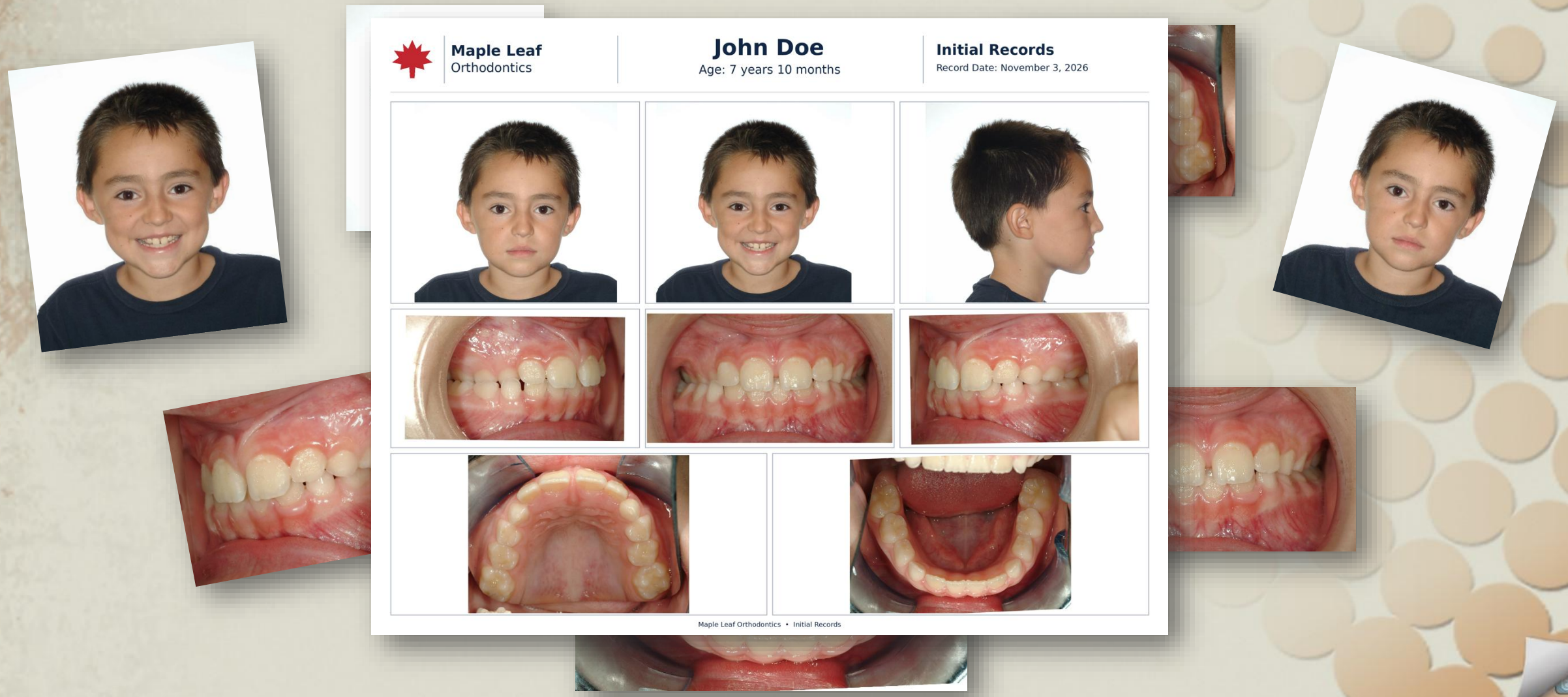
Yes. I can create a **standard orthodontic 8-up photographic mount** using the facial and intraoral photographs you provide.

I'll arrange the images in a professional, consistent layout suitable for orthodontic records, case presentations, and clinical review.

I'll take care of cropping, alignment, uniform sizing, image orientation, and consistent spacing while preserving the clinical anatomy and original photographic detail.

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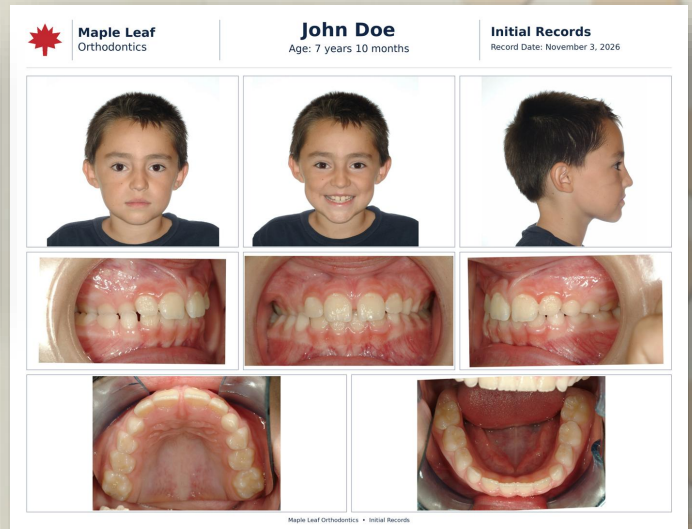
# AI Generated 8-Up Mount




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# AI Generated 8-Up Mount

Is this 8-up mount following the guidelines of the American Board of Orthodontics Blue book for patient records

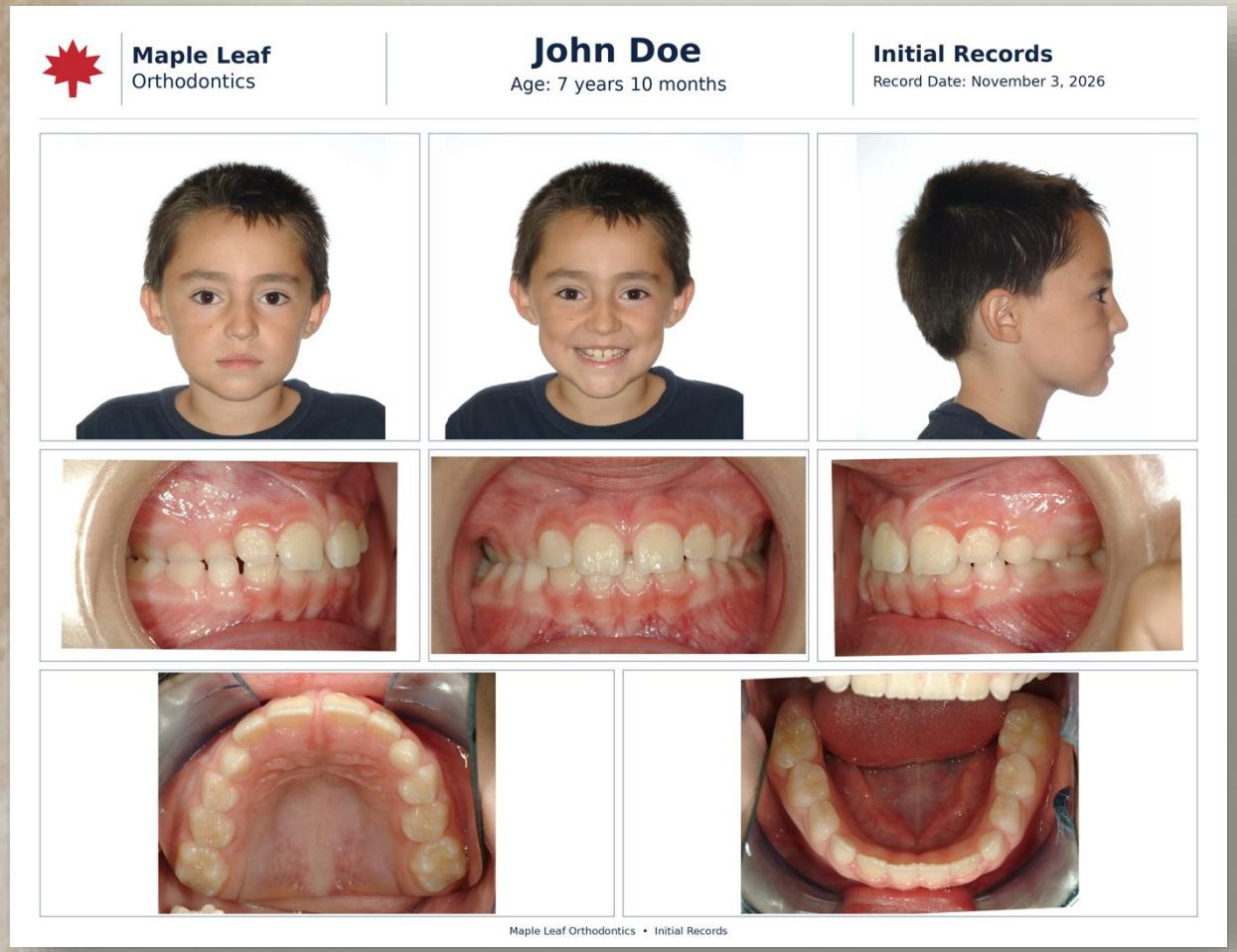



**No—not fully.** After comparing your latest 8-up mount with the American Board of Orthodontics (ABO) published photographic requirements, I would describe it as a good clinical presentation mount, but **not yet ABO-compliant for formal case submission**.

