

Dental Insurance Vision for the Future
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During the civil war, more soldiers died from uncontrolled infections than died on the battlefield. Relentlessly progressive gangrene was a result of many of these infections. The only hope of saving the soldier's life was to cut off the limb above the gangrenous area. Fortunately in the 1930's the surgical approach to disease control was finished with the discovery of penicillin. From then up until today medicine has focused on healing diseases.

Unfortunately dentistry is still practicing this 19th century surgical approach to disease containment. Most of us have had a dental visit where the dentist examines you and says "You have decay in this tooth. It needs a filling before it gets worse." Welcome to the 19th century.

In the 21st century we can diagnose the extent of the decay using lasers (trade name Diagnodent) and heal small areas of decay. We avoid many fillings; we can repair many existing fillings and crowns at a fraction of the cost of replacing them.

So why is dentistry stuck in the outmoded 19th century surgical approach to disease control?

1. Insurance companies and dentists have developed a comfortable relationship promoting this surgical approach at the expense of the companies and their employees by focusing on money rather than on quality of care.
2. Dentistry is a "cottage industry" where over 80% of dentists practice alone. This forces the dentist to provide patient care, manage the business side of the practice, and, in spare time, keep up with all the new concepts/technologies that are rapidly changing diagnosis and treatment of dental disease. Given this heavy burden, it is not surprising that the new concept of healing disease which radically changes the diagnosis, treatment, and even practice management approaches hasn't been adopted by today's dentists.
3. Insurance companies believe that single dentist practices will continue to determine how dental care is delivered. The solution for insurance companies - rethink your relationship with your dentists. Providing incentives to promote dental health for a company's subscribers will reduce their subscribers' cost and improve their quality of life. The Federal Government will step in and solve the problem by taking over the functions of the insurance companies.

Premise – Promoting healing/preventing disease would reduce the cost to subscribers who utilize dental services by an estimated 25%. These insurance companies would have a huge economic advantage over all other dental insurance companies promoting 19th century dental surgical concepts. The economic problem insurance companies have is not the quality or the cost of dental care. It is the quantity of dental treatment.

To make the changes:

1. Goals for insurance companies
 - a. Lower cost
 - b. Higher number of subscribers
 - c. Improved health of subscribers
2. Changes required
 - a. Switch from dentistry's surgical 19th century surgical model to a medical model of disease healing.
 - b. Use currently available mechanisms to control decay
 - c. Market to employers that dental health is now recognized as a significant factor in total health that directly effects diabetes, heart disease, and low birth weight babies
 - d. Implement evidence-based dental treatment approach to determine which treatments will improve subscriber quality of care and which waste money.
 - e. Promote an expected shift to group practices which will reduce the total number of dental practices by 50% as single dentists won't be able to compete with the continually increasing complexity of delivering dental care.
3. Change won't come from dentists
 - a. It is in the dentist's economic interest to perpetuate the surgical model.
 - b. Dentists can get around the economic limitations insurance companies try to establish – in fact, a reduced fee schedule incentivizes dentists to be more aggressive in their diagnoses – as happened in medicine where they now submit a laundry list of codes for each diagnosis/treatment to increase their reimbursement.
In dentistry:
 - i. Cores will be charged separately with most crowns
 - ii. Bases will be charged separately under most fillings
 - iii. Aggressive diagnosis – lots of air abrasive dentistry/unnecessary fillings (very small quick fillings)
 - iv. Cut corners – ½ hour cleanings
 - c. Today, only insurance companies can create the changes in dentistry so that they can maintain their economic position. Financial incentives to dentists are the key to change.
4. 21st century insurance – will focus on a conservative approach (prevention, conservative dentistry and continuing education incentives)
 - a. Value to early adopter insurance company – You will have a “niche” that contains all the features companies and their employees value and it will take several years (if ever) for other insurance companies to catch up to your position.
 - b. Insurance companies will routinely track key dental health statistics - we can show you HealthPark's numbers for the last 10 years.
 - i. Total number clients (individuals) seen in last calendar year
 - ii. Total number of clients (individuals) in recall system
 - iii. Total number of extractions on clients in recall system in last calendar year. This is an indicator of degree of preventive failure.
 - iv. Total number of crowns and 4 surface amalgams and composites in recall clients

