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Why Patients Do Not Select The Optimal Treatment Plan?

A closer look at the scenario as it applies to dental implants

This is not an article about the shortcomings of our healthcare system, and it's not an article about pointing fingers. It is an article about the reality of where we are in dentistry today and what we can do to maintain profitable practices while offering our patients optimal care and long-term health. Perhaps my story with Implants can help you get better case acceptance for the *optimal treatment plan.*

The patients in my office are there because they are compromised in some capacity, they either have or are about to have at least a single missing tooth and often many more. My practice is limited to dental implant procedures. Why are implants even needed in the first place? We all know implants are only one of many options, and potentially the most expensive option. Even if an Implant is the best solution for a particular case that does guarantee the patient will elect that option. Whenever a patient walks into my practice, with a compromised condition, two things are always done:

1. Education on All Appropriate Options

I like to start with the best option, "What would I do if it was my son or daughter?" Our job is not to predetermine "what we think the patient can or cannot afford," or guess at "what insurance will cover." I feel it is my duty to offer the best level of care possible for my patients. I understand that cost is almost always a factor, but I cannot let that influence me when presenting the optimal clinical solution. I also understand at times there are limiting factors that the patient potentially cannot overcome and may need other options, especially in the landscape we are in today. So I present viable options from the best to doing nothing, and the potential consequences of each of those choices. I think this is the most important point, until a patient understands and takes ownership of their clinical situation and its solution, I am likely viewed as a salesman, with a potential vested interest. Which in reality is true. On the other hand once a patient understands their clinical situation and takes ownership of it, I'm now potentially viewed as a solution to the problem and provide a valuable service. Even though I am still selling a service, both of our interests are met. At this point optimal care is possible and likely depends on whether

I can predictably provide this valuable service at an agreeable price. Once a patient decides they want an optimum solution to address their problem, price becomes a much easier barrier to overcome.

Trying to convince a patient that they need something is very difficult. We all know people can live without a tooth or potentially all of their teeth. Obviously that's not the optimal choice but a choice nonetheless. Once a patient decides they want an optimal solution, a successful practice will put them in a position to offer that service. When my patients decide they want the service they will invest in it, they rarely invest in the service that I think they need!

According to Torrabinijad and Goodachre in JADA, the ideal plan must satisfy the following parameters:
1. The ideal treatment plan must address the patient's chief complaint.
2. Provide the best option for long lasting care with the understanding that nothing in dentistry is permanent.
3. Be cost effective if possible. This is not to mean it needs to be inexpensive.
4. If possible, the treatment should meet or exceed the patient's expectations.

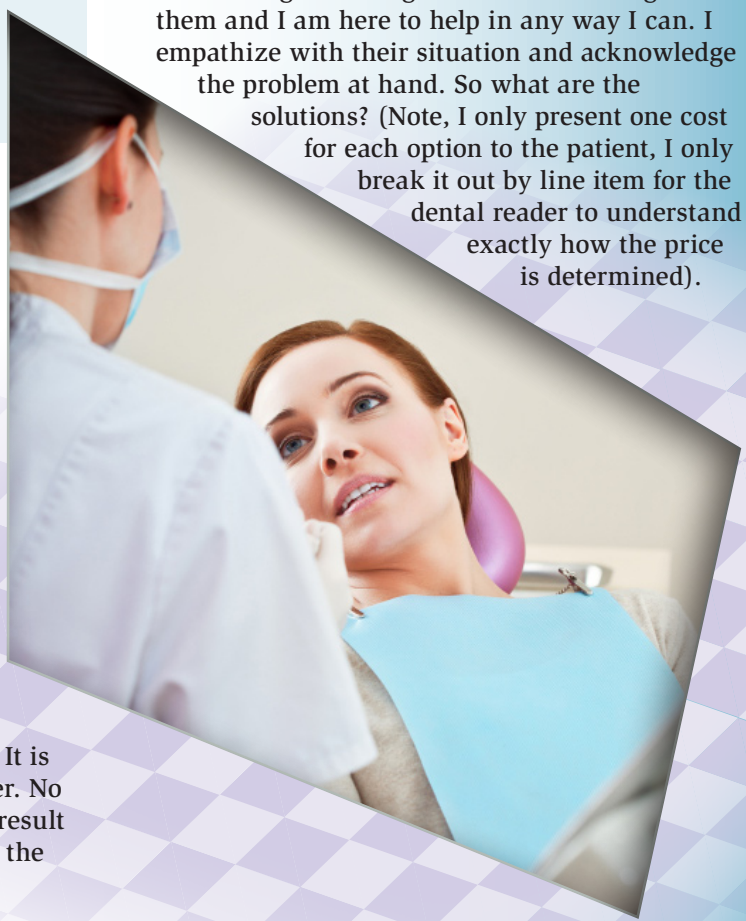
2. The Well Educated Patient Then Owns That Decision

As doctors, we want to fix everything and cure everything and that is a noble cause and why we got involved in Dentistry. As a doctor, I want to do what is overall the best for the patient's long term health and stability. But the reality is, because of VARIOUS issues that are out of our control, patients select other levels of care, which may or may not be optimal. Let me elaborate. If you have been in practice for more than 24 hours it is very likely you have heard from at least one of your patients, "What will my insurance cover? That's what I want to do." This statement screams to me that that patient doesn't own the problem and takes no responsibility for it. It is a terrible position to be put in as a provider. No responsibility likely means no acceptable result for either party. The key here is, whatever the patients decision is, the patient must own that issue, not you.

