

Why Is The Mission of The Dental Wellness Center So Special?

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Any worthwhile business needs to have at its core a mission, or stated reason to be in existence. A mission should be descriptive and not vague. For instance, a vague mission statement might be something like "We want to be the leading dental practice in Long Beach based upon our gentle treatment of patients and expertise." This would not differentiate the practice from others out there, as most potential dental patients would presume that any decent dental practice would have those qualities.

The Dental Wellness Center mission is to educate its patients about their oral system to such a degree that they can make informed choices about its future. It is the result of over forty years of evolution that has the oral and systemic health of its patients at its core. Its owner, Robert P. McBride, D.D.S., M.A.G.D., realized early on that dental school didn't supply all the answers, as many of his patients continued to have gum disease and a continual need for dental repair in spite of his best treatments - treatments that garnered him awards upon graduation. This need to know how to help those unfortunate patients inspired him to continue his studies through post graduate education, resulting in well over 3,000 hours of lectures and hands-on learning in all specialties of dentistry. This educational path led him to learning many new treatment modalities. He also learned something that was essential to the meaningfulness of the practice mission - he needed the help of his patients. He soon realized that the development of true oral health required more than merely providing dental treatments; several things need to be in place:

1 - An accurate diagnosis of the entire oral system. For instance, gum disease is primarily an imbalance of oral bacteria, and it can take many forms. Treating it by teeth cleanings alone will not control it in most cases. Continuing assessment of his new patients show that over one half of them have never had the most basic gum health assessment - recording of pocket depths and bleeding upon measuring. Of those who had been having regular dental care, eight of ten have some form of gum disease. More and more, research is showing that oral bacteria are involved in many systemic conditions such as heart attacks, strokes, Alzheimer's disease and pre-term births, to name a few. A recent American Heart Association Journal *Circulation*, March 2013 cites research that shows that as many as half of heart attacks are being triggered by oral bacteria that were found in every affected heart clot, with 30% having live oral bacteria in them. Proper assessment of bacterial types through the usage of phase microscopes, blood and salivary testing is key in developing a proper diagnosis and determining an effective regimen to control gum disease.

High trust. More than ever before, I see many new patients who are seeking second opinions relative to treatment recommended by other dentists. I believe that this coincides with a trust deficit that is becoming more and more prevalent in our culture in all professions, trades, etc.

2 - An interested patient. Obtaining health is not a commodity to be dispensed, but a process requiring a high level of interest and trust on the part of both doctor and patient. In order for a smooth learning process to occur, it must be developed through all patient/office contacts that demonstrate true care. Trust goes both ways - the patient must be as interested in becoming healthy as the doctor and team are in helping them get there.

3 - A physical environment that is designed with patient learning interactions in mind, and represents the level of premium care that the practice delivers.

4 - A learning process between both doctor and patient wherein they can each discover the true status of the patient's oral system, empowering them to make educated decisions towards a preferred oral health future. Dr. McBride's learning path took him to mentors from whom he learned new aspects of the oral systemic connection that weren't - and still aren't - taught in dental school. Through his association with Dr. Robert Lee, a biologist turned dentist, he learned how to diagnose patients' oral systems that were out of harmony, with symptoms such as jaw joint noise and pain, migraines, head, neck pain and tooth wear. Dr. Lee's research study of a population segment with healthy oral systems that required little or no dentistry throughout their lives (some past the age of 100), shed light on how a healthy oral system looks and functions. The common oral system attributes of this population segment offered dentists trained under him to diagnose and treat patients whose systems veered from this ideal. This learning adventure was life-changing as he could now offer regimens of head/neck symptom relief and cessation of teeth wear with teeth replacements and restorations designed to match of the patient's unique chewing system.

Through years of observation of his new entering patients, Dr. McBride discovered that most oral health problems that they encountered had to do with what they hadn't been taught, as well as past dental repairs performed without consideration of the teeth being part of a bigger picture of the mouth as a functioning system, i.e., fillings and crowns that didn't match the patient's unique functional mouth movements. This, along with the above-mentioned failures inspired him to step back and develop a treatment philosophy of educating his patients about the status of their oral health - a far cry from the "drill, fill and bill" mode that is prevalent in most dental practices. This way, through a patient's understanding of the causes of their dental problems, mutual responsibilities could be developed and assigned - the patients would then become active participants in the optimization of their oral system health. The new patient encounter would now become a combination of learning and relationship-building - an experience quite apart from the usual dental examination with a main purpose of finding out what's wrong, along with a list of things for the dentist to fix. This was especially daunting as he saw no colleagues in his area that were attempting this change. During this evolutionary process he discovered that some people weren't as interested as he in learning about their oral status, they "just wanted to get the

teeth fixed." But he knew that it was the right path for him, as he found patients who were interested in this approach who experienced amazing healthy changes through halting both the decay process and gum disease that they were experiencing through the years.

