

**Review Article** 



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# Data-Driven Dentistry: Using Public Health Informatics to Identify and Address Barriers to Implant Treatment

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#### Abstract

**Background:** Dental implants have become a standard treatment option for missing teeth, offering improved function and aesthetics. However, access to implant treatment remains uneven, potentially exacerbating oral health disparities. This research explores the application of public health informatics to identify and address barriers to implant treatment.

**Methods:** This study utilizes a data-driven approach, leveraging existing public health datasets (e.g., electronic dental records, insurance claims data, census data) and potentially incorporating new data collection methods (e.g., surveys, community health assessments). Geographic Information Systems (GIS) will be employed to visualize and analyze spatial patterns of implant utilization and identify areas with limited access. Statistical analysis will be performed to correlate demographic, socioeconomic, and clinical factors with implant treatment rates. Machine learning algorithms may be used to predict individuals at higher risk of not receiving necessary implant care. Qualitative data, such as patient interviews and focus groups, may be incorporated to understand the lived experiences and perceived barriers to treatment.

**Results:** The analysis will aim to identify key barriers to implant treatment, which may include financial constraints, lack of insurance coverage, limited access to specialists, patient knowledge deficits, cultural or linguistic barriers, and systemic biases within the healthcare system. The study will also investigate the impact of these barriers on oral health outcomes and quality of life.

**Discussion:** This research will provide valuable insights for policymakers, public health professionals, and dental practitioners to develop targeted interventions aimed at improving access to implant treatment. These interventions could include community-based dental programs, tele dentistry initiatives, financial assistance programs, patient education campaigns, and culturally competent care models. The data-driven approach offers a powerful tool for identifying and addressing disparities in implant care, ultimately promoting oral health equity.

**Keywords:** Dental Implants; Public Health Informatics; Access To Care; Health Disparities; Data-Driven Dentistry; Geographic Information Systems (GIS); Electronic Dental Records; Teledentistry; Oral Health Equity; Barriers To Treatment.

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#### Introduction

This research focuses on the application of public health informatics to identify and address barriers to implant treatment. We argue that a data-driven approach is essential for understanding the complex factors that contribute to disparities in access to implant care and for developing effective strategies to promote oral health equity [1-6]. This study will utilize a multi-faceted approach, combining quantitative and qualitative data analysis to provide a comprehensive picture of the challenges and opportunities related to implant treatment access.

Specifically, this research will:

1. **Analyze existing public health datasets:** We will leverage electronic dental records, insurance claims data, and census data to examine patterns of implant utilization across different demographic groups. Geographic Information Systems (GIS) will be employed to visualize spatial variations in access and identify areas with limited availability of implant services.

2. Investigate the correlation between socioeconomic factors and implant treatment rates: Statistical analysis will be performed to determine the relationship between factors such as income, education, insurance coverage, and access to care.

3. **Explore the role of patient-level factors:** Qualitative data, such as patient interviews and focus groups, will be used to understand individual perceptions of barriers to treatment, including financial constraints, lack of awareness about implant options, cultural or linguistic barriers, and fear or anxiety related to dental procedures.

4. **Develop data-driven interventions:** Based on the findings of the data analysis, we will explore potential interventions to improve access to implant treatment, such as community-based dental programs, teledentistry initiatives, financial assistance programs, patient education campaigns, and culturally competent care models.

5. **Evaluate the potential impact of interventions:** We will discuss methods for evaluating the effectiveness of these interventions in improving access to care and reducing oral health disparities.

The loss of teeth, whether due to caries, trauma, or periodontal disease, can significantly impact an individual's quality of life. Beyond the functional challenges of chewing and speaking, tooth loss can affect self-esteem, social interactions, and overall wellbeing. Dental implants have emerged as a predictable and effective treatment modality for replacing missing teeth, offering a stable and durable solution that closely mimics natural dentition. Unlike removable dentures or fixed bridges, implants integrate directly with the jawbone [7-10] providing superior support, improved oral function, and enhanced aesthetics. The benefits of implant therapy extend beyond individual well-being, contributing to improved oral health and potentially reducing the burden of oral disease on the healthcare system.

