

**To Amanda & Leon.**

## INTRODUCTION: Patients & Their Dentists

*"Empowerment Cannot Be Translated As Entitlement."* Lawrence Weiner, *Bookshelf*.

Empowerment is an ideology that involves individual self-esteem, with a societal vision that promotes a positive sense of community and which holds a categorically optimistic attitude regarding interpersonal human interaction.\* Twenty-first-century healthcare, presents each of us an opportunity to continue acquiring greater decision-making responsibility, with a potential for significant financial savings, while still maintaining quality healthcare expectations.

Based on our individual personal experiences and personal expertise, each of us necessarily brings his or her own perspective to this important endeavor, and to the challenging public forum about the socioeconomics of health and health care in America. Only patients who become more knowledgeable about the myriad of broader health and healthcare issues are able to ask the pertinent questions and to recognize and comprehend the intricate answers, in their mission of evaluating their personal healthcare. To be discerning about healthcare providers, proposed treatment recommendations, and estimated fees, patients must also take the initiative in becoming better informed about actual disease processes and varied, current treatment options.

With many notable exceptions, dentistry and medicine have had crisis-oriented evolutions, which primarily focused on addressing symptoms and delivering emergency care. Fortunately, going beyond a crisis orientation has become the prevailing trend in contemporary healthcare, with its more anticipative, *holistic* and *preventive* perspective. In both medicine and dentistry, these encompassing concepts emphasize *interrelated causes* of disease, rather than merely disease symptoms, effects, or even treatment. Despite centuries of progress in health science and technology, and in spite of these newer and rewarding curative philosophies, many of today's patients still continue to become disgruntled with the overall quality of the care they may be receiving.

In dentistry, an old adage: "Be true to your teeth or else they'll be false to you" remains as universally valid today as it has ever been. In light

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\*"Modern day "empowerment" was popularized in the mid-twentieth century by American Civil Rights organizations, promulgating 'political' empowerment for their constituents.

of recent, more established scientific relations between dental health and general health, the relevance of a good dentition has gained even greater significance. Nevertheless, many patients may remain especially conflicted when it comes to their dental care and dental care costs.

In 1808 Thomas Jefferson borrowed five dollars, to pay a Dr. Bruff, for a tooth extraction. In 2001 Americans were spending \$67.5 billion annually on dental services in private practice; (note, it remained less than 5% of the total U.S. healthcare costs).<sup>1</sup> About 75 percent of dental costs are directed to treatment and management of caries (tooth decay) and periodontal (gum and bone tissue) diseases alone.<sup>2-3</sup> These dental conditions accounted for 164 million hours of missed work, 52 million hours of missed school, and 13 million restricted activity days.<sup>4</sup> Additional human discomfort and suffering caused, is more difficult to quantify.<sup>5</sup>

Until recently, the rate of increase in *dental* services expenditures was *less* than the rate of increase for *overall* health services expenditures. However, dental expenditures still reached \$98.6 billion in 2007 and \$117.5 billion in 2015.<sup>1</sup> Dental care costs are also projected to well outpace the growth rate of the *United States Gross Domestic Product* (U.S. GDP\*\*).<sup>6</sup>

In 2007, Americans spent a total of \$2.2 trillion on their healthcare overall, this represents \$7,421 per person, or 16 percent of GDP. By 2010, per person healthcare spending reached in excess of \$9,000. Average 2016 total healthcare spending for a family of four has far exceeded the total annual earnings of a minimum-wage worker.\*\*\* The healthcare spending in the United States is also nearly *twice* the average healthcare spending of other developed nations. Alarming, *as a percentage of GDP*, the growth in national healthcare spending reached 19% in 2015, and is now projected to hit a whopping 35-40% by 2050!<sup>6,7</sup>

Increasing complexity and associated high costs of healthcare, demand a much more diligent inspection by patients individually, and by society as a whole. How patients might realistically cope with increases in dental costs and how these reflect on their general healthcare expenses is one central concern of this book.

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\*\*GDP price index measures the prices paid for goods and services produced by the U.S. economy. GDP is adjusted for changes in prices and inflation throughout the year and can be thought of in terms of changes in actual purchasing power.

\*\*\*What are the annual earnings for a full-time minimum wage worker? UC Davis Center for Poverty Research. (Updated 8/30/16).

In dentistry, unlike many professions, such as law or finance, individual dental fees normally originate solely from actual, hands-on, chairside service, seldom to be determined on a purely hourly basis. Dental fees do not have a total-time-taken relation, and are essentially manual and immediate-results calculations. Unlike purely “diagnostic” medicine, dental fees are generally not quantified with a primarily *interpretive* treatment-plan component. Furthermore, dental fee payment for preventive, extended patient instruction has failed to ever gain practical acceptance. Such fee structures have made for some initial short-term fiscal savings, but have acted as a double-edged sword by prompting patient education, often not specifically included in most currently established fee protocols, to become a substantially secondary concern.