Your concerns about facial magnification, occlusal-plane alignment, and preservation of dental arch proportions are directly relevant to the ABO standards.

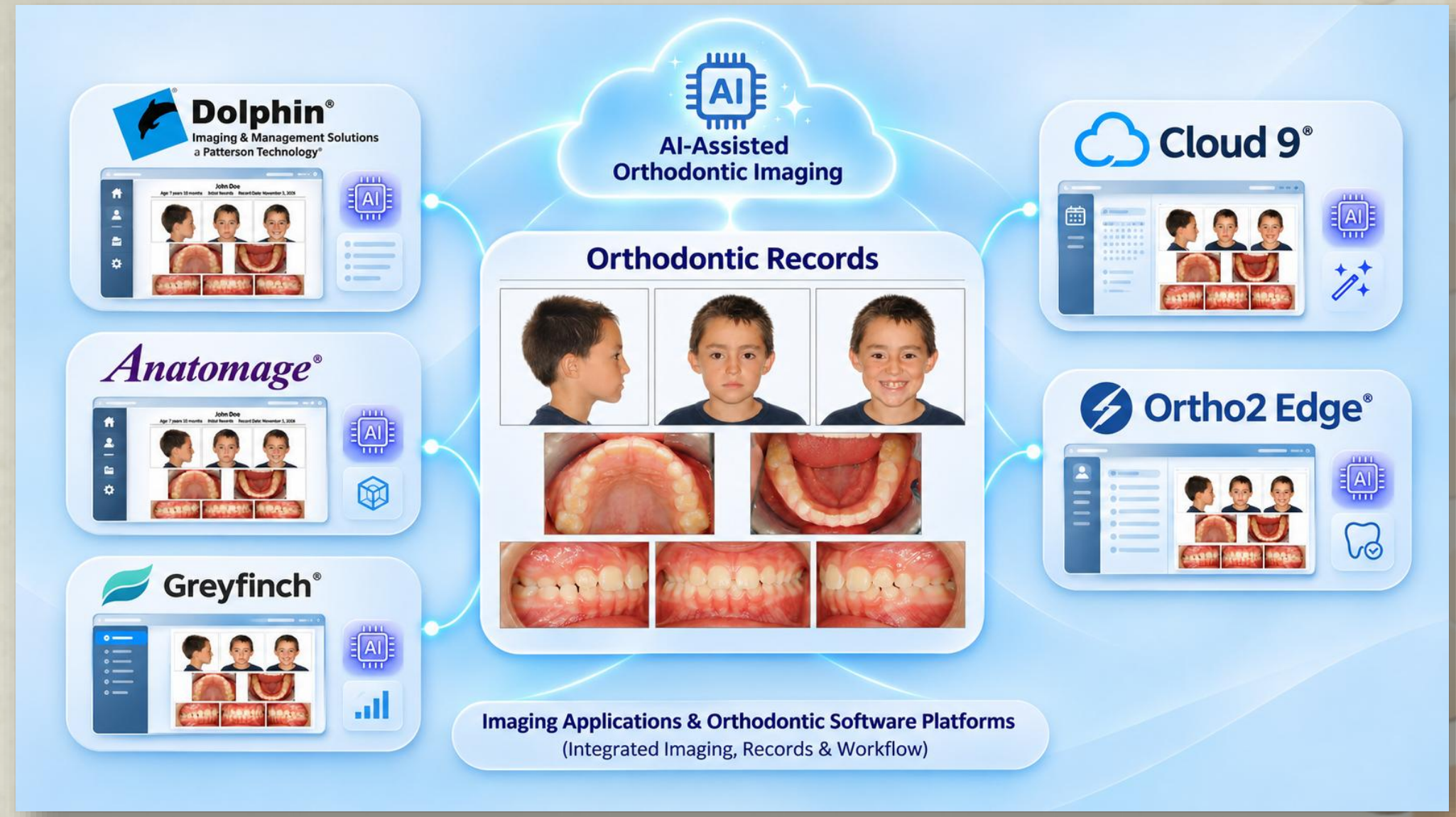
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# AI Generated ABO 8-Up Mount






# AI Assisted Imaging Applications




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# Voice Over IP (VoIP) Phone Systems




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# AI Receptionist




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# AI Telephone Receptionist

- AI answering the incoming calls
  - Your team backstops the AI
- Initially it might just do call routing
  - Scheduling, TCs, Clinic, or Operator
  - Replaces the "Call Tree" Press 1 for …
- Eventually could it be integrated into PMS app to provide help with scheduling, finance and even after-hours advice?
  - Would you trust it?




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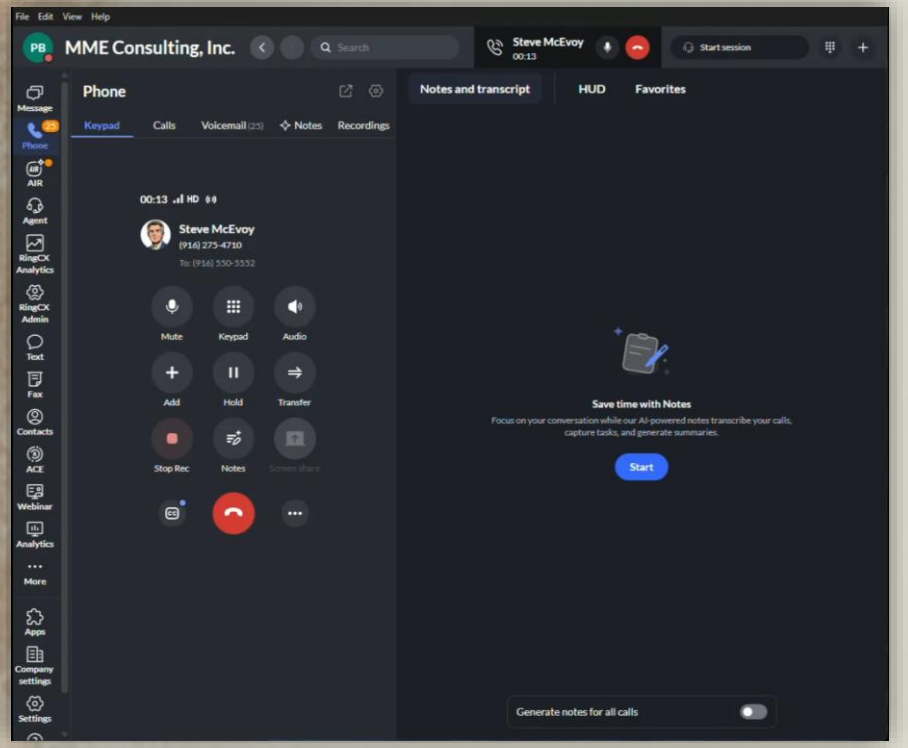
# AI Realtime Call Transcription

- AI listens in (electively) on your calls
- Creates a record of the call including
  - Actual call recording audio file
  - Transcript of the call in a text file
  - Summary Note with action items in a text file
- You can save the records in the patients document file




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# AI Realtime Call Transcription




**Peter Bergkvist** 02:03 PM

Okay, thank you for that. How can we help you today, Steve?

