PLAZA HEALTH DENTISTRY

Unleash the Med-Consumer

by Wm. J. Schlotz, D.D.S.

Join me for some virtual window shopping. How about pricing a Colonoscopy vs Root Canal Treatment shall we? Small wonder my wife prefers shopping without me.

I have personal experience with both procedures. I have been a provider of dental care for many years and have performed hundreds of RCT's. And, recently, I was on the receiving end of, shall we say, an intestinal inspection (complete with camera and lights) as part of an over-50 med exam. The experience was ultra-professional and competent and capped with some recovery room levity. The attending post-op nurse, after learning that I was a DDS, revealed the lighter side of GI professionals, saying "you just had our version of a root canal"… Thanks.

Upon exiting the out-patient clinic, even though I asked, procedure costs were "not available". Co-pay was collected and "insurance would take care of the rest". To this day, a detailed bill has not surfaced. Ah, the powerful magic elixir we know as insurance.

Before swallowing read the potion's warning label: May be intoxicating. Even though RCT's and C-scopes share similar twists and turns, a gut-bacteria's eye view of the mid-section can cost nearly 10x that of a RCT. Comparing the two, RCT involves locating exceedingly small canals, precision negotiation with Titanium files and bacteria-free hermetic seals. Treatment can take 2 hrs. Colonoscopy is not treatment per-se, rather it is an exam. From what I understand it can take less than 30 minutes of operator time.

So in a ¼ of the time and at 10x the cost, a Rear Admiral M.D.'s interior view of the gut costs 40 times more than the inside work of a DDS. Certainly dental providers are not without bias, but to this one, the disparity seems not insignificant. This is not to minimize the requisite medical training, education and skills necessary for scope-examination and subsequent diagnostic competence. And, importantly, this dentist firmly believes that compensation for physicians is well earned and entirely reasonable. To wit, MD wage increases over the past 20 yrs *pale* relative to the rocketing cost of healthcare.

So where does all the money go? Consumer price-tag indifference and ignorance might help explain. Insurance has led to a less than diligent - let's say - sleeping, consumer-watchdogs which, in turn, has led to inefficiencies and redundancies which have ballooned overhead to a mega-bloated state. Price-comparing the healthcare areas where patients "step-up & pay-up" might help to make this point. Fees in dentistry are climbing less than ½ as fast as in general healthcare. And, the shiniest of an exception and example, Lasik eye surgery has seen cost DECREASES while, at the same time, incurring laser costs of a half-million dollars.

Obviously, with health costs what they are now, it's impossible to completely eliminate insurance. And, maybe the all-in-the-boat public option is our best bet. But why not *first* try to unleash the omnipotent consumer as part of healthcare reform? Where tried, healthcare costs are moderate (dentistry) or even declining (Lasik). As a favorite guru of mine said years before….If it's been done before, it's probably possible.

The thought leaves me Smiling!

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