This book provides a working knowledge, with useful insights, assisting patients in assuming the vital responsibility of becoming active and effective participants in their optimum oral health. Clearly, currently practicing dentists’ knowledge, experience, and expertise far supersede whatever very limited information might possibly be included in these few pages. Admittedly, some of this information may even now, or soon, be dated. However, enough non-procedural, more general information will remain valid, and may allow patients to initiate helpful conversations with their chosen dentist. Some may also argue that a little knowledge can be troublesome, even dangerous, in layperson’s decision making. I maintain such exclusionary thinking is inherently flawed. Familiarizing patients with general terminology, concepts, and options, provides a fundamental *oral health literacy* and improves their ability to understand and communicate with their dentist. The more discerning a patient’s questions, the more complete, respectful, and forthright will be a health-care provider’s responses.

Investing a little time to better understand oral disease and quality dental care, you and your family may effectively save time, pain and money, in maintaining future oral health and long-term general health.

Comprehensive *dental patient literacy* has several basic components:

1. Knowledge of proper *oral hygiene and preventive home care*.
2. Recognition of *the interactions between oral health & general health*.
3. Consideration of related *current research findings*.

4. Understanding of *nutritional-health* issues.
5. Awareness of prevailing *dental equipment and treatments*.
6. Attention regarding *financial and insurance-related options*.

The emerging field of “managed care” has created a significant source of confusion. Managed care involves issues that go beyond basic, current “standard of care” matters (what is ordinarily expected from those reasonably well qualified). Researchers and payers for healthcare services have initiated methods to examine the *value* of each expenditure;<sup>8</sup> but true *outcomes* measurement remains elusive for oral health care.<sup>9-11</sup> Fiscal objectives of managed care balance primary treatment priorities of encompassing the greatest number of participants with that of cost-effectively providing each member, highest quality care. Even for good dentists everywhere, managed care vs. fee-for-service has had much to do with the shades of gray arising when simultaneously ruled by two masters. Even for the well-informed, such complex issues have no simple answers.

The Institute of Medicine defines healthcare quality as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”<sup>12</sup> Though quantity and quality are not mutually exclusive, an empowered patient needs to become better educated so he or she can begin to balance and prioritize the many existing options, and hope to save money in avoiding poor decisions about dental health.

One could understand why managed care groups have been reluctant to publicize details on statistics of care “quality.” The notion of equal quality care at a reduced price would be seriously undermined if the different levels of care-quality that involve procedures, materials and technique, were made routinely available to the general public. What is more puzzling is the dental profession’s failure to make more substantial, candid and specific clarifications on many of these treatment quality matters. Individual dentists, and the profession as a whole, should better recognize the importance of bringing such issues to clearer light. Perhaps the time required and the economic costs of better patient education have always been formidable obstacles. Today, such patient education has become an economic and societal necessity, in our effort to avoid future dental and general healthcare crises.

## ORAL HEALTH:

We have all heard that controlling bacterial buildup through proper home care, with periodic dental check-ups, is the best way to preserve oral health and prolong the life of your natural teeth. Like many other forms of disease, the rationale for periodic check-ups is that early dental disease *detection* is crucial. Patient neglect allows simple problems to continue and can lead to more costly, painful, time-consuming treatments. The eventual consequence of such neglect is often an avoidable tooth loss. However, with the conscientious application of superior oral-dental knowledge, the overall cost of even periodic visits may sometimes be appropriately curtailed, reducing immediate expense, while still minimizing subsequent dental-treatment needs.

Beyond dental hygiene skills, a realization of the importance of a more complete patient knowledge is also essential toward achieving your highest level of overall oral health and, thus, optimum general health. In a practical sense, this book is designed to give you highly specific personal awareness of the field of dentistry and oral health.

While there may be a plethora of currently available books on both dental and general health, most ignore the important *interrelationship* between these two disciplines. Thoroughly understanding these very relevant links, with their realistic applications can have distinct beneficial results.

This book has a general chronology and index. Depending on your interest, start with any section or chapter. Each section can be used as a specific reference guide. Occasionally, slightly more technical passages and additional *weblinks* are also included for those who desire more comprehensive analyses. There is also historical context to chronicle both progress and failings within healthcare and healthcare delivery. In the latter part of the book, you will find several sections that discuss some current issues confronting America's healthcare and its delivery.

Improving your own dental-oral-health education is key to confident self-motivation, intelligent inquiry, and discerning decision making, in achieving long-lasting, efficacious oral health. Broader understanding will necessarily elevate dialogue and facilitate your taking a more active role in your and your family's oral health, general health, and healthcare.

Important information that follows, will help you to become a wiser healthcare consumer and help guide your approach to many health-related issues. *Since individual needs differ, it is best to also review generalized information contained herein with your own healthcare professionals. Your personal dentist and physician remain better acquainted with the specifics of your most distinct dental and medical needs. Please consult your general dentist and primary-care physician about any pertinent suggestion contained in the following pages.*

I sincerely hope that by introducing you to some new possibilities for better oral health and quality dental care you will fulfill an inherent potential for a lifetime of functional teeth and gums, promoting superior overall health and extending the quality of your longevity.

[For over twenty-five years our office had the distinct privilege of providing state-of-the-art dentistry to thousands of our patients on Manhattan's Upper West Side. With a focus on patient welfare and patient education, Dr. Chacona was featured in *Dentistry Today*, the most widely read dental periodical in America, having a circulation in excess of 150,000 dentists. Our fear management protocol and innovative patient video entertainment system, were also featured on *CNN* television and thus, appeared worldwide. Please note: *LongevityLogic.com* and *MaxCare.us.*]

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