**MCEVOY,STEVEN** 02:03 PM

I just wanted to call in. I know you'd left a message on my cell phone last week that I'm behind on payments, and my apologies. We just got behind on cash flow at home. But the good news is, uh, we wrote the check last night. We put it in the mail, and you should have it in one or two days, then through the post, and maybe by Friday. Just wanted to be sure that you get it. And could you give me a call back on Friday once you got it? And I know the account's cleared.

**Peter Bergkvist** 02:03 PM

Yeah, of course. Uh, thanks for the phone call, Steve, and of course, uh, we'll follow up with you as soon as we see that check comes in or come in.

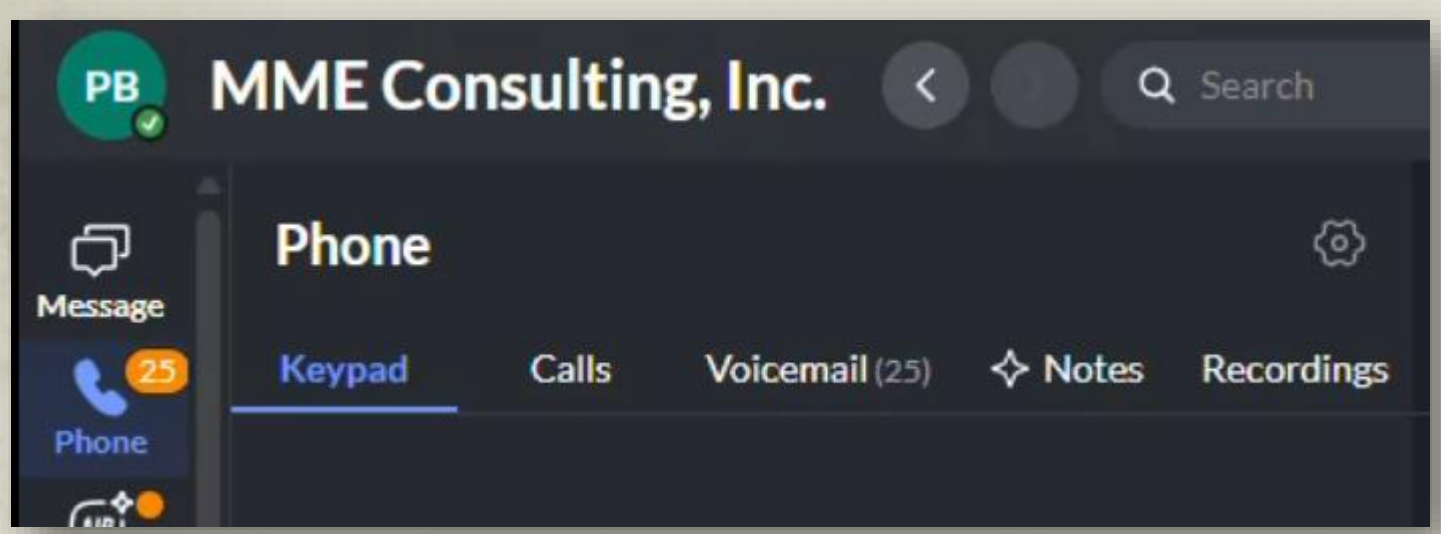
**MCEVOY,STEVEN** 02:03 PM

All right. Well, thanks very much, Peter. I appreciate it.

