

GROUP PRACTICE
and the
FUTURE of DENTAL CARE

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LEA & FEBIGER



1974 Philadelphia

Library of Congress Cataloging in Publication Data

Main entry under title:

Group practice and the future of dental care.

1. Dental care—United States. I. Jerge, Charles R., ed.

[DNLM: 1. Group practice, Dental. WU77 G882 1974]

RK58.G73 1974 362.1'9'7600973 74-708

ISBN 0-8121-0462-5

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Published in Great Britain by Henry Kimpton Publishers, London

PRINTED IN THE UNITED STATES OF AMERICA

Foreword

Assuring adequate health care for people is a widespread, never-ending challenge. There is no field of human endeavor in which change has been so long delayed or so much needed, in which the general nature of the necessary reforms is so clear. The authors of this volume are members of a new breed who, aware of new needs and newly recognizing old deficiencies, are revitalizing concern for the availability of health care. This book is not, however, only a description of the inadequacies of our present health care delivery systems, but a significant, vital response to the challenge of designing an organizational framework for delivering comprehensive dental care to all levels of our society.

Unquestionably, vast changes must take place in the field of health care. This work will make a very substantial contribution to both the professional and public debate that will eventually determine the directions such change will take. It is through scholarship of this nature that our professional schools make one of their most significant contributions to the public welfare, leading to improvements in the quality of life for people everywhere.

I am delighted that members of our dental faculty and the other distinguished authors have shared in the preparation of this work, which will be of such direct benefit to people. For in the last analysis, the only

real test of the value of investing large resources in health education programs and facilities is what it will do for people. Among the most important aspects of this work is its focus not upon a theoretical, impersonal system, but the individual and his health needs, which are central to the construction and operation of a delivery system for dental health care.

When the School of Dental Medicine was founded at The University of Connecticut, a few simple, but to us, extremely important guidelines and goals characterized our efforts. We sought to put the student back in education, the patient back in practice, and to achieve a high level of care. We also sought to recognize and encourage the relationship of dental care to total health care, to emphasize the importance of preventive care, and to acknowledge and honor the community responsibilities of a public institution. The publication of this volume contributes in a measurable way towards each of these goals and illuminates the future directions of dental practice.

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Preface

A key premise of this book, presumably held by all the contributors, is that group practice provides a better way to deliver dental health services—better for patients, better for consumers in general, and better for providers of care. It can be an effective, systematized approach to dental care delivery that has the *potential* for providing more comprehensive service to more people at reduced cost.

The growth of dental group practice has not been as marked as that of medical group practice. Nonetheless, the number of dental groups is beginning to increase substantially and the ranks of those dentists now in solo practice who are becoming interested in forming or joining groups are swelling. This trend has received a veritable “shot in the arm” from recent and pending federal health legislation and the realization by more and more dentists that there *really is* a major shift in society’s demands on the health care industry.

Unquestionably, one of the paramount events in the dental care field occurred just as this book was nearing completion—the passage of the Health Maintenance Organization Act of 1973. The significance of this national legislation to dentistry and group practice lies in its inclusion of preventive dental care for children among the “basic health services” mandated in future benefit packages offered by federally certified HMO’s.

This means new sources of funds to dental care programs in multidisciplinary group practices or to dental group practices which contract with HMO's to provide the mandated dental care. As the number of HMO's increases in the next few years, dentists who want to be a part of this growing facet of health care delivery will be encouraged to form or join groups, for it is unlikely that solo practicing dentists will be much involved in capitation prepayment programs in the immediate future. National health insurance legislation, should it be enacted, will almost certainly play an even greater role in stimulating the growth of group practice.

In summary, while the editors do not believe dental group practice will supplant the present solo practice system in entirety, we do feel that group practice will become the mainstream system for delivering dental care in the future. The book is therefore devoted exclusively to dental group practice—the most comprehensive treatise on the subject, to our knowledge.

The book is organized into three sections. The first section deals with current social changes and innovations in health care which are affecting dental practice and contributing to the rapid growth of dental group practice. It attempts to look into the future for the purpose of defining what the pattern or patterns of dental care delivery will be in the next ten years or so. It provides an analysis of the current modes of dental practice and the reasons why the totality of "dentistry" has come to assume its present form. Finally, it analyzes the current forces at play within society and the profession that are causing far more rapid change than at any comparable time in the past.

The second section of the book analyzes group practice in depth, discussing the many potentials of this organizational scheme. The potential of dental group practice for delivering comprehensive dental care, for reducing cost, for utilizing auxiliary personnel to the utmost, and for controlling the quality of care are all discussed in depth. Two chapters of importance to those dentists establishing group practices cover methods of financing care in group practice, and legislation and professional regulations affecting group practice.

