

PLAZA HEALTH DENTISTRY

Affordable Dentistry



by Wm. J.
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Is this a timely topic or what? Although dental cost inflation has been tame compared with medicine, and the costs of higher education for that matter (at least at Hope College and Truman State- ask me how I know), they have increased relentlessly. Dentistry is not commoditized with declining costs ala Dell computers (with their free service bundle; have you dialed India recently?). Seemingly, from back in the middle ages, when our DDS forefathers, the Barber-Dentist, removed more from some tooth-aggrrieved chap than locks of hair, tooth related treatment costs have increased.

As an actual treatment example, a toothache that leads to a root canal and ends with a crown can run upwards of \$2k. Chump change it's not. And it's just one tooth (out of 30 or so). Extrapolate fees for full-mouth reconstructions and other similarly complicated treatment and the escalation is obvious. Considering the requisite training and unique skill-sets required in the profession by no means am I suggesting that the compensation is unwarranted. High quality and esthetically pleasing dentistry is an invaluable service providing years of enjoyment and self-confidence. Put a price tag on that.

So what's the answer? My response would include preventive care & patient education, early intervening- minimally invasive treatment, doing it right the first time and the innovative use of technology. I'll expound on these points starting with the last. Belleglass resin material is an example of a hi-tech advancement in dentistry. This material's hardness (wear resistance) more closely approximates that of human enamel than conventional porcelain. Innovative use of this technology enables a state-of-the-art *bonded* crown to be made in a single visit with careful attention to conservative tooth removal. Patient benefit to this procedure is only one office trip and a substantial fee reduction (from a conventional crown).

Regular readers of this space understand my passion for early and minimal intervention dentistry-MID. Use of cutting-edge (sorry, I couldn't resist) technology such as the laser and many other MID technology and techniques can keep dental costs and the amount of "chair time" to a minimum over the long term. Natural, God-given tooth structure is more easily defensible against the attacks of our modern soft diet, bite disharmonies, external trauma and bacterial invasion than dentition

saddled with filling material or crowns with margins.

Speed dentistry, popularized and influenced by HMO style insurance pressure, often & paradoxically costs much more than the advertised sticker price savings. Try (or imagine if you're in the library reading this) completely peeling an apple in 10 seconds; and then choose another one to carefully peel and take a full minute to do so. We both know which one was done better. Interestingly, however, note how much extra apple (beneath the skin) was lost in the rapid trim. Now, imagine replacing the peering knife with a dental drill (or laser); and the target switching from a Macintosh to your permanent molar. The extra tooth structure lost leads to higher tooth trauma which leads to higher numbers of root canals (among other problems). Hello higher costs.

As I heard on an investment show geared toward rapid stock trading, if you don't know where you're going, the answer isn't to speed up. Unfortunately, as a *general rule*, it is the inexperienced (or less skilled) dentist who finds that reducing fees is the answer to enticing more patients into dental work. Peruse a Val-Pak (coupon) mail piece and most certainly you'll see a DDS as a participant. Although coupon-dentistry does not infer lesser quality by any means, lower fees do seem to go hand in hand with a higher rate of patient treatment volume over a given time (velocity).

Again speaking in *general* terms and bringing new meaning to cut - rate dentistry, velocity increases are a path toward even more dentistry (and costs). See my website for an example of a crown that was done "cheaply". The patient was initially proud of this fact. With some visualization and education, the induced gum problem was treated and a new, properly fitted, crown was placed. Now, just how inexpensive was that crown?

Hopefully, both parts of this column have helped outline a path toward reducing the costs of dental care. Please see my website for further education on this and other subjects in dentistry. It is my early Valentines' wish to you that a by-product of this effort results in a healthier and more disease resistant mouth for you and your loved ones.

Keep Smiling!

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