**Peter Bergkvist** 02:03 PM

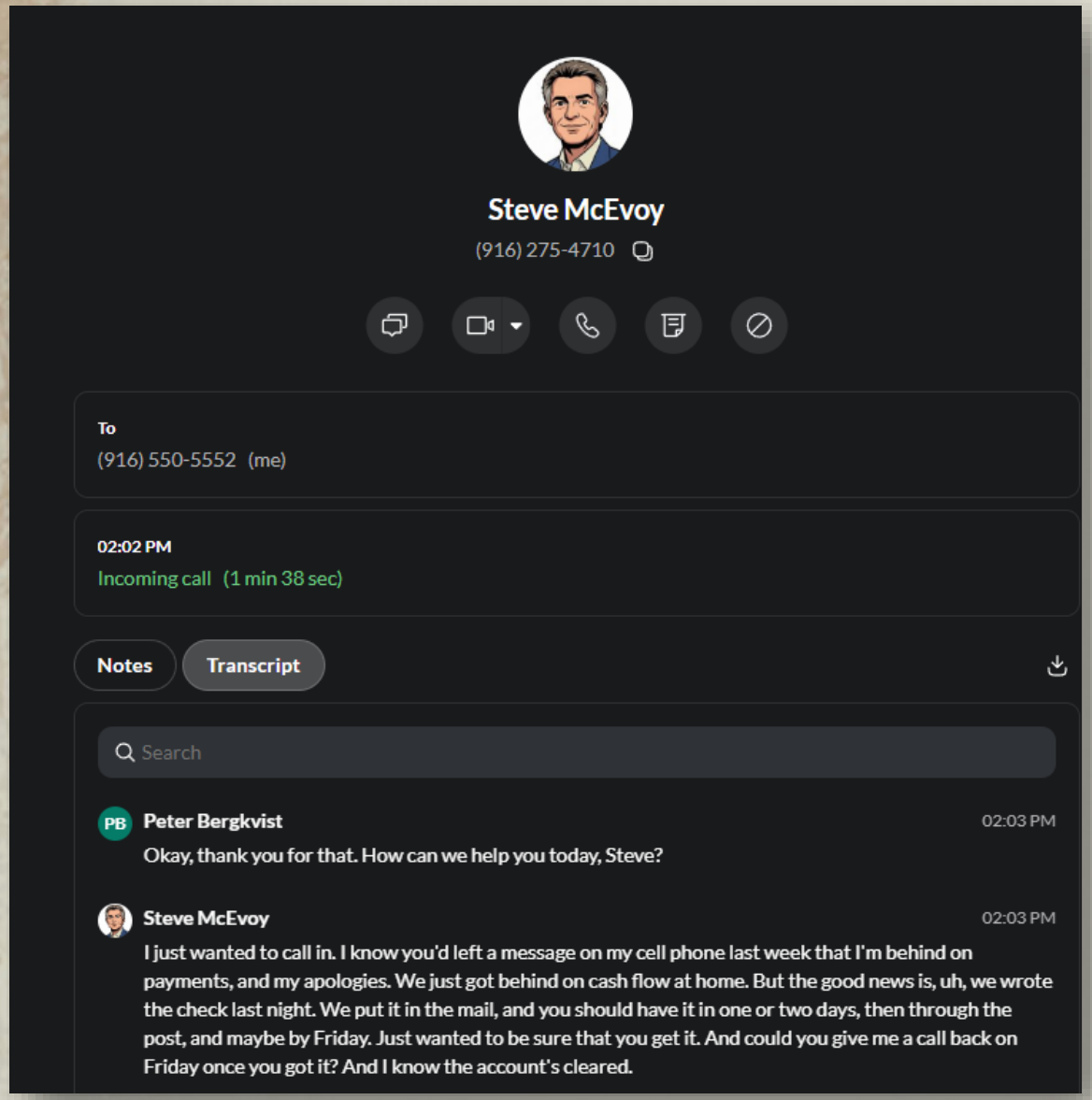
Of course, have a great day

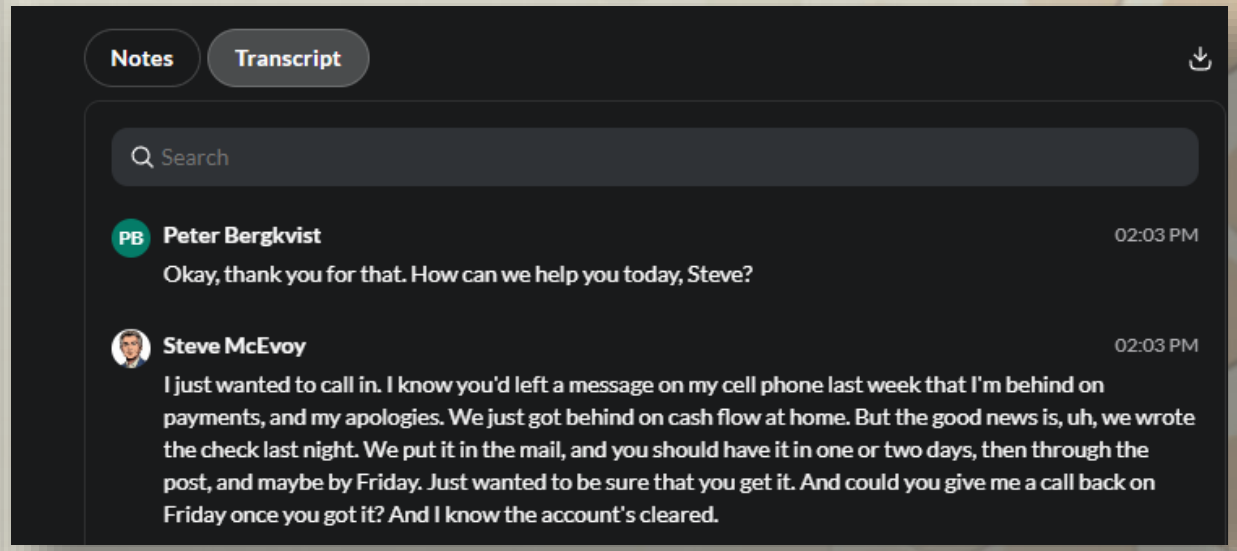
# AI Call Full Recording Audio File





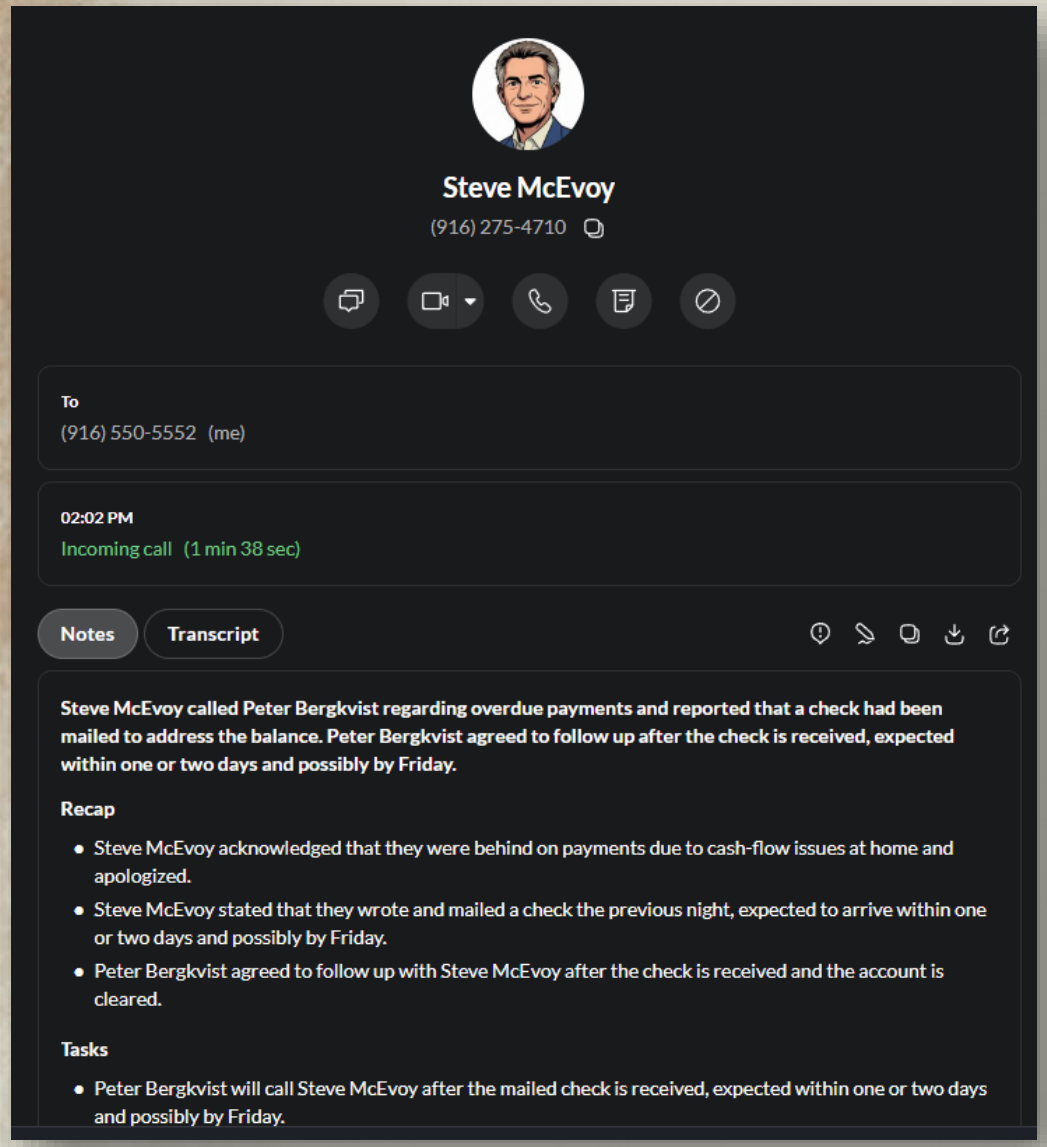

# AI Call Transcription Full Record Text

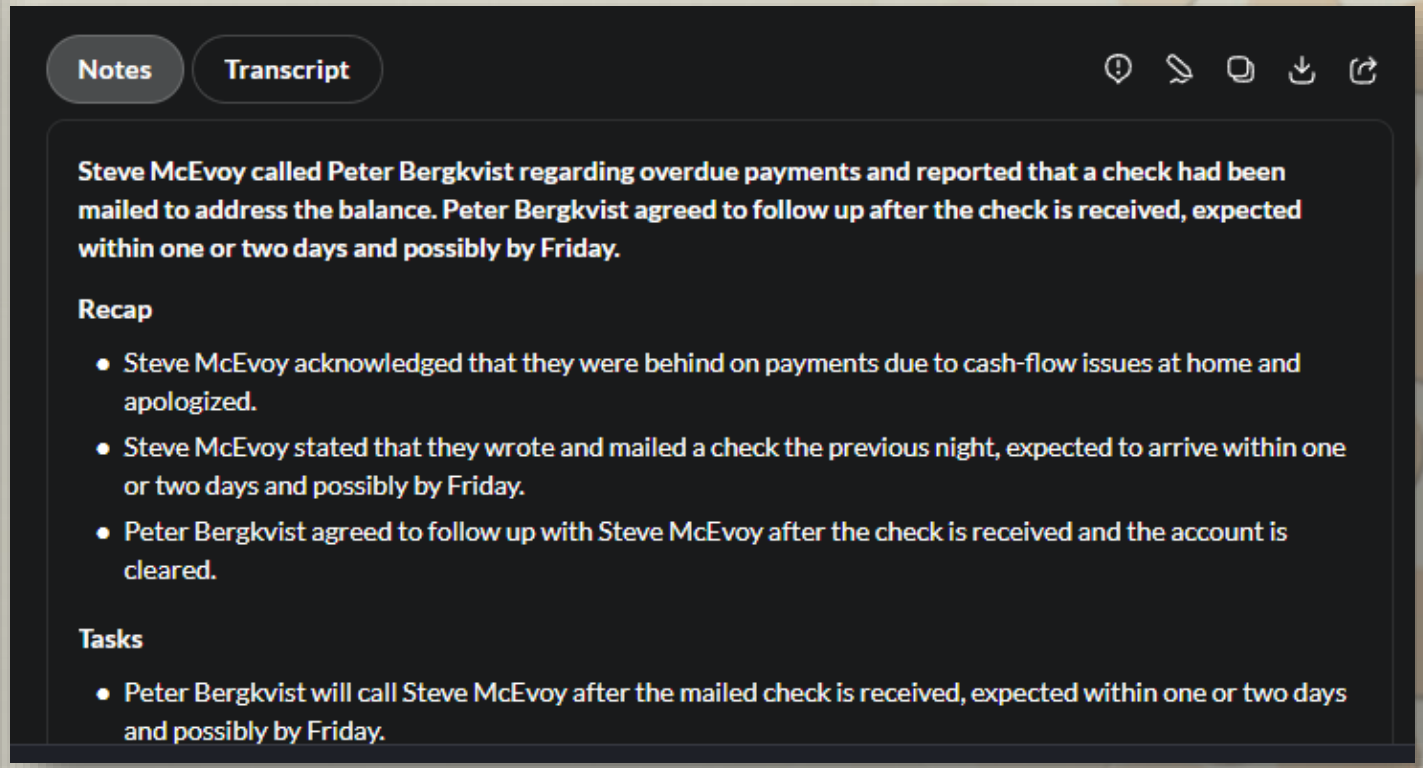



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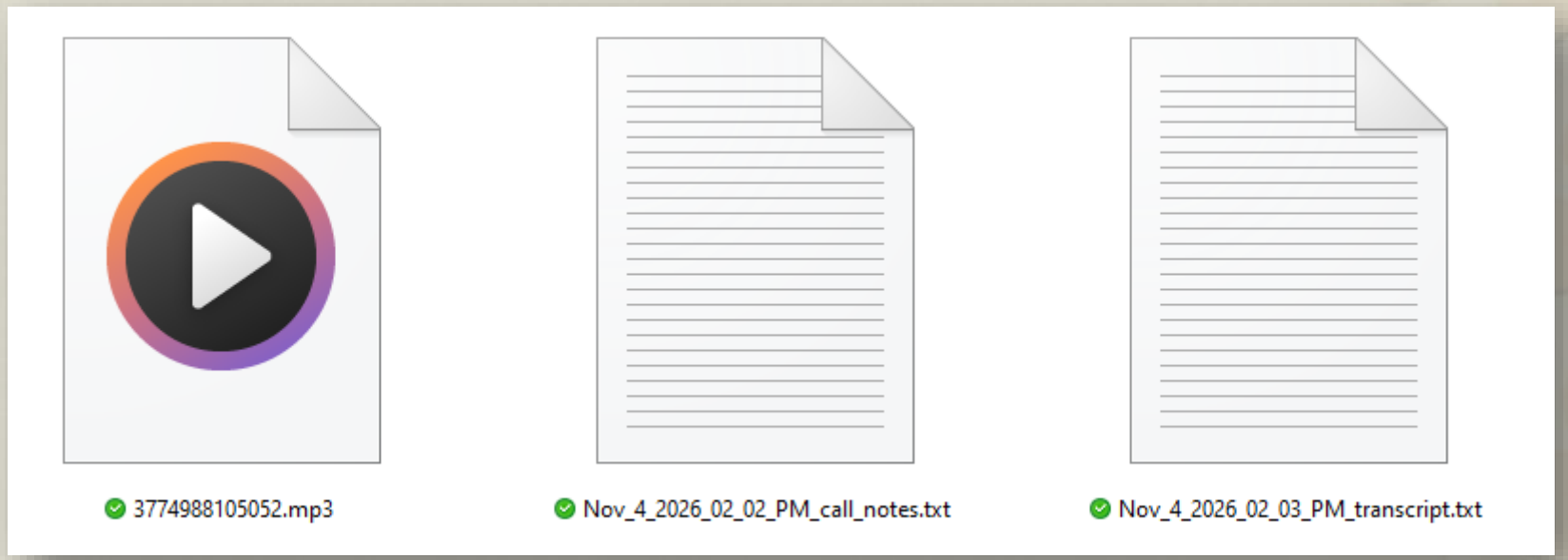
# AI Call Transcription Summary Note




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# AI Call Documents




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# AI Assisted Practice Management

# Is this where we are going?

**2. Specific instructions to the treating orthodontist**

**Recommended provisional clinical sequence**

1. **Confirm the transverse discrepancy.** Examine the posterior bite bilaterally in centric relation and maximum intercuspation. Document any mandibular shift, first-contact interference, and dental midline displacement.
2. **Complete the measurements.** Obtain upper and lower digital arch measurements, posterior tooth inclinations, arch-length analysis, and a cephalometric tracing. Use the existing CBCT for transverse skeletal evaluation rather than ordering another CBCT.
3. **If a true maxillary transverse deficiency with posterior crossbite is confirmed, recommend Phase I maxillary expansion.** A fixed, conventional tooth-borne expander, such as a Haas- or Hyrax-type appliance, would be a reasonable option for the orthodontist to assess. An alternative slow-expansion appliance may be appropriate depending on the dental and skeletal findings.
4. **If the crossbite is limited to one or two malpositioned teeth without skeletal constriction, favor localized dental correction** rather than full maxillary orthopedic expansion.
5. **If there is no clinically meaningful crossbite, functional shift, or significant space/eruption concern, recommend observation** rather than placing an appliance.

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# AI Assisted Practice Management Software



