

Is all well with orthodontic care in the private sector?



While speaking with many colleagues in the Asian Pacific region, reflections often focus on how the profession has changed and how many of those changes have made orthodontic practice more challenging.

Ever-increasing operating costs, increased, and sometimes unreasonable patient expectations and the fear of litigations against orthodontists are some of the common concerns. Many conclude that the “golden age” of orthodontics has passed.^[1] I, personally, view these concerns with skepticism; for there is reason to be optimistic about our future and excited about what contemporary practice has to offer our patients in improving their oral health, as well as enhancing our lifestyles.

Armed with modern technologies, orthodontists are better able to respond to patient needs. Cone beam computed tomography radiography, modern self-ligating appliances, advanced diagnostic and treatment concepts, TADs, and soft-tissue lasers have contributed to contemporary orthodontic practice and improved the lives of our patients. Each of these advances brought with it demands for further training, revisions of existing office systems and a reality, that should inspire the 21st century orthodontic patient. From a “quality-of-life perception” standpoint, we are better prepared to understand factors that contribute to patient satisfaction and dissatisfaction today.

We now enter this new era in orthodontics, with greater competition, higher patient expectations, and increased legislative involvement. Fortunately, improved technology (product), ease of stakeholder involvement (people), and adoption of Total Quality Management principles (process), has never been easier. However, it’s important to understand challenges that have caused this process to not percolate down to every orthodontic patient who

receives care today. Most patients do not receive the choices we’d like them to receive. The two tiers of orthodontic patients in the private sector are defined by demographics, economics, and an orthodontic bias.^[2]

The most popular form of orthodontic care delivery is the “fee for service” or the “free enterprise model” that operates out of an orthodontic office. The other is the “corporate care” model which has defined parameters, is low cost at times; or is sometimes orthodontic care at a dentist’s office, and involves a split in the orthodontist-dentist fee. In our regions, this is probably the best example of “managed care.” Ask an experienced orthodontist and he or she will vouch vehemently that the traditional or former “fee for service” method is right for the patient and creates the highest quality of care, but of what use is this care, if we can’t get the patients through the front door of our practices, a trend that is sadly becoming a reality today?

Orthodontics has stabilized fees, improved efficiency, marketed itself, and controlled overheads. All of this would be fruitless unless we have patients who are not bound by corporate plans or would prefer treatment in their dentist’s office, by an orthodontist that the dentist recommends. Trends in orthodontics are not isolated. This phenomenon is occurring in medicine, but we are different. Managed care will ensure us employment opportunities, but surely stunt our growth and innovation!

One thing is certain. And that is that we can’t turn a blind eye to this phenomenon. Choices made today will affect the face of orthodontic care in the future. Until “specialty acts” that make specialty dentistry by specialists only, allowing a patient the right to choose their orthodontist and orthodontic care delivery from an orthodontist’s office, the concept of the “fee for service” free enterprise orthodontic practitioner could face serious challenges!

Many orthodontists will stay fee-for-service because their economic environment and ability might allow them to do so. My belief in the fact that a lot of orthodontists will probably create such a “value” in orthodontic therapy, coupled with efforts from Professional Bodies will keep this model afloat! However, a lot of our brethren will succumb to “managed care” because that’s what their

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competitive, social and economic environment will permit. The unfortunate part is that each side will try and impugn the other for damaging orthodontics as a profession. In the midst of change, self-righteousness often raises its ugly head. It probably stems from insecurity.

The only secure way to practice is to improve our relationships with patients; improve total quality care; and focus on techniques that work in contemporary orthodontics to increase the potential patient pool. This, by the way is the greatest “under-utilized asset” of orthodontics.^[2]

In the developing economies, even by conservative surveys, we are reaching out to <10% of the population in the private sector, who could benefit from orthodontic care. Most orthodontists who like to flaunt their orthodontic credentials by the number of decades they have put into the profession, think that “fee for service” is their inalienable right and should be made a part of their national constitutions or even be incorporated into the testaments! Of course, all of us would agree that we can deliver the best quality care to our patients in this environment, but that doesn't mean the patient is getting the best value for his/her currency spent!

We live in an environment of free enterprise, and that is the business model that drives economies globally! In this scenario, market forces will fill the void of need.^[2] We can censure managed care and its warts all we want; if there were not a need, it wouldn't be around, and most critically, it wouldn't flourish!

“Managed care” is a problem for the future of orthodontics. But the way to confront this phenomenon is to learn from the misfortunes of others, without succumbing to this phenomenon. Industry reports are replete with examples of how “good ideas and quality” wane in the face of “poor management.” If we shed our arrogance and critically analyze forces that are changing the orthodontic terrain, and apply ourselves to changes needed, we'll augment the survival of “fee for service model;” if we don't, well Sayonara is probably nearer than we think!



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