CariFree®

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News

In this Issue:

How to Integrate CAMBRA into Private Practice

CAMBRA from an economic standpoint.

By Drs. V. Kim Kutsch, Graeme Milicich, William Domb, Max Anderson and Ed Zinman

The following are excerpts from the November 2007 CDA Journal.

Medical insurance might cover some of the diagnostic tests such as salivary flow and buffering capacity measurements. Some practices include the caries risk assessment as part of the normal oral exam, but additional procedures represent new and separate fees. The medical approach to treating dental caries usually involves behavioral counseling directed at risk factors, followed by a protocol of antimicrobial oral care products and some remineralization strategies and materials. The monitoring of ongoing treatment and outcomes requires additional bacteriology testing. These separate fees will supplement restorative care fees.

While the income generated with the CAMBRA procedures and materials is low in comparison to high-end cosmetic procedures, nonetheless practicing CAMBRA does generate sufficient revenue to justify it from a business model. What is most important is that every single person in the office is absolutely committed to helping their patients become healthy and stay decay-free. What value does that represent to the patients? Everybody must be comfortable with charging patients a fee commensurate with the service provided. Your office must appreciate how important your counsel is to your patients. Patients can be comfortable with your CAMBRA-related fees once you help them understand what value they are receiving. So what if a patient's insurance contract will not reimburse for specific important services? Many will not cover implants, veneers and other cosmetic procedures. Do we avoid presenting these procedures? Do patients decline having them done? Perhaps another analogy helps connect with your patients. Advise that you don't have tire insurance, but when your tires wear out, do you replace them for the safety of your entire family? CAMBRA fees may result in significant monthly revenue as the process is integrated completely into the practice. And much of CAMBRA does not require the presence of the dentist for data collection. Patients who finally manage to stabilize themselves with CAMBRA interventions often then decide to undertake more complex and financially productive restorative procedures, including elective procedures once necessary restorative treatment is reduced or eliminated. What experienced CAMBRA practices are discovering is that the real reason behind why patients don't have expensive tooth replacement treatment done is because they don't feel confident in it lasting. They have had a lifetime of chronic misery with dental caries, and the whole process seems a mystery. Most of these CAMBRA practices report an unanticipated increase in revenue from previously declined treatment knowing treatment will last. Another consideration in the economics of practicing CAMBRA: direct referrals from the practice's existing patients. For many patients, CAMBRA is a life changing experience. They change from continuous cavities and problems to being decay-free for the first time in their lives. When patients appreciate and understand the biofilm component of dental caries and experience first hand how to finally control the disease, they want everybody they know to experience the same benefits. Word-of-mouth referrals have led to patients traveling hours just to locate a dental office that practices CAMBRA.

The last economic consideration is often the unspoken fear that dentists are putting themselves out of business. What if your patients really didn't develop new cavities, what would you do? On the other hand, what if every patient in your practice stopped developing new single surface lesions and you could focus on complete restorative care? If your patients decided to have ideal restorative dentistry done, would you have enough time left in your career even to accomplish that?

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CariFree® News

"I Don't Do Windows."

Part Two of Three.

By Carri Cady, RDH

It is important to understand that whether our patients are actively getting decay or not is not always representative of whether or not they are high caries risk. Their caries risk is better determined by whether their caries balance is currently shifted toward their protective or pathologic factors. Consider this analogy. Any time you go to your medical doctor, they will, without fail, do two things. They will update your health history and medications, ask if you exercise frequently, drink or smoke, have a healthy diet, and then take your blood pressure, right? Regardless of your age and appearance of health, or lack there of, they will take the opportunity to use these simple, inexpensive, fast, painless ways of screening for your risk of cardiovascular disease. Now, if you do have high blood pressure and lifestyle risk factors, it doesn't mean that you have ever had a heart attack or stroke, or that you necessarily ever will. It means that you are at potentially greater risk for cardiovascular disease, and that your doctor would definitely be doing his or her job, fulfilling their oath, to make you aware of those risk factors, and then make recommendations for modifications with the goal of preventing these cardiovascular events from ever occurring. So, it is likely you will hear recommendations to decrease your fat and cholesterol intake, quit smoking and reduce drinking to moderation, increase exercise frequency, and in some cases, perhaps take a medication, whether it be for blood pressure, cholesterol, etc. to reduce your risk for cardiovascular disease. These simple measures could invariably change a persons experience and quality of life over time, no doubt. I'm quite sure that not many of us would continue to go to a doctor who practiced the "wait and see" philosophy, let's "watch" and see if you have a cardiovascular event, all the time assuring you that if you ever have a heart attack or stroke, he or she will be "on call" to do surgery for you.

Well, I pose the question to you; can we as hygienists not do this same thing for our patients with regards to reducing their caries risk? I would wager to say that whether you are talking to a patient who has experienced chronic decay, or to one who has never had a cavity, the idea of the needle, drill, and associated time and money spent in the dental chair is NOT their idea of a good time. In fact, it likely sparks fear in the hearts of many! So, if you could predictably reduce either of these two patients' likelihood of having to do the drill and fill thing, one could argue you stand in a pretty amazing place to change their experience and quality of dental health over a life time. Interested? I hope so, because your patients are counting on you to bring them this kind of knowledge and treatment options.

The idea is called Caries Management by Risk Assessment (CAMBRA) and some would argue it is standard of care. We often make the assumption that standard of care refers to what your neighboring practices are doing. Regardless of our numerous opinions on what standard of care is or isn't, the bottom line remains what we prudently should be doing for our patients. Caries risk assessment is not only taught and practiced as standard of care by most dental schools, but is also being implemented into board exams, and even the ADA Council of Scientific Affairs has established definitions, guidelines and recommendations. CAMBRA is being routinely practiced by hundreds of dental practices in the US alone. We are definitely now at a point of accountability regarding caries risk assessment for our patients.

> *"Dentists who do not practice caries risk assessment and do not treat the disease that causes caries as well as the symptoms of the disease — caries lesions — beware… Zinman is proving the point in court. In the past five years, he has mitigated at least a dozen dental negligence cases where the dentists did not practice caries risk assessment and management."*
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> **— Dental Practice Report – Jul/Aug 2003**

There are really two parts to this equation. One is identifying those patients with high caries risk; the other is offering them a way to reduce their risk. I would encourage you to explore easy "plug and play" systems such as the CariFree System, www.carifree.com, which offers not only simple risk forms for caries risk assessment along with screening tools to identify the bacterial infection component, but a defined, ongoing protocol for corrective actions for your moderate and high caries risk patients in order to manage and reduce their risk over time. We have the opportunity to begin identifying and treating the bacteria that cause decay, and make recommendations to reduce the factors that contribute to our patients' susceptibility.

Part Three coming next issue.