

## Editorial

# The Pros and Cons of Single-Practitioner Versus Interdisciplinary Management for Implant Patients

Your training and where in the world you practice will make a very big difference as to whether you perform both surgical and restorative aspects of implant treatment for your patients. In the United States, many procedures are split between specialists and generalists, while in most of the rest of the world, the entire treatment is done by a single practitioner.

There is no doubt that, for the patient, it is easier to have all treatment done in a single office. The question is whether that office has multiple generalists and specialists to treat some of the more complex cases. Although there are cases that certainly can be surgically and restoratively done by a lone, well-trained generalist, the question comes up as to when certain, more advanced cases should be referred to a specialist for treatment.

Training generalists, as well as oral surgeons, periodontists, prosthodontists, and endodontists, in implant dentistry over many years has given me a clear understanding of the pros and cons of single-clinician vs interdisciplinary management with multiple specialists.

The question is often asked: "What makes a great dentist great?" My response is that it takes great knowledge of a given subject to make the right diagnosis and treat-

ment plan. It then also takes the highest level of ability to execute that treatment plan. If you do not have both, you see average work. You may have the right knowledge but not the ability to execute the best treatment plan. Or you have not made the best treatment plan, but you perform it to perfection regardless. If you don't have the right knowledge nor a great ability, you have the worst situation and the poorest outcomes for the patient.

Therefore, the real key is that every clinician must be honest with themselves regarding what they know and what they can do clinically. This is true from both the restorative and surgical aspects. Many general dentists are trained in basic surgery, and with some proper training, they can do straightforward, simple cases that do not require major grafting and are not in the esthetic zone. Many become quite adept at this and can certainly treat more advanced cases as their experience increases. However, the more bone and soft tissue that is missing, the more a specialist—like a periodontist or an oral surgeon—should be consulted to help manage the case. The same is true restoratively. The more mutilated the dentition with abnormal occlusal concerns, then the greater chance a prosthodontist should be consulted. The concept of

evaluating a case as either simple, advanced, or complex is a good way to categorize each case. The problem is that one person may see a case as simple when, in fact, it may be more advanced than they know. The old expression is that you can't diagnose what you don't know: A clinician looks at a case through their eyes and sees different things depending on their knowledge and training, which can sometimes lead to problems that may have been foreseen by another set of eyes.

Therefore, diagnostic knowledge is needed to (1) identify what a case may need prior to starting treatment and (2) aid in deciding who should perform each part. Missing more bone and soft tissue, especially in the esthetic zone, usually warrants an interdisciplinary approach. Of course, there are exceptions to this, but as a rule, this is usually the best choice.

So, it always comes down to case selection, case selection, case selection. Always be true to yourself, and do what you are capable of and trained to do. Perhaps the best way to help you decide is to ask yourself, "What would I do if I were the patient?" Your response to that will guide you to the correct answer.

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