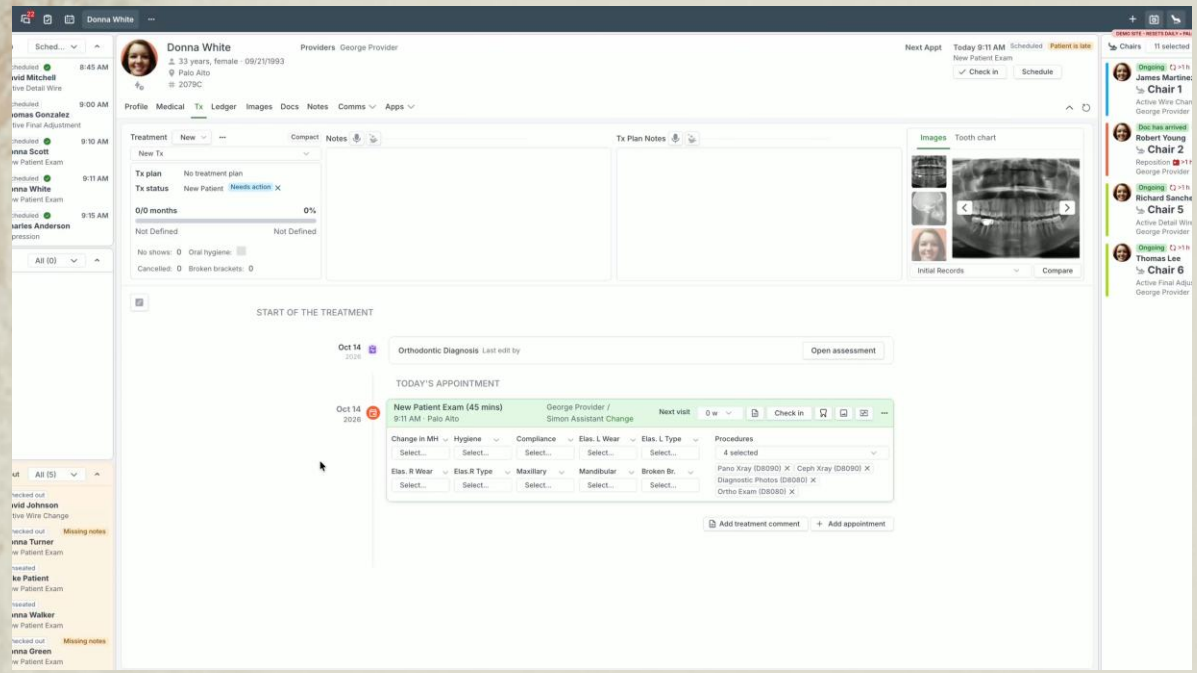

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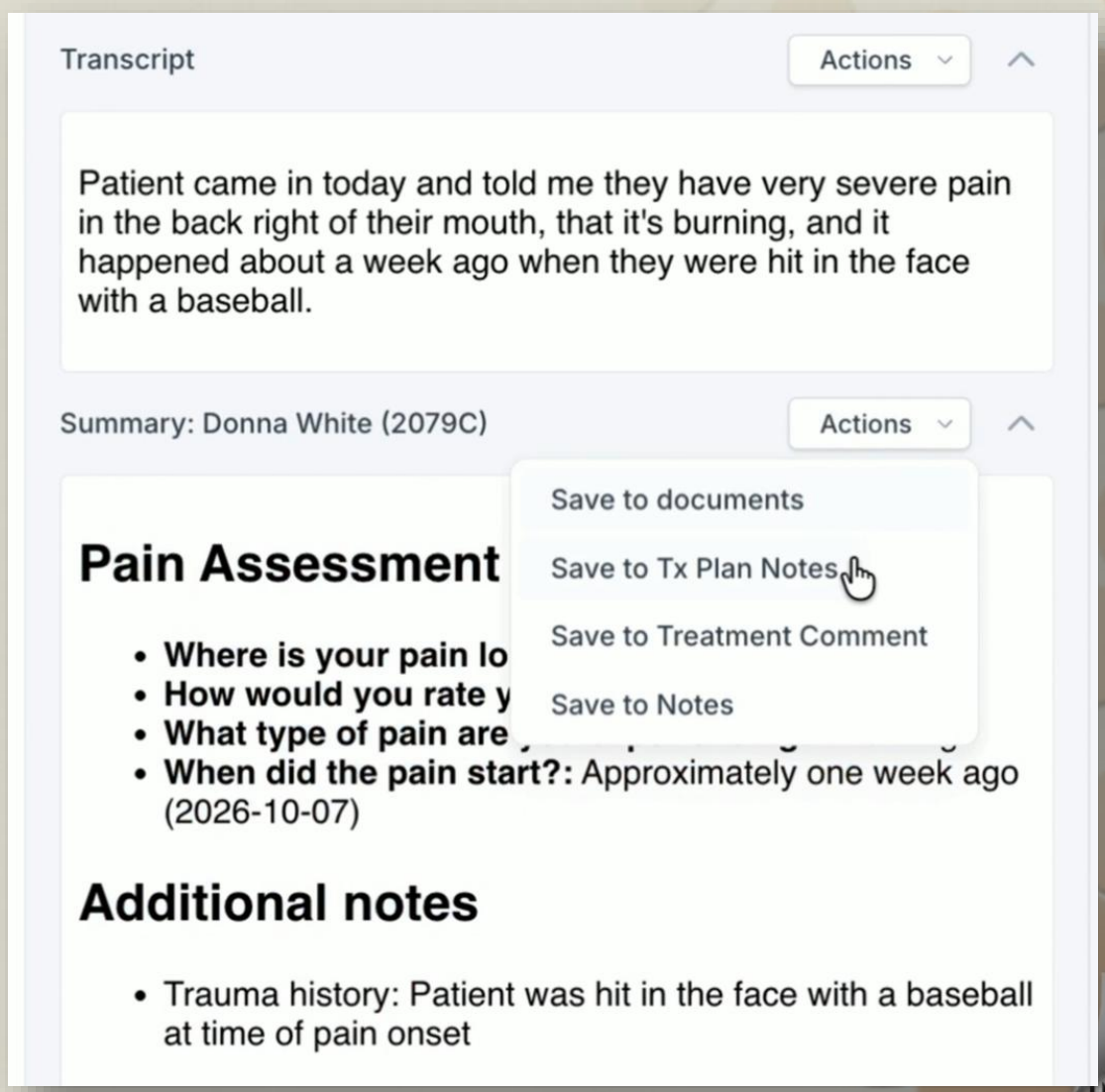
# AI Assisted Practice Management Software



# AI Assisted Practice Management Software

greyfinch



# AI Assisted Practice Management Software

Other AI features that might be in development (or not) somewhere:

- Clinical AI Assistant that transcribes and completes your voice notes into the patients Treatment Card
- Scheduling AI assistant to optimize the team's time
- Financial fraud detection based on known exploits
- and more…

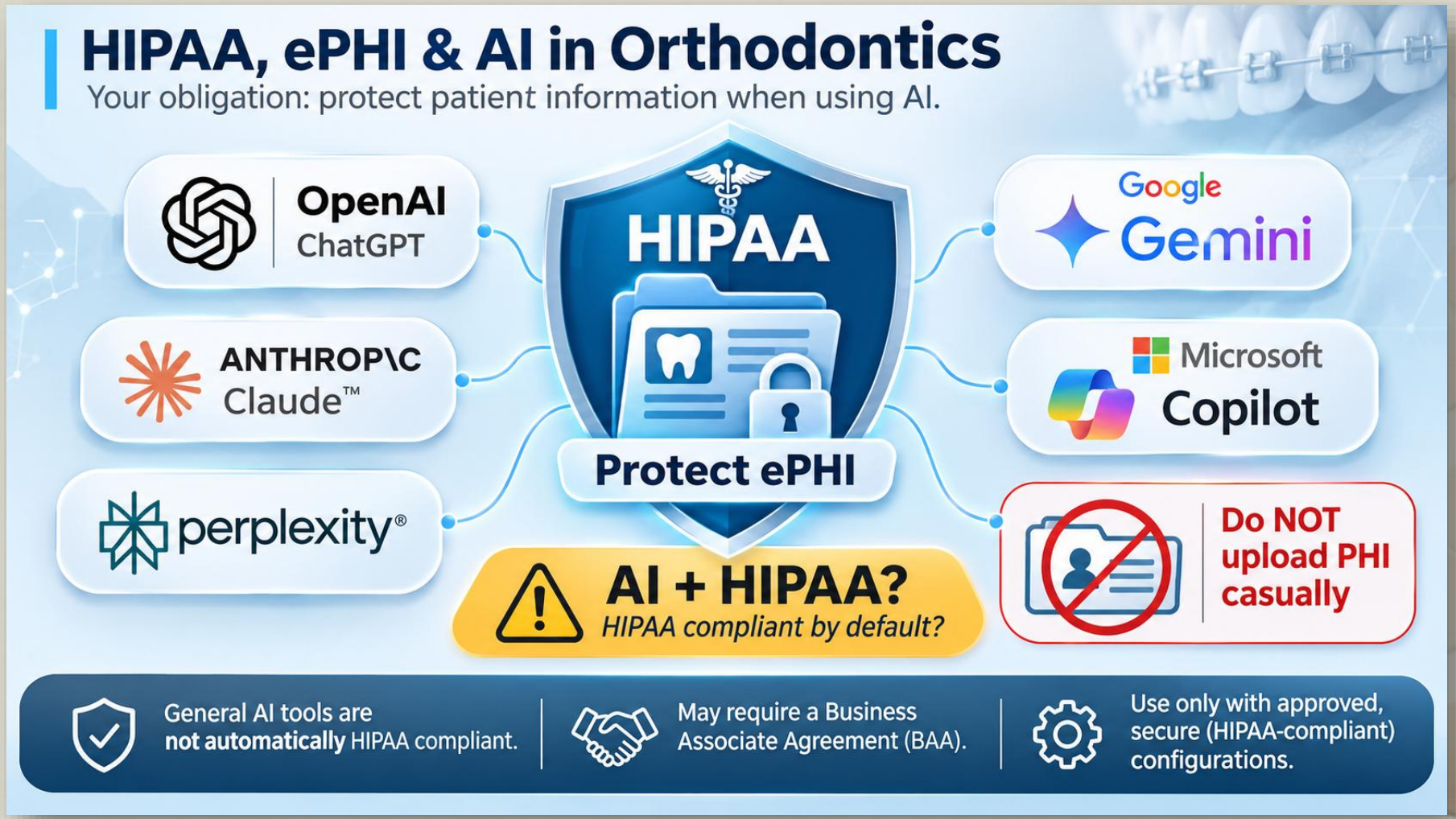


# Who here has used an AI tool for anything related to patient care?




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# Did we all forget about HIPAA and the necessity for ePHI protection?