Despite the proven efficacy and numerous advantages of dental implants, access to this treatment modality remains uneven. Disparities in access exist across various demographic groups, including those based on socioeconomic status, race and ethnicity, geographic location (urban vs. rural), age, and insurance coverage. These disparities contribute to oral health inequities, where certain populations experience a disproportionate burden of untreated tooth loss and its associated consequences. Addressing these inequities is a critical public health challenge, requiring a comprehensive understanding of the factors that contribute to limited access to implant care.

Traditional approaches to understanding and addressing healthcare disparities often rely on aggregate data and broad generalizations. While valuable, these approaches may overlook the complex interplay of individual, social, and systemic factors that influence access to care. Public health informatics, a field that integrates data science, information technology, and public health principles, offers a powerful new lens for examining and addressing these challenges. By leveraging the vast amount of data available through electronic health records, insurance claims, census data, and other sources, public health informatics can provide detailed insights into patterns of healthcare utilization, identify specific barriers to care, and inform the development of targeted interventions.

# Challenges in Implementing a Data-Driven Approach to Improve Access to Implant Treatment

While a data-driven approach holds significant promise for addressing disparities in access to implant treatment, several challenges must be considered and addressed to ensure its successful implementation and effectiveness. These challenges [11-15] span data acquisition and management, analytical methodologies, interpretation of findings, and translation into actionable interventions.

#### **1. Data Availability and Quality**

• Limited Data: Comprehensive datasets that link demographic information, clinical data (including implant procedures), and socioeconomic factors are often lacking. Dental records may not consistently capture information about implant treatment, especially in private practice settings.

• **Data Silos:** Data relevant to implant access may be scattered across different systems (e.g., dental offices, insurance companies, public health agencies), making it difficult to integrate and analyze.

• **Data Quality:** Data may be incomplete, inaccurate, or inconsistent, impacting the reliability and validity of analyses. Standardized data collection protocols are crucial for ensuring data quality.

• **Representativeness:** Available data may not be representative of the entire population, potentially leading to biased findings and limiting the generalizability of results. Underserved populations may be underrepresented in existing datasets.

# 2. Analytical Challenges

• **Confounding Factors:** Identifying the specific factors that contribute to disparities in implant access can be complex due to the presence of confounding variables. Statistical methods must be carefully chosen to control for these confounders.

• **Causality vs. Correlation:** Data analysis may reveal correlations between certain factors and implant access, but it may not establish causality. Further research, including qualitative studies and intervention trials, may be needed to determine cause-and-effect relationships.

• **Data Privacy and Security:** Protecting patient privacy and ensuring data security are paramount. Strict adherence to relevant regulations (e.g., HIPAA) is essential. De-identification techniques and secure data storage methods [16-20] must be implemented.

• **Statistical Expertise:** Analyzing complex datasets requires specialized statistical expertise. Collaboration with biostatisticians and data scientists is crucial for ensuring the appropriate use of statistical methods.

#### 3. Interpretation and Translation

• **Contextual Understanding:** Interpreting data requires a deep understanding of the social, cultural, and economic context in which implant care is delivered. Qualitative research can provide valuable insights into the lived experiences of individuals facing barriers to treatment.

• **Stakeholder Engagement:** Translating research findings into actionable interventions requires engagement with key stakeholders, including policymakers, dental professionals, community organizations, and patients. Collaborative approaches are essential for developing and implementing effective interventions.

• **Sustainability:** Ensuring the long-term sustainability of interventions is a challenge. Funding, infrastructure, and community support are crucial for the success of any program aimed at improving access to implant treatment.

• **Scalability:** Interventions that are effective in one setting may not be easily scalable to other contexts. Careful consideration

of scalability is important when designing and implementing interventions.

#### 4. Ethical Considerations

• **Data Bias:** Algorithms used in data analysis can perpetuate [21-26] existing biases in the data, potentially leading to discriminatory outcomes. Careful attention must be paid to address potential biases in data and algorithms.