I want to preference all the implant discussion first by stating that no dental implant or implant system on the market today will replace a hard or soft tissue defect. Before any treatment plan is implemented, you must first get that under control. With that said, if a patient is an implant candidate, usually they incurred some sort of trauma and have a missing tooth, have deteriorating bone stability around an existing tooth or are dealing with failing endo. Here is how I present each scenario, the options and the confirmation of the ownership of the condition.

Missing Teeth

First I acknowledge the difficulties that this causes them not only functionally, but emotionally. I say I know that more than 90% of Americans believe an attractive smile is a valuable asset and almost three quarters believe an unattractive smile will hurt their career success. The sad thing is just over half are unhappy with their smiles. So I understand that having a missing tooth can be taxing on them and I am here to help in any way I can. I empathize with their situation and acknowledge the problem at hand. So what are the solutions? (Note, I only present one cost for each option to the patient, I only break it out by line item for the dental reader to understand exactly how the price is determined).



Do Nothing

Pro – Cost
Con – It will not get better and bone loss will occur over time.

Crown & Bridge

Pro – Simple to do with quick turn around
Con – Cost
$270 Core build up for each adjacent tooth = $540
$1,200 per crown to complete the bridge = $3,600 Bridge
$4,140 Total

The life of the bridge is finite, studies show that half will fail within six years. The adjacent supporting teeth may be susceptible to decay. That statement irritates a lot of clinicians who offer bridges as their go to option. However, truth is truth and with a bridge; hygiene is challenging, biomechanical force is increased on abutment teeth, and the risk of failure increases. Always inform rather than let the patient find this out through personal experience or from research on the web, then be mad at you for not disclosing it! Bone loss will occur over time.

Implant

Pro - Will maintain & hold space
Do not have to alter Adjacent Teeth. No Prosthetic option is 100% guaranteed not to fail, but Implants have the best chance of long-term success.
If the patient follows protocol and does annual periodontal maintenance the long-term success rate is nearing 100%.

Con - Cost
$1,800 Implant & Implant Placement
$500 Implant Abutment

$1,200 Implant Restoration
$350 CT Scan
$400 Surgical Guide & Appliance
$4,250 Total

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Deteriorating Bone around Existing Tooth

Same three options as above, but add $850 for extraction & grafting charge.

Perio

Pro – Cost
$750 Perio Surgery
$525 Graft
$150 Barrier
$1,425 Total
Con – Cost
All depends on the severity of bone loss, but the conversation needs to happen. It may not be salvageable and there is no guarantee. We are basically TRYING to save the tooth, but we may fail.

$3-6,000 For Laser Perio Procedures
Cost varies dramatically from above cost plus 3-4 follow up visits that cost $750-$1,500 each treatment.

Failing Endo

Same options as “Missing teeth.” You can add $850 for extraction & grafting charge, to crown & bridge and Implant option or attempt to retreat or same options.

Endodontically Treat Tooth

Pro – Cost
Treated tooth will hold space
$800-1,000 Root Canal
$275 Core Build Up
$1,200 Crown
$2,275 Total
Con – We are basically holding the space with a dead tooth 22% fail at five years and there is no guarantee.

In closing, I want you to remember one thing. When you offer a case plan and the patient says no, it does not always mean no! Consider this:
Only 18% of patients offered a cosmetic solution accept that plan within three months.
82% take longer than three months and 60% take over a year! 20% of patients feel they do not have enough information to make an informed decision. 58% of the American population are NOT confident that their dentist will provide them enough information to make an informed decision!

Educate your patients on sensible alternatives so they are clear on what their options are… both clinically and financially. After you explain all the reasonable options, ask them if they understand their situation and potential solutions. Understand pros and cons of each selection. Acknowledge this is a big decision, knowing they may not make a decision that day, but have a financial solution available for them. Remember, we are a society that is conditioned to finance. $300,000 for a house or $30,000 for a car are usually not paid in one lump sum, they are financed over time to make it affordable. Make your case plans affordable for your patients. One last thing. Go back through your records. Look for those case plans that were presented that were sound and met your patient’s needs, but they said no or maybe later. Remember, they did not reject you or say no to your proposed case plan, they said no to the plan at that time. They may be ready now. The next time you see them, help those patients take ownership of their problem, and they will seek a solution.