

## The Cost of Doing Business

When Bill Clinton was running for president of the United States, he established a platform to address the cost of health care. Once elected, he vigorously considered health-care reform, as the cost of health care had become a large portion of the gross domestic product. Health-care costs were described as being out of control, and it was thought that only government could rein in the situation.

The health-care industry reacted to this situation by moving away from traditional health insurance mechanisms and embracing alternative systems that had previously been minor players in the health-care field. Preferred provider networks and health maintenance organizations flourished, while physicians' income diminished. Although health care remained independent from governmental control, physicians sacrificed a lot to maintain this autonomy.

While this was occurring, dentistry recognized that participation in health-care reform could have major implications for the practice of dentistry. A number of dental groups were able to convince politicians that dentistry had held the line on the cost of care. Indeed, the available data suggested that dental care costs were increasing at a rate that was no greater than inflation. Conversely, medical care during that same time period was outstripping inflation by a large margin. Dentists were largely successful in separating dental care from medical care because of this issue.

The interesting part of this entire situation was that there were few cogent discussions of the reasons for the rise of medical care costs in contrast to the much lower rise of dental care costs. Certainly in medicine there was recognition that technological advances in the management of medical conditions were being developed far more rapidly than they had ever been prior to that time. Technological advances are never achieved without expenses. The cost of this technology made medical costs increase more rapidly than inflation. Add to this the development of new and improved pharmacologic agents, which also carried higher prices than previous medications, and it became clear why the costs of medical care were rising so rapidly.

In contrast, with respect to technology, the practice of dentistry in the early 1990s was probably not much different than it had been in the previous few decades. Technological enhancements that had been introduced in the 1980s and 1990s were clearly not part of the mainstream dental practice during this era of health-care reform. Implant dentistry, although available to the dental community, had yet to become commonplace. Today, this can no longer be said. Digital radio-graphy, dental imaging, CAD/CAM, in-office tomography, lasers, computer-generated surgical guides, and a myriad of other technical advancements have become almost routine in today's dental office.

All of these technologic advancements come at a cost, a cost that ultimately is passed on to the patients. Considering these facts, one must ask whether the profession of dentistry could again state that it has held the line on the burgeoning cost of dental care?

The more interesting question might be "Exactly how much do we benefit from improved technology?" During a recent meeting I listened to an endodontist describe the standard of care in endodontics today as mandating the use of a surgical microscope during endodontic therapy. An audience member asked whether this created a 2-tiered system whereby the specialist used equipment that would not be used by the dentists who perform the majority of endodontic therapy (general dentists). The response to this question, although politically correct, was not terribly definitive.

As I look at my own practice I understand that it would be very difficult to give up the technology that I use on a daily basis. But this is not the same as saying that without this technology the quality of care would be adversely affected. Every new CAD/CAM device, microscope, digital imaging system, or other "must-have" piece of equipment should be considered in light of the benefits it will provide relative to the quality of care. Moreover, although each piece of technologically advanced equipment comes with a promise of increased practice efficiency, my personal experience is that this is rarely the case. With time the efficiency may appear but the learning curve is usually so steep that the initial lost time may never be recouped.

Please understand, I am about as much a technophile as you can find but I do try to remember that my love of technology needs to be balanced by an awareness of the costs to and benefits for the patient. Ultimately we need to use tools that improve care regardless of cost, but we also need to understand that doing so may put a target on the back of dentistry. The government is only too happy to accommodate by firing at this target. When health-care reform comes around again, as it inevitably will, it would be nice to still have the luxury of being independent of governmentally mandated changes. Let's hope that being progressive does not interfere with this independence.

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