The third section of the book is a "how-to-do-it" description of the important steps in planning, establishing, and evaluating dental group practice. In detailed chapters the editors and contributors discuss goals and philosophy of practice, and effective leadership, management, and organization of practice. Emphasis is placed on staffing group practice, utilizing auxiliary personnel, planning practice facilities and support systems, financing group practice and deriving dentist income, and establishing patient record and quality-control systems. We believe this section will

be of great practical value to anyone planning a new practice, or wishing to improve an existing one.

We have one word of caution for the reader. Since there are eleven different contributors to this volume, and since as a whole it is an assemblage of views of various experts, that there will be some internal inconsistencies is almost inevitable. However, in developing the overall plan for the book and in selecting contributors we have tried to assure that as an entity it is consistent in its premise that group practice is an important alternative to the currently prevalent mode of dental practice. We hope this objective is achieved without implying that all existing group practices are superior to any existing solo practice or that group practice is necessarily the ideal form of practice for all community settings.

This book was inspired by events in the rapidly evolving health care field, by the escalating interest in dental group practice, and by the encouraging increase in the number of dentists who realize that more viable organizational schemes for delivering comprehensive dental health services do exist. We believe it a timely publication. If it provides encouragement and guidance, and helps to avoid needless errors, our efforts will have been fully rewarded.

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SECTION I

Dental Practice: At the Threshold of Rapid Change

CHAPTER 1

Health Care in Transition

CHARLES R. JERGE, D.D.S., Ph.D.

What will dental practice be like in 1984? Can we safely predict what the profession will be like ten years from now, with all the changes being proposed? Will dental practice basically continue in its present mold, will change come gradually over a ten- to 20-year period, or is dramatic monumental change at the doorstep?

George Orwell, in 1949, tried to foretell what society potentially could be like in 1984,¹ when men might be mere automatons in an impersonal, state-controlled society. Even though he had relatively little basis for predicting the events of the last twenty years, Orwell's projections are perhaps closer to reality than some would like. Similarly, the early Buck Rogers comic book treatment of space exploration does not seem nearly so farfetched since the conquest of space by American and Russian astronauts. In predicting what dental practice will be like, we can be somewhat more precise than Orwell, for the models now being advanced for the optimum delivery of health care have existed, unrecognized and unheralded, for many years.^{2,3}

Why has the impetus for change developed slowly, and why has the rate of change in health care now begun to accelerate rapidly? In this era of technological innovation, is rapid change not inevitable? Indeed, is technological innovation itself not the major factor underlying change in health care? In his cogent treatise *Future Shock*,⁴ Alvin Toffler notes that there are three stages of technological innovation—the creative idea,

its practical application, and its acceptance and diffusion through society—all of which are “linked together in a self-reinforcing cycle.” Thus the shorter the span between a creative idea and its application, the faster its diffusion, and diffusion of innovation itself breeds other new ideas which in turn can be applied and diffused in society. Toffler points to the rapid acceleration in the process—new idea, application, diffusion—and to the fact that this accelerated tempo in the development and acceptance of new ideas applies to all fields and areas affecting modern society. It certainly applies to health care. This chapter examines the forces at play that are influencing health care and the dental profession, and also tries to predict how these forces will shape the practice of dentistry in the future.

THE FORCES OF CHANGE

Today, few people—laymen or professionals—would deny change is occurring as never before in our system of delivering health care. There is no longer predominantly “status-quoism” on some of the issues that occupied the attention of the profession even as recently as five years ago. Indeed, the portents of change are all around us. A plethora of professional publications and news articles, books and even television documentaries all have recently pointed to the inadequacies of the present system, and to the growing demands for change in the health care industry. Even some of the traditionally conservative political leaders and an increasing number of national medical and dental leaders as well have begun to admit that our present system is inadequate and that major revision is in order.

Pointing to the crisis of America’s health care delivery system, John G. Veneman, Under Secretary of Health, Education and Welfare, recently wrote:

We are past the stage when an aspirin and a bandaid will help. We need what I think you in the healing arts call “heroic measures.”⁶

To rectify the situation, there is a rising clamor for change. Growing evidence can be found that we are in a period of transition—a period of increasing disillusionment among consumers, financiers, and providers of care; a period of increasing awareness of the need and demand for change among professionals, consumers, and political leaders alike; a period of experimentation in new patterns of health care organization, payment, and delivery.

In American dentistry specifically, the past decade represents the first real period of experimentation in new methods of care delivery for a profession which has changed little over the last five decades. A beginning trend away from solo to group practice, and increasing recourse to