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# ePHI and AI

- AI and its uses within a Practices are developing at a pace far faster than regulations can keep up with.
- I would expect that we have the same HIPAA ePHI obligations as with eMail or other online services.
- Can we get a BAA with the vendors?
- Will they NOT share or utilize the shared ePHI data to train their models?
  - Here is the problem!




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# ePHI and AI

- AI companies train their models based on the information you provide and the interactions with it.
  - They learn from it
- The DEFAULT for free AI usage is that the submitted data is used to train the model
  - If its free, you (or your data) is the product
- Even basic paid accounts DEFAULT to sharing the data with them.




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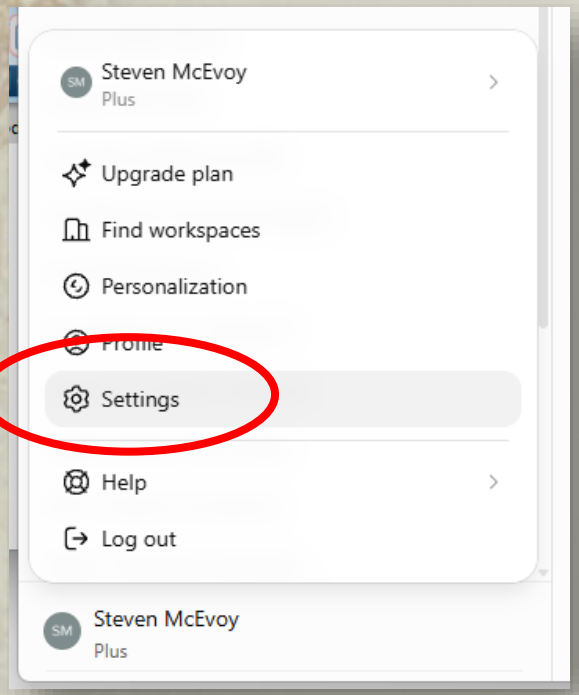
# ePHI and AI

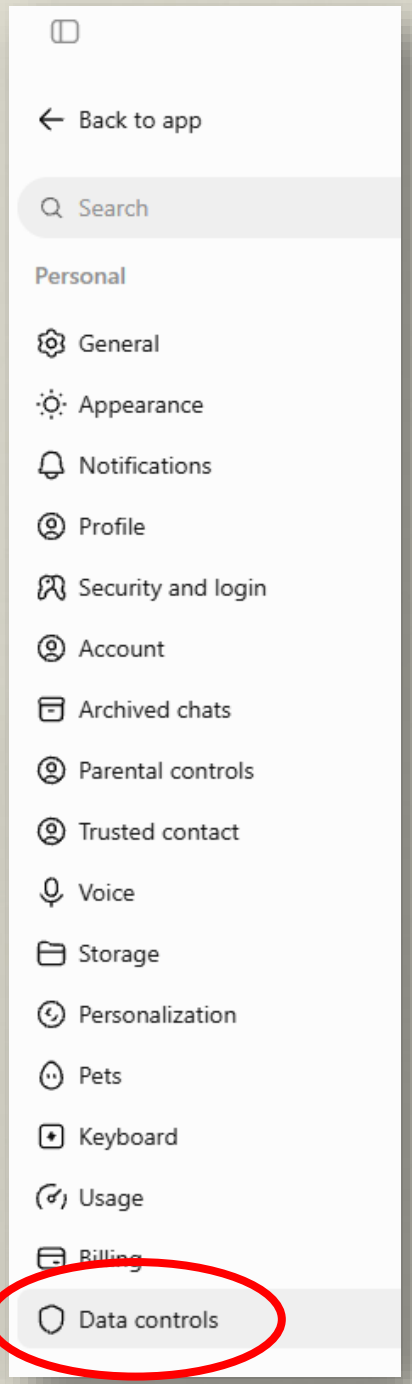
- My $20/mo personal ChatGPT Plus account defaults to my data is shared
- You can turn it off (if you believe them)
  - There is no BAA to compel them

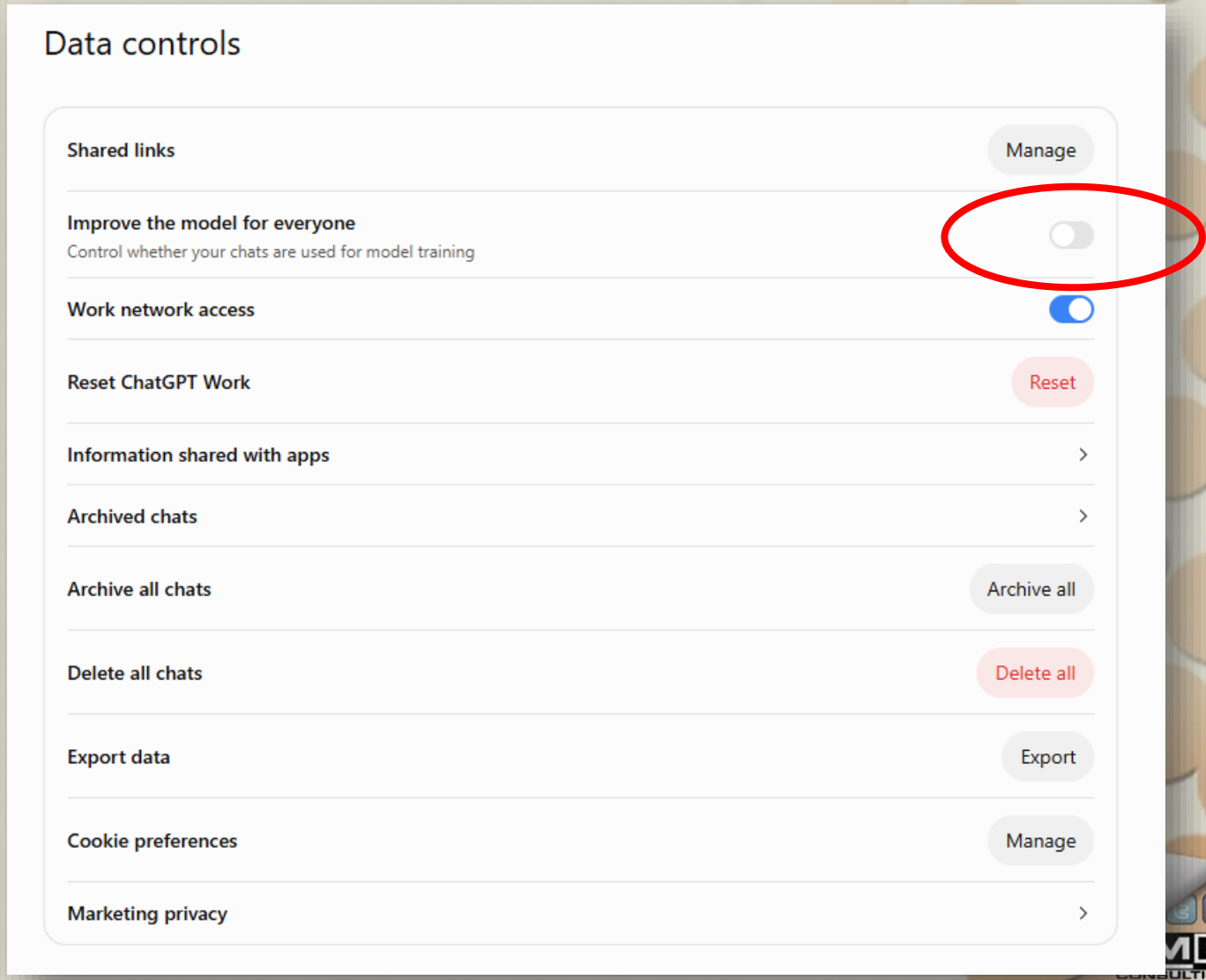
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# ePHI and AI


ChatGPT


Steven McEvoy
Plus
Upgrade plan
Find workspaces
Personalization
Profile
Settings
Help
Log out
Steven McEvoy
Plus


Back to app
Search
Personal
General
Appearance
Notifications
Profile
Security and login
Account
Archived chats
Parental controls
Trusted contact
Voice
Storage
Personalization
Pets
Keyboard
Usage
Billing
Data controls


Data controls
Shared links
Manage
Improve the model for everyone
Control whether your chats are used for model training
Work network access
Reset ChatGPT Work
Reset
Information shared with apps
Archived chats
Archive all chats
Archive all
Delete all chats
Delete all
Export data
Export
Cookie preferences
Manage
Marketing privacy

# ePHI and AI

- Business Plan appear to DEFAULT to OFF
- Cost more of course
- Let's ask AI what it thinks about this…




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# ePHI and AI

If an orthodontist uploads any aspect of patient records to a AI tool like ChatGPT or Copilot or the other major players, are they violoating HIPAA requirements for patient privacy protections? Do these companies provide a Business Associate agreement for medical and dental professionals and mind the obligations of the BAA?




