

Are We Comparing Apples to Apples?

It is said you get what you pay for. Most of us generally agree, however, there's always a part of us looking for a bargain, or at least the best value in any situation. Dentistry, like many industries, has a wide range of service models. You could compare it to restaurants or department stores in that there are less expensive providers, medium cost providers and more expensive providers. Unlike restaurants or department stores, however, there is no third party influencing your choice of what model to use. You can shop at Walmart and Nordstrom the same day if you want, eat a burger at McDonalds for lunch and have another at the Capital Grille for dinner. In those instances, you're generally aware of the relationship between cost and quality. You're not expecting the \$5 burger at McDonalds to be the same as the \$15 burger at the Capital Grille, and rightly so. If that were the case few would buy the \$15 burger. In dentistry there are similar forces at work, they're just harder to see.

First, you have dental insurance, which is a benefit delivered at whatever level the employer chooses to purchase. Employers can spend more providing you with better benefits and fewer restrictions, or they can spend less. As a dentist, I legally have to provide the same quality of service at the same price for everyone that comes through the door, regardless of whether they have good, bad or any insurance at all. I have chosen to try and provide the best care I can while still trying to keep costs reasonable. We are far from both the most and least expensive office in town, but try and provide care the way we would to our friends and family.

Recently there's been a trend for insurance companies to push employers towards less expensive plans. Some of these have

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Be Sure You Compare Apples-to-Apples When Selecting Dental Care

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significant incentives for you to go to dentists who are "in network." It's kind of like saying "if you want us to cover in full you need to shop at Target." To become "in network," dentists have to accept a significantly lower fee schedule than their own. I sometimes get asked why we haven't joined a particular plan and generally the answer is that their reimbursement levels are below operating costs. It's basically as if someone told TGI Fridays they could only sell a burger at McDonald's prices. They can cut costs just so much before quality suffers.

How does this show up in your dental care? First of all, consider time allowed per procedure. Our hygienists get to plan a full hour for each adult patient. If I were in a discounted network, we'd have to cut that shorter to avoid operating at a loss- perhaps 50-, 45- or even 30-minute appointments.

Second is material selection. There are generic dental materials

out there (we don't use any). While serviceable initially, they aren't expected to last as long or perform as well overall. We also use a lot of extra materials that enhance what we're doing and the quality of the end result. If I participated in discounted plans there would be no room in the budget to use better materials or extras.

Finally, the difference is in approach to situations. If I were operating in the discounted environment, there would be pressure to upsell situations: recommend treatment that wasn't absolutely necessary just to cover expenses. Thankfully, we don't need to do that. In fact, we tend to go in the other direction, giving you all the choices (with pros, cons and costs involved) and happily taking care of your needs in whatever manner you prefer.

It's common for people to come in to us with treatment plans from other offices that I look at and scratch my head a bit as they include a lot of work my 34 years of

experience tells me isn't absolutely needed. Sometimes the places that look cheap to begin with end up costing people more in unnecessary work.

I understand that when given a choice that initially looks like you will have little or no out of pocket costs, it's very tempting to follow that path. All I can say is that there's a reason only 5-10% of dentists sign up for the discounted plans. Most of us are trying to provide a good experience and end result. Some plans make that impossible to do.

That said, employers often switch plans every few years. Feedback from employees is definitely a factor. Also, we have the ability to work with the discounted plans and provide some middle ground. In many cases, there isn't much difference between reimbursement when seeing an "in network" and an "out of network" dentist.

Before assuming you can only see someone in your network let us call and compare for you!