

Beyond the Tooth

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The alignment of dentistry with medicine has become apparent in recent years. We are beginning to see and understand relationships between periodontal health and systemic ailments. Heart disease, cancer, and diabetes are conditions that have decreased incidence in patients with good periodontal health. There is some early evidence that relates poor periodontal health to dementia in some patient populations and, conversely, patients with rheumatoid arthritis are more likely to have periodontal problems.

Beyond periodontal disease, calcifications of the great vessels of the neck as an indicator of potential cerebrovascular disease can be detected on panoramic radiographs in numerous patients. Most recently, the use of saliva to diagnose serious systemic conditions has become a topic of interest. Oral health has become an indicator of systemic health for many of our patients.

The *Surgeon General's Report on Oral Health* has brought emphasis and credibility to oral-systemic relationships.¹ As research begins to show increasing levels of sophistication in using traditional dental evaluation to help diagnose and/or monitor a systemic condition, dentists may, and should, find themselves involved in internal medicine as well as classical dentistry. Are we becoming, as I was taught as a student, "physicians of the mouth"?

As we progress through dental school, we take courses in physical evaluation of patients as well as oral medicine as it relates to local manifestation of systemic diseases. Unfortunately, as we get to the later years of our education, concentration on completing requirements and doing



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restorative procedures for patients becomes a high priority and consideration of patient medical issues tends to diminish.

To the extent that dentists incorporate medical management concerns into their practices, they become united more closely with their physician colleagues. For many of us this is not comfortable from a professional or practice management standpoint. Traditionally, dentists enjoy the autonomy of private practice as a solo practitioner. It is easy to schedule our days and emergencies are not all that common in the average practice. There is dental insurance (in reality a schedule of benefits) for many of our patients for procedures that we perform. While the reimbursement rates will vary from plan to plan it is relatively easy to know how much you will be paid for your time and efforts.

In addition, dentists have the ability to avoid being involved in third-party payer plans if they so choose. Finally, we know that most of our patients are satisfied with the level of care being given in dental offices.

The trend in medical practice has been diametrically opposed to that in dental practice. It is the rare physician who opens a solo practice. Larger groups appear to be the norm to allow for multispecialty diversity, easily attainable coverage, and other economies of scale. Most physician groups are obligated to

accept Medicare as well as other insurance plans. The patient who might pay cash for a dental procedure is less likely to do so in the medical arena. Reimbursement rates for physicians have plummeted in past years. Physicians care for patients in the hospital and deal with emergency medical problems that could be counterproductive in maintaining a busy office practice. Patients tend to be frustrated with the medical system and are showing decreased satisfaction with the delivery of medical care. Dentistry is a much better alternative for bright young people entering health care professions.

Dentists are remunerated best based on procedure codes and not on cognitive skills. Medical management of dental patients does not carry with it reasonable reimbursement for the time that is required to treat our patients. As we see an increase in translational research that puts basic science discoveries into the realm of patient care, it becomes obvious there will be a greater assimilation of medical care by dentists. This may not be a comfortable concept for many of our colleagues.

We teach that the mouth is part of the body and that there is a patient beyond the tooth. The significance of this in the assessment and delivery of patient care is apparent on a daily basis as dentists are aware of the complexity of medical issues and their treatment as it relates to oral care.

Comprehensive patient assessment and care is an integral part of dental care. As our practices mature there will be a number of patients who come to us not only for performance of procedures but for diagnostic assistance in and monitoring of systemic illnesses. Global thinking about patient care rather than a myopic approach to fixing teeth is the practice of dentistry and can be done only by dentists who are trained and function at that level. Our profession needs to continue to grow past the performance parts and into a place where we use the doctor part of our title. ■■■■

REFERENCE

1. Oral Health in America: A Report of the Surgeon General, 2000.

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