**Yes. An orthodontist who uploads identifiable patient information into a consumer AI service such as ChatGPT, Claude, Gemini, or Copilot can violate HIPAA.** However, several major AI companies now offer specific products with Business Associate Agreements (BAAs) that can support HIPAA-compliant use.

The distinction is extremely important, particularly for orthodontists who want to use AI to analyze patient photographs, radiographs, CBCT scans, treatment records, or develop treatment plans.

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# ePHI and AI – Not so great news …

## 2. Do the major AI companies offer BAAs?

Based on published provider documentation reviewed November 4, 2026. Availability is product- and configuration-specific.

| AI company | BAA available? | Important qualification |
|---|---|---|
| OpenAI — ChatGPT | **Yes, selected offerings** | Healthcare, eligible regulated Enterprise, Clinicians, and API configurations. Not ordinary ChatGPT Plus or Business. |
| Microsoft — Copilot | **Yes** | Enterprise Microsoft 365 Copilot and Copilot Chat can support HIPAA under properly configured implementations. Web search is excluded. |
| Google — Gemini | **Yes, selected offerings** | Certain Google Workspace and Google Cloud services can be covered. Consumer Gemini is not automatically covered. |
| Anthropic — Claude | **Yes, selected offerings** | HIPAA-ready Enterprise configurations and eligible APIs. Ordinary consumer accounts are not covered. |

These are meaningful options, but **a BAA with one of these companies is not a blanket authorization to use every AI product or feature it offers.** OpenAI Help… +3

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# Not Happy with what's out there?

# DIY Orthodontic Apps



# Imaging ABO 8-Up Mount Tool?





# Imaging ABO 8-Up Mount Tool?

If I asked you to, could you create a standalone executable file for a Windows PC that could ask me for the standard 8 images, and then produce the resulting image file? I don't want you to do it, but I would like to know if you could. We'd have to fine tune the user interface for selecting the files, entering the patient info, and setting a default output file location.




ChatGPT

**Yes. I could build a standalone Windows application that does exactly that.** In fact, this is an excellent candidate for a small, purpose-built desktop application because the photographic mounting process follows a repeatable set of rules.

The finished program could be distributed as a **single Windows** `.exe` **file**, with no requirement for Python, Photoshop, Microsoft Office, or ChatGPT to be installed on the computer.

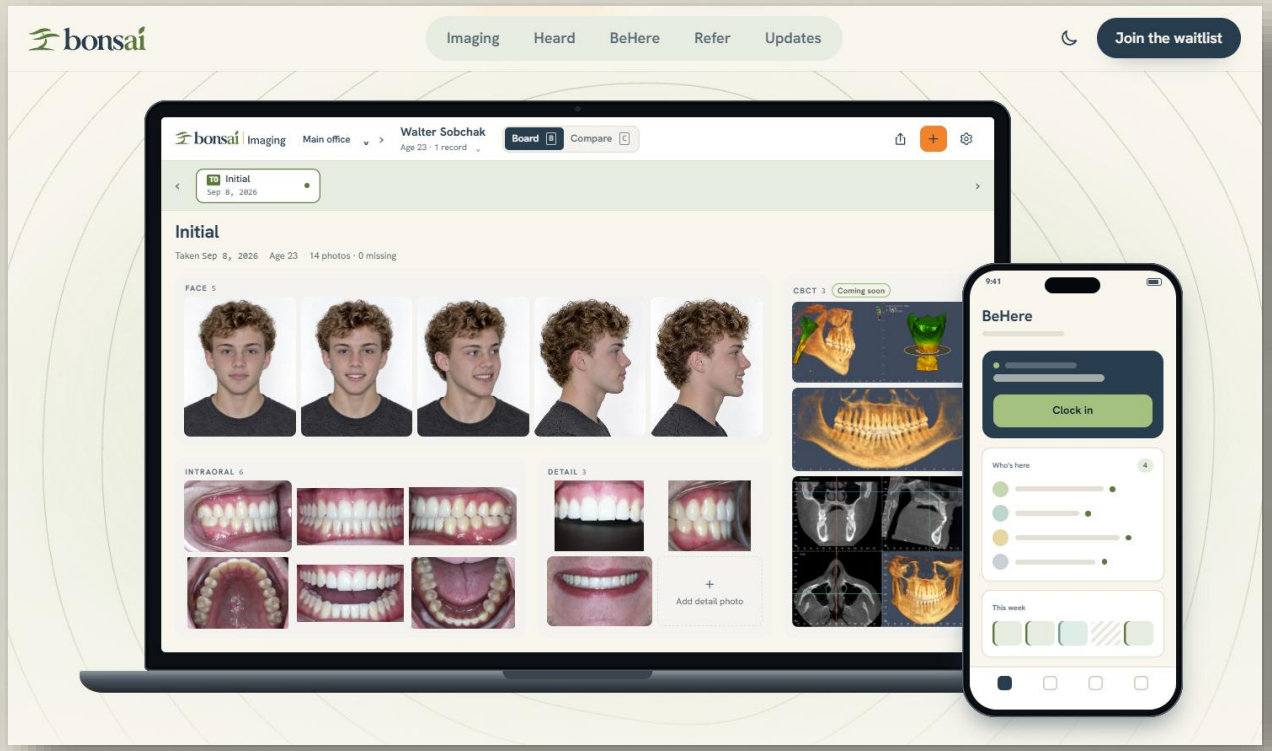
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# Going all the way ...




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# AI Home Brewed Orthodontic App




The CBCT viewer is still in development and is not FDA cleared. It isn't available for clinical use.

The scan shown is shared with permission.

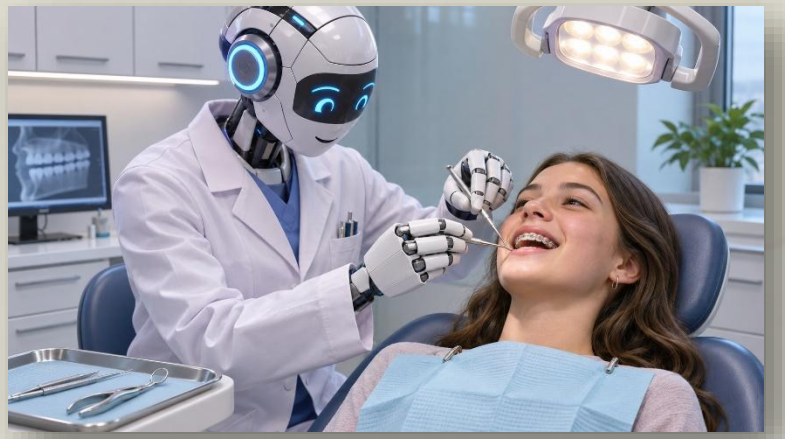
# What Should You Do?




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# Takeaways…..

1. AI is likely going to make its way into Practices
2. Initially it will play a supporting role assisting traditional roles
3. It may provide cost savings and quality improvements for those that embrace it
4. Hold your breath and see where we are 2 more years from now!



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# Thank You!

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Technology Planning and Integration for Dental Specialists

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