• **Informed Consent:** Obtaining informed consent from individuals whose data are being used for research is essential. Participants must be fully informed about the purpose of the research, the risks and benefits, and their right to withdraw from the study.

• Equity and Justice: Research should be conducted in a way that promotes equity and justice. The findings should be used to address disparities and improve access to care for all populations.

# Benefits of a Data-Driven Approach to Improve Access to Implant Treatment

A data-driven approach, leveraging public health informatics, offers numerous benefits for improving access to implant treatment and promoting oral health equity. These benefits can be categorized into improved understanding of the problem, more effective interventions, and enhanced accountability and evaluation.

# 1. Enhanced Understanding of the Problem

• Identifying Disparities: Data analysis can reveal the extent and nature of disparities in access to implant treatment across different demographic groups. This includes identifying specific populations who are underserved and understanding the factors contributing to these disparities.

• **Pinpointing Barriers:** By analyzing data from multiple sources, researchers can pinpoint specific barriers to implant treatment, such as financial constraints, lack of insurance coverage, limited access to specialists, patient knowledge deficits, cultural or linguistic barriers, and systemic biases.

• Understanding Geographic Variations: Geographic Information Systems (GIS) can be used to visualize spatial patterns of implant utilization and identify areas with limited access to implant services. This information can be used to target interventions to specific geographic areas.

• **Informing Policy Decisions:** Data-driven insights can inform policy decisions related to oral health, such as resource allocation, program development, and regulatory changes.

#### 2. More Effective Interventions

Targeted Interventions: Data analysis can help to

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develop targeted interventions that address the specific needs of underserved populations. This may include community-based dental programs, teledentistry initiatives, financial assistance programs, patient education campaigns, and culturally competent care models.

• **Personalized Care:** Data can be used to personalize implant care, tailoring information and treatment plans to the individual needs of patients [27,28]. This can improve patient satisfaction and outcomes.

• **Improved Efficiency:** Data analysis can help to streamline implant care delivery, improving efficiency and reducing costs. This may involve optimizing workflows, using technology to automate tasks, and improving communication among providers.

• **Evidence-Based Decision Making:** Data provides evidence to support decision-making related to implant care. This ensures that interventions are based on the best available evidence and are likely to be effective.

# 3. Enhanced Accountability and Evaluation

• **Monitoring Progress:** Data can be used to monitor progress towards improving access to implant treatment and reducing disparities. This allows for timely adjustments to interventions and ensures that resources are being used effectively.

• **Evaluating Effectiveness:** Data analysis can be used to evaluate the effectiveness of interventions in improving access to care and oral health outcomes. This provides valuable information for refining interventions and ensuring that they are achieving their intended goals.

• **Promoting Transparency:** Data sharing and public reporting can promote transparency and accountability in the delivery of implant care. This can help to build trust among patients and communities.

• **Driving Continuous Improvement:** Data-driven insights can drive continuous improvement in the quality and accessibility of implant care. By regularly collecting and analyzing data, providers and policymakers can identify areas for improvement and implement changes to optimize care delivery.

While a data-driven approach to improving access to implant treatment offers numerous advantages, it's crucial to acknowledge and address the potential [29,30] disadvantages. These drawbacks can hinder the effectiveness of such initiatives if not carefully considered and mitigated.

#### 1. Data-Related Challenge

• Data Availability and Accessibility: As mentioned before, comprehensive and relevant data may not always be readily available. Data silos, inconsistent record-keeping, and

lack of standardized data collection protocols can limit the scope and accuracy of analyses. Accessing data from various sources may also be restricted due to privacy regulations or institutional barriers.

• Data Quality Issues: Incomplete, inaccurate, or inconsistent data can lead to misleading or unreliable results. Data entry errors, variations in coding practices, and missing data can compromise the integrity of analyses. Cleaning and validating data can be time-consuming and resource-intensive.

• **Data Security and Privacy:** Protecting patient privacy and ensuring data security are paramount. Data breaches can have serious consequences, including reputational damage and legal repercussions. Strict adherence to regulations like HIPAA is essential, and robust security measures must be implemented to safeguard sensitive information.