- v. Number of fluoride treatments per 100 patients (adults and children) in the recall system
 - vi. Average total annual fee charged to recall patient
5. Reward conservative dentists – Examples:
 - a. Pay 10% more on preventive services
 - b. Pay 5% more on other services
 - c. Publish dentist statistical profiles on your website. List dentists that meet criteria and what this means to participants.
 - d. Promote and reward dentists for practicing evidence based dentistry (EBD)
 - i. Subsidize cost of EBD journal to dentists
 - ii. Set EBD standards – place on website, incorporate EBD into reimbursement system
 - e. As an alternative, refer subscribers to a website like Angie’s list that allows subscribers to evaluate dentists
 6. Other potential incentives (based on statistics) for dentists that practice
 - a. Preventively (track success statistically)
 - b. Conservatively (offer choices-crowns vs. large fillings)
 - c. Safely - OSHA or AAAHC certification
 - d. Become statistically based - OPE/Baldrige awards
 - e. Dentists do significant continuing education - Academy of General Dentistry
 7. Website profile of positive dentist affiliations
 - a. American Dental Association - www.ada.org
 - b. Ohio Dental Association– www.oda.org
 - c. Component dental society
 - d. Academy of General Dentistry (continuing education) – www.agd.org
 - e. American Equilibration Society – www.occlusion-tmj.org
 - f. World Congress of Minimally Invasive Dentistry (conservative dentistry, prevention) – www.wcmid.com
 - g. Association for Accreditation of Ambulatory Health Care (safety) – www.aaahc.org
 - h. Ohio Department of Health – OSHA inspection (safety)
 - i. Evidence Based Dentistry (quality of care)- www.ebd.org
 - j. OPE/Baldrige (statistical management)- www.partnershipohio.org

Now back to initial position statement

1. Current approach of insurance companies is not sustainable over the next 10 years
 - a. Too much new preventive/conservative information easily available to public
 - b. Cost of healthcare too high as a percent of families’ budgets
2. As fewer people can afford health care, there is a continually increasing pressure on Congress to solve this problem. The easiest (and least successful) approach would be to mandate some form of socialization.
3. A preventive/conservative approach
 - a. Reduces the cost to the client
 - b. Reduces the participating dentists income (requires minimally invasive dentistry), but part of this loss could be offset by your insurance company which will increase reimbursement to the dentists above that paid by competing insurance

companies for procedures that improve the health of the subscribers (improve health, reduce quantity of fixes). Your insurance company will still make a significantly greater profit through the reduction in dental restorative procedures and the expected increase in the number of subscribers.

- c. Now your insurance company is positioned to offer a rational (health oriented) product to your subscribers. The more you raise the understanding/appreciation of employers on how they can quickly improve health among their employees, the more you will separate yourself from all other dental insurance companies.
- d. Adopting this approach almost requires your company to find ways to improve the health of the communities you serve – don't ask your dentists to do for your subscribers what you're not willing to do for the communities in which they live.

Examples:

- i. My approach to cost effective dental care for welfare and working poor.
- ii. My approach to helping dental students transition from school to private practice focused on concepts described in this paper.

Test for validity of my approach

1. Review our statistics for the last 10 years
2. See three letters to a company that signs with us
 - a. HealthPark Dentistry – our initial contact with employer
 - b. How to choose a dentist
 - c. Dear employee – Our response to the first letter when brought to us by subscriber.
3. Pick 50 offices in Ohio and compare Healthpark's billing profile to these other offices for criteria discussed in this letter