

Guest Editorial *The Exciting World of Interdisciplinary Dentistry*

"What do I do with this?" That question is the most common reaction of a dentist when a patient presents with a difficult treatment problem. The restorative dentist usually refers the patient to a specialist, who may ask the same question. That specialist either performs treatment based on the narrow focus of his or her specialty or refers the patient to someone else. The frustrating result is that a patient with complex problems is often treated by multiple specialists, only to be returned to the restorative dentist with some of the original problems still unresolved.

My evolutionary process of treatment planning began when I clearly understood that "you can't treat what you don't see, and you won't see what you can't do." I began a search to see what others could see, trying not to worry about how I was going to treat the problem. The second stage of this process was realizing that I was not going to be able to treat all the problems myself—I would need specialists to help. I met with great disappointment when a patient returned, having seen the specialist, and I was still left with the question "What do I do with this?"

It soon became apparent to me that my approach was wrong—a multidisciplinary approach in which each dentist treats a patient from his or her own isolated view of what can be done does not solve the problem. What was missing was a total vision of what the patient was trying to achieve. I began to ask patients, "If you could have anything you wanted at this moment," usually emphasized with a snap of my fingers, "what would it be?" I then repeated "And then what else?" until all of the patient's own treatment goals had become apparent. With that information, it became clear that my role was to make the patient's vision a reality and develop my concept of interdisciplinary dentistry.

My next step was to surround myself with a group of specialists from each discipline with the highest level of technical and diagnostic skills. They had to be open to the idea that our treatment plan would be driven by the patient's vision and a group consensus diagnosis. I would act as the group coordinator and be the central communicator between all parties when questions or problems arose. I also played the very important role of group motivator and task master to ensure that the treatment was well orchestrated and completed in a timely manner. This was the beginning of the Northwest Network for Dental Excellence, which has now been in existence for 15 years.

We are now in the process of reviewing 10-year case studies to evaluate the long-term treatment results, how we might have altered the original treatment plan, and how treatment might be accomplished today with the latest developments. This is proving to be an excellent learning and teaching experience.

The question most frequently asked is "What are the benefits to each party in the interdisciplinary process?" Foremost, the patient ends up with the most comprehensive treatment possible, which is the best way to meet his or her vision. Next, the specialists state without exception that this process has been their most integrated learning experience; it has caused them to implement their treatment in an entirely new way, not just for my patients but for patients from all of their referers. One of the best benefits is that after the treatment is completed, the group no longer feels as though they might have done better. Finally, and most significantly, the patient is offered the best possible treatment. The interdisciplinary approach stops the development of the "monkey on your back" patients, the patients you have treated to the best of your ability with results that nevertheless fall short of your expectations.

Each person involved in the interdisciplinary approach must bring 4 crucial elements to the process:

- Time—until the process becomes second nature to all members, this treatment approach initially takes more time. In the beginning, this means having group meetings to review the patient's vision, history, study models, radiographs, and intraoral and extraoral photos.
- Trust—each team member must be free to express ideas without worrying about hurting feelings or being a threat to someone else's knowledge base. This becomes easy if all participants realize that the patient vision is the driving force.
- Commitment—to both the consensus treatment plan and its schedule.
- Support—help the patient and other team members to remain focused on the vision.

I recently asked a restorative dentist to read this article. His response to these ideas was, "That's a great theory, but it's not practical." I believe that this reaction results from anxiety about the fact that interdisciplinary dentistry is not an easy process to start; however, once the process has been fully implemented, you will wonder how you were able to practice any other way. The interdisciplinary approach begins with your dissatisfaction and frustration at having multiple people treating the patient while not knowing what the others are thinking or trying to do. The key is that "interdisciplinary" treatment involves several parties discussing and debating various treatment approaches until the group comes to a consensus on the best overall plan for the patient before beginning treatment. In contrast, "multidisciplinary" treatment involves several parties treating the patient independently, without a common vision of the final goal or a consensus diagnosis and treatment plan. If that skeptical restorative dentist could immediately experience interdisciplinary dentistry as I have for the last 15 years, it would not only be practical, but also give him the confidence and great joy that come from treating very complex cases with very successful outcomes.

The challenge I leave you with is to open your mind to this concept of treating patients rather than continuing in your current modality. The members of the Northwest Network would be very happy to help you in this process and to communicate with you regarding this exciting area of interdisciplinary dentistry.

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