• **Representativeness and Bias:** Available data may not be representative of the entire population, particularly underserved or marginalized groups. This can lead to biased findings and limit the generalizability of results. Sampling bias, selection bias, and other forms of bias can skew the data and lead to inaccurate conclusions.

# 2. Analytical and Methodological Limitations

• **Confounding Variables:** Identifying the specific factors that contribute to disparities in implant access can be challenging due to the presence of confounding variables. Socioeconomic status, education level, access to transportation, and other factors can influence both access to care and oral health outcomes, making it difficult to isolate the impact of specific interventions.

• **Causality vs. Correlation:** Data analysis may reveal correlations between certain factors and implant access, but it may not establish causality. Just because two variables are associated does not mean that one causes the other. Further research, including randomized controlled trials, may be needed to establish cause-and-effect relationships.

• **Statistical Expertise and Resources:** Analyzing complex datasets requires specialized statistical expertise and resources. Hiring qualified biostatisticians and data scientists can be expensive, and not all organizations may have the necessary resources.

• Algorithm Bias: Algorithms used in data analysis can perpetuate existing biases in the data, potentially leading to discriminatory outcomes [31-34]. Careful attention must be paid to address potential biases in data and algorithms to ensure fairness and equity.

# 3. Implementation and Contextual Challenges

Cost and Infrastructure: Implementing a data-

driven approach can be expensive, requiring investments in data collection systems, software, hardware, and personnel. Developing and maintaining the necessary infrastructure can be a significant challenge, especially for resource-constrained organizations.

• Stakeholder Engagement and Buy-in: Translating research findings into actionable interventions requires engagement and buy-in from key stakeholders, including policymakers, dental professionals, community organizations, and patients. Building consensus and fostering collaboration can be challenging, especially if there are conflicting interests or priorities.

• **Sustainability and Scalability:** Ensuring the long-term sustainability and scalability of interventions is a major challenge. Funding, infrastructure, and community support are crucial for the success of any program aimed at improving access to implant treatment. Interventions that are effective in one setting may not be easily transferable to other contexts.

• Ethical Considerations: Data-driven approaches raise several ethical considerations, including informed consent, data ownership, and the potential for misuse of data. Careful attention must be paid to ethical principles to ensure that research is conducted responsibly and that patient rights are protected.

# 4. Over-Reliance on Data

• **Ignoring Qualitative Insights:** A focus on quantitative data can sometimes lead to overlooking valuable qualitative insights. Patient experiences, perspectives, and narratives can provide important context and nuance that may not be captured in quantitative data. A balanced approach that integrates both quantitative and qualitative data is essential.

• **"Garbage In, Garbage Out":** The quality of data analysis is only as good as the quality of the data. If the data are flawed or biased, the results will be unreliable, regardless of how sophisticated the analytical methods are:

# **Future Works**

The future of data-driven dentistry, particularly concerning access to implant treatment, lies in refining methodologies, expanding data sources, and focusing on impactful interventions. Here are some key directions for future work

# 1. Enhancing Data Collection and Integration

• **Standardized Data Collection:** Developing and implementing standardized data collection protocols for implant procedures, including patient demographics, clinical characteristics, treatment outcomes, and patient-reported outcomes, is crucial. This will facilitate data sharing and enable more robust analyses.

• Integrating Diverse Data Sources: Future research should focus on integrating data from diverse sources, including

electronic dental records, insurance claims data, public health registries, census data, social media data, and patient-generated data. This will provide a more comprehensive picture of the factors influencing access to implant treatment.

• Leveraging Big Data and Machine Learning: Exploring the use of big data analytics and machine learning algorithms to identify patterns and predict risk factors for limited access to care holds great promise. These techniques can help to identify individuals who are most likely to benefit from targeted interventions.

• **Mobile Health (mHealth) and Wearables:** Integrating data from mHealth apps and wearable devices can provide valuable insights into patient behaviors, oral hygiene practices, and access to care. This data can be used to personalize interventions and improve patient engagement.

