

Editorial

Future health care changes—be prepared

Health care in the United States is a pathetic patchwork of payment plans. The United States fluctuates somewhere around 20th in rank of industrialized nations in infant mortality. Long-term illness in old age can lead to economic ruin. While health care costs are skyrocketing, one in six Americans is not covered by any health insurance. If a society is to be judged by how well it cares for its very young and its very old, the United States has little of which to be proud. Health care costs consume more than 12% of the gross national product of the United States. Other industrialized nations can cover everyone, including the young, the elderly, and the most economically disadvantaged, for just 7% to 9% of the gross national product.

Of course, not everything in the US system is bad. If you have the resources, you can obtain some of the best medical and dental care in the world in the United States. But for those with few or no resources, the present system can be a disaster waiting to happen. The question is, how do we maintain what is good about the US system while controlling costs, maintaining quality, and providing universal access and coverage?

To control costs while maintaining quality, future health care systems will require some assessment of quality. While medical care is in the forefront of health care discussions, there is little doubt that dentistry will also have to face assessment of the quality of care. A big part of successful quality assessment will be the communication of the results to the public so individuals or groups may choose dental providers based on quality and cost. This will be a most unsettling, and perhaps an unwelcome, development for those dentists who are not used to having their work evaluated for quality and efficiency by outsiders.

Traditionally, dentistry has frowned on any quality comparison of services between clinicians. All are supposed to be equally skilled, although clearly this is not the case. Some surgeons can routinely extract impacted third molars with few complications. Other operators' patients experience preventable postoperative sequelae far more frequently. What if the operator who encounters many more postoperative problems also happens to charge a fee twice as high? What if an operator whose routine amalgam restorations last just 2 years has higher fees than one whose

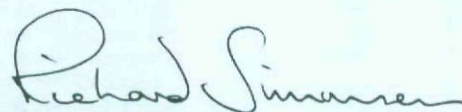
routine amalgam restorations last 15 years on average? Would you rather be cared for by an endodontist whose success rate is 99%, or one whose success rate is 80%?

If you were a member of the hard-working public, looking for the best care at the lowest fee, where would you go? The answer is that you would have no idea which operator has the highest success rate, or the lowest fee-per-successful-outcome ratio, so you would probably choose the best dental marketing specialist.

Walter McClure, Chairman of the Center for Policy Studies in Minneapolis, Minnesota, has proposed an innovative health care policy plan called *The Buy Right Strategy*. In it, patients are informed about the "provider's patient outcomes and his total average cost to produce them." The patient can then compare these figures with the "... total cost and outcomes of other providers for patients of comparable initial severity.... Buy Right thus eliminates purchaser and government meddling in the internal service pricing structure of providers."

Thus dentists or physicians who try to pad their incomes by adding questionably necessary services, or who shortchange patients on necessary care to offer unrealistically lower cost, will lose patients because their results will not be competitive on either cost or health outcome. In such a system, everyone wins except the unproductive, low quality and/or high cost dentists who cannot compete for the *informed* patient on cost or quality.

It is not a question of if, but when, quality of dental and medical treatment will be assessed and the results will be made public. Will the profession participate in the formulation of the new policy or simply stand bovinely by while politicians make the decisions for us? The dental profession in all countries should be alert and active on the issue of developing health care policy. Major changes lie ahead and we must be prepared.



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