



Managed Care, Managed Care, Managed Care

"Managed Care"—two words that are seen with increasing frequency in the literature. One can hardly read the throwaway journals, the state and national dental newsletters, the financial literature, or reports of government and insurance programs without seeing comments about it.

Managed care is not a new concept and it probably would not be an issue in dentistry if it was not a key issue in discussions of medical care by government, industry, and organized medicine.

Right at start, we recognize that someone somewhere wishes to insert a third party (probably with a profit motive) into the traditional two party treatment system. Historically, the preferred provider programs, Health Maintenance Organizations, corporate insurance programs, and—of course—the Medicare program, all have advocated insertion of a third party.

When thinking about these programs, two things come to mind. The first and most important is that the patient (we will be old fashioned and talk about "patients" rather than consumers, payees, or receivers) think they are going to get something for nothing. Interesting—especially when a profit motive organization is placed between the doctor and the patient! Second, the workers may be offered the correct choices by their employers when the added "benefit" of medical care is offered. But they become confused with the inevitable changes in benefits and decide that turning over their health care decisions to a third party is the easiest solution to a confusing problem. Besides, they are still getting something for nothing, are they not?