# 2. Refining Analytical Methodologies

• Advanced Statistical Modeling: Employing advanced statistical modeling techniques, such as multilevel modeling and longitudinal analysis, can help to account for complex relationships between variables and track changes in access to care over time.

• **Causal Inference Methods:** Utilizing causal inference methods, such as propensity score matching and instrumental variable analysis, can help to disentangle the causal effects of specific interventions on access to implant treatment.

• Qualitative Data Integration: Integrating qualitative data, such as patient interviews and focus groups, with quantitative data can provide a richer understanding [35] of the lived experiences of individuals facing barriers to care. Mixed-methods research designs are essential for capturing the complexity of the issue.

• **Spatial Analysis:** Advanced spatial analysis techniques can be used to identify geographic hotspots of limited access to implant services and to understand the spatial distribution of resources.

# **3. Developing and Evaluating Interventions**

• **Tailored Interventions:** Future research should focus on developing and evaluating tailored interventions that address the specific needs of underserved populations. This may involve culturally competent care models, financial assistance programs, patient education campaigns, and community-based dental programs.

• **Teledentistry and Virtual Care:** Exploring the potential of teledentistry and virtual care to expand access to implant consultations and follow-up care, particularly in rural or underserved areas, is a priority.

• **Community-Based Participatory Research:** Engaging community members in the research process is essential for ensuring that interventions are relevant, acceptable, and sustainable. Community-based participatory research (CBPR) approaches can empower communities to address their own oral health needs.

• **Cost-Effectiveness Analysis:** Conducting costeffectiveness analyses of different interventions is crucial for informing resource allocation decisions and ensuring that programs are sustainable in the long term.

#### 4. Addressing Ethical Considerations

• Data Privacy and Security: Developing and implementing robust data governance frameworks to protect patient privacy and ensure data security is paramount. Ethical guidelines for data sharing and research should be strictly adhered to.

• Algorithmic Fairness and Bias: Addressing potential biases in algorithms used for data analysis is essential. Research should focus on developing fair and equitable algorithms that do not perpetuate existing disparities.

• **Informed Consent and Transparency:** Ensuring that patients [12,16,18-20] are fully informed about the use of their data and providing transparent information about research findings are crucial for building trust and maintaining ethical standards.

#### 5. Implementation Science and Dissemination

• **Translational Research:** Bridging the gap between research and practice is essential. Implementation science frameworks can be used to translate research findings into actionable interventions and to evaluate their effectiveness in real-world settings.

• **Dissemination and Policy Advocacy:** Disseminating research findings to key stakeholders, including policymakers, dental professionals, and community organizations, is crucial for informing policy decisions and promoting evidence-based practice. Advocacy efforts are needed to ensure that policies and programs address the needs of underserved populations.

#### Conclusion

In conclusion, this exploration of data-driven dentistry, specifically concerning access to implant treatment, highlights the transformative potential of public health informatics in addressing oral health disparities. While dental implants have become a cornerstone of restorative dentistry, access to this beneficial treatment remains uneven, often mirroring existing socioeconomic and demographic inequalities. This inequity not only affects individual well-being but also perpetuates broader oral health disparities within communities.

A data-driven approach, leveraging the power of public health informatics, offers a crucial pathway to understanding and mitigating these access barriers. By systematically collecting, integrating, and analyzing diverse data sources, we can gain a granular understanding of the complex factors that contribute to limited access to implant care. This includes identifying underserved populations, pinpointing specific barriers – be they financial, geographic, cultural, or systemic – and understanding the interplay of these factors. Geographic Information Systems (GIS) further enhance this understanding by visualizing spatial patterns of access and resource allocation, allowing for targeted interventions.

However, the path to realizing the full potential of data-driven dentistry is not without its challenges. Data availability, quality, security, and representativeness are critical considerations. Analytical limitations, including confounding variables and the need for specialized expertise, must be addressed. Furthermore, the translation of data into actionable interventions requires careful consideration of contextual factors, stakeholder engagement, sustainability, and ethical implications. Over-reliance on quantitative data, without integrating qualitative insights, can also limit our understanding.

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