He also discovered that by stepping back from the fix-it mode and doing further investigation of the patients' teeth relationship to the jaw joints (TMJ's), and He noted how gum disease assessments on interested patients before and after their following through with their individually prescribed regimens showed not only healthy oral changes, but systemic change as well. This not, that this was the proper thing to do (mode to pioneer). The health changes experienced by interested patients fostered an evolutionary process from the usual "fix it" mode to one primarily of patient education.

Dental school curriculums lack teaching students the concept of relationship-building/teaching to engage a patient in a process that assigns mutual responsibilities between them and the dentist towards developing oral health. The dental student selection process is devoid of assessing personal attributes of interpersonal communication and an interest in teaching patients interest that are integral in the process. Students are selected based upon their undergraduate grades and manual dexterity skills. It has been my experience to see excellent, highly skilled, but introverted dentists fail in their practices, while poorly skilled, charismatic dentists built flourishing practices based on their charisma - the patients "liked them." This supports a selling axiom that most people purchase services based upon the way they feel rather than the inherent long-term value of the service.

5 - A fee structure for services rendered that is fair, based upon their long-term value, not "band-aid fixes." One that supports the continuing professional education of doctor and team to allow for leading edge oral health solutions, and maintenance of 5 Star service within a stellar physical environment.

Through years of observation of his own new patients, Dr. McBride also discovered that most oral health problems that they encountered had to do with what they hadn't been taught, as well as past treatment performed without consideration of the bigger picture of the mouth as a functioning system, i.e., fillings and crowns that didn't match the patient's unique functional mouth movements.

This, along with the above-mentioned failures inspired him to step back and develop a treatment philosophy of educating his patients about the status of their oral health, a far cry from the "drill, fill and bill" mode that is prevalent in most dental practices. The concept of having the patient learn about their idea was to do a thorough evaluation of the patient's oral system and have them

learn about it as well. This way, through a patient's understanding of the causes of their dental problems, mutual responsibilities could be developed and assigned - the patients would then become active participants in the optimization of their oral system health. The new patient encounter, rather than being a dental examination to find work for the dentist to do, would become a combination of relationship-building and learning - an experience which is a far cry from the usual dental examination with a main purpose of finding out what's wrong, along with a list of things to fix. This evolutionary process was a change from the usual "fix it" mode to one primarily of patient education. Dental school curriculums lack teaching students the concept of relationship-building/teaching to engage a patient in a process that assigns mutual responsibilities between them and the dentist towards developing oral health. The dental student selection process is devoid of assessing personal attributes of interpersonal communication and an interest in teaching patients interest that are integral in the process. Students are selected based upon their undergraduate grades and manual dexterity skills. It has been my experience to see excellent, highly skilled, but introverted dentists fail in their practices, while poorly skilled, charismatic dentists built flourishing practices based on their charisma - the patients "liked them." This supports a selling axiom that most people purchase services based upon the way they feel rather than the inherent long-term value of the service.

Another area of discovery along his educational path was through a dentist/biologist mentor who taught him the connection between healthy oral function and esthetics - something as yet to be introduced to the dental schools.

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The mission of The Dental Wellness Center is to educate its patients about the nature of their oral system health to such a degree that they can make informed choices regarding its future. Its purpose has evolved through my discovery over many years in practice that most oral health problems that patients encounter have to do with what they haven't been taught, or past treatment performed without consideration of the bigger picture of the mouth as a functioning system.

It starts out with a learning process wherein both doctor and patient learn the true nature of the patient's oral system and in so doing, responsibilities are assigned - the doctor to

- Established practice Mission was the result of an evolutionary process

- In dental school, learned about components of oral system, but not how they work together in a healthy manner
- Predominately taught how to fix results of dental diseases, not assess and halt their causes
- Halting their causes requires both doctor and patient interest in doing so
- Halting their causes requires the active participation of both doctor and patient based upon this interest.
- Halting their causes requires post graduate training of doctor and staff based, resulting in an essential, conjoined interest
- Halting their causes requires a huge, risky paradigm leap for a doctor trained in the usual "fix-it," treatment mode.
- Requires a substantial financial investment in staff selection, doctor and staff training time
- Requires development of an office physical environment that supports not only treatment, but also relationship-building, patient education, oral and systemic health assessment protocols leading to effective individualized preventive and treatment regimens.
- Requires disassociation from dental "insurance" contracts ("Dental Insurance - a Misnomer" article), as their benefits are mainly based on "fix-it" procedures with regulated fees based upon the dentist's zip code, with no regard for the uniqueness of each patient. Dentists sign dental insurance contracts is a "marketing" move to be put on a provider list from which the insured patient can select them.
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Mark Twain said " I have never let my schooling interfere with my education."

Proper assessment of bacterial types through the usage of phase microscopes, blood and salivary testing is key in determining an effective regimen to control it. His post graduate studies brought him in touch with the reciprocal effect of the state of one's oral health: It can be affected by one's general health, as well as it can be an influence on it as well.