

Wellness and Dental Insurance

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The unique value of The Dental Wellness Center lies in its premium level services that address the overall wellness of a patient. We look for the causes of problems rather than simply treating their effects. I have always thought that this was the logical way to look at things, but it didn't take too long in dental practice to see that the emphasis on dental care seemed to be just the opposite.

When I started out in practice I signed up with insurance companies as it was the thing to do back then. I have always been somewhat of an idealist and thought nothing more of wanting each of my patients to have the best of what I could offer, as it would be with my family and close friends. The more post graduate courses I took, the more preventive and treatment services I was able to offer that fell outside the scope of the usual treatment authorized by dental insurance companies. This is why after several years of experiencing the frustrations attendant to being a dental insurance provider, I severed my insurance contracts, gutted the entire facility and turned it into a Dental Wellness Center. The entire practice environment was redesigned to reflect our view that the patient's overall wellness is paramount, not our own interests of maximizing volume or productivity. Our premium approach to client wellness starts with the premise that we are not operating a production line, but a caring, competent and responsible approach towards a commitment to our clients' best interests.

In a health-centered dental practice, a fee represents the dentist's skill, care and judgment required to develop and maintain our patients' overall oral health. It is not based upon what dental insurance companies deem to be appropriate, as I soon discovered that they could care less about their enrollees' dental health. Insurance companies are for-profit entities - they are in the business of making money. The maximum annual benefits for dental patients are the same as they were in the early 1970's, \$1,000 to \$1,500. Although this amount may be helpful in an emergency and for routine services, it is not logical that it should be the influencing factor of a patient's future oral health. If anything, insurance companies should be showing fewer costs because \$1,000 today is worth a whole lot less than \$1,000 in 1972. The only realistic method insurance companies have of "reducing their costs" is by controlling treatment. If they keep patients from reaching their maximums, they save money. For instance, if a patient accepts an insurance company recommendation on a pre-authorization that says a filling is an "adequate" procedure compared to a laboratory processed restoration, they are saving money. Every time a patient accepts the inevitable denial of benefits for a more valuable procedure instead of arguing and insisting on coverage, the insurance company wins and saves money.

The whole language of dental insurance companies presents a view of dentistry not so much as a health service, but as "units of things being sold," such as fillings, crowns, partials, dentures, and cleanings listed on their benefits list, one fee for each procedure with no flexibility for the differing needs of each tooth, mouth, or patient. The terms they use aptly describe who is in charge, such as "preauthorization" before a procedure is "allowed" and treatment that is "Usual, Customary and Reasonable" (UCR). UCR is a "standard" of sorts that the insurance companies deem to be proper for dentists to charge based upon their view of what a procedure is worth. I

have as yet to find a “Usual” or “Customary” tooth, oral system or patient - and I’m not sure what they mean by “Reasonable.”

The insurance industry is influencing dentistry in much the same way that it has the medical profession with denial of benefits, limitations on treatment, and fee schedules that disallow the all-important feature of personal interaction. Benefits are mostly for basic repairs, not for the all-important diagnostic and preventive services that have to do with discovering causes and developing and maintaining health. Dentists are contracted with dental insurance companies because in return for their signature they are placed on “The List,” which is given to the patient who is covered by that company. It is a “marketing” arrangement wherein the dentist essentially becomes an employee of the insurance company who governs his treatment decisions and fees based upon a benefit schedule that varies from company to company - as well as the dentist’s zip code! In a traditional dental practice there is at least one staff member that deals with insurance matters - paid by the dentist, not the insurance company – for doing insurance related work. What it boils down to is that the dentist in essence pays a 35 – 45% “marketing” fee to the insurance company as a reduction in fees to have those contracted patients enter his practice.

In order to make up for this marketing cost the dentist must see more patients and choose cheaper laboratories as well as select lesser quality personnel. Therefore he must work faster, with less time for communication - a crucial ingredient in the development of true oral health. This is why many years ago, at great financial risk, I elected to dissociate myself from insurance companies as well as invest in my dream of establishing a Wellness Center. As indicated, I wanted to provide all my patients with the best that I could offer as I was (and still am) on my learning track - thousands of post graduate hours - I was able to offer more and more services that lay outside of UCR. This required that I hire the best personnel and have a team around me with similar values, have an up to date, high tech and pleasant environment and use only top quality laboratories and materials.

I would rather keep my fees at a level that would assure my patients having proper learning time, the finest of facilities, doctor and staff continuing education and quality laboratory support that are all essential for a dental patient developing and sustaining a future of oral health. My marketing is based upon the referrals from my patients who have received care that allow them to have a lifetime of oral health, not from an entity with no health philosophy that doesn’t know me or my patients.

The differentiating factor is that our primary interests are not the same. Insurance companies are for-profit entities whose goal is increasing their bottom line to keep their shareholders happy. The goal of The Dental Wellness Center is to provide its patients with appropriate individualized diagnostic, preventive and treatment services that will serve them for a lifetime. The bottom line cannot be our only consideration when people's health is in our hands. It's interesting that when dentists are contracted with insurance companies, insurers have no problem deciding the treatment they can offer but they don't offer to take our liability if that treatment is inadequate. As educated professionals, it is our duty to make sure that when an insurer's interests collide with that of our patients, the patients' needs should always take precedence. If they don't, in my opinion that's more than selling out - it's malpractice.