



## Value-based dentistry: Will it provide the best care for our patients' needs?



The principle of evidence-based medicine (EBM), originally proposed in the early 1990s by Guyatt, led to the development of evidence-based dentistry (EBD) as we know it today.<sup>1</sup> Today, most dentists are familiar with EBD, and dental schools are now teaching EBD to their graduate and postgraduate students. EBD's objective is to elevate the quality of care by teaching clinicians to incorporate the best available scientific evidence into treatment planning rather than relying purely on clinical anecdote. However, applying the best scientific evidence to patient care does not guarantee the best treatment.

In our role as dental educators, we teach our students to provide the best possible comprehensive dental care, with an emphasis on the evidence-based approach. However, EBD does not always reveal what the best comprehensive treatment plan is for a particular patient. We do not have a standardized decision rubric to systematically evaluate the value of the comprehensive dental treatment plans being proposed as they relate to the patient. Evidence-based guidelines are necessary to help us balance EBD studies with the specific clinical needs of our patients so we may provide the best available care.

Therefore, the best comprehensive dental treatment plans should provide a rubric to present the patient with the patient-perceived value of the different choices of dental care being offered. This is the core concept of value-based medicine (VBM) as proposed by Brown et al.<sup>2</sup>

Brown et al defined VBM as follows: "Value-based medicine integrates the best EBM data with the patient-perceived quality-of-life improvement conferred by a healthcare intervention. It allows integration of the value given by an intervention with the resources expended for that intervention."<sup>2</sup> VBM converts evidence-based data into a value-based database using cost-utility analysis.<sup>3</sup> This approach highlights treatments that are of substantial value as well as those that are not or are actually harmful to the patient. The implementation of VBM

concepts into dentistry does have some merit. Value-based dentistry (VBD) can be easily implemented because dentistry is primarily a procedure-oriented profession; this means we can develop a value-based database for most, if not all, dental procedures. When implemented, VBD will provide patients with a form of dental *Consumer Reports* with which they can evaluate their choice of the dental treatments. Dentists will appreciate VBD because the comprehensive treatment plan now has an actual patient-perceived value that can be presented. Since VBD provides a tangible way to evaluate the value of the dental care being provided to the patient, the adoption of VBD will allow patients to receive a much higher quality of care than with EBD alone. Finally, for educators, VBD will provide students with a better understanding of the value of the dentistry they are providing, thereby developing a better understanding of the comprehensive treatment plans as they relate to patients.

The challenge in the implementation of VBD is the development of the value-based database and then promoting the adoption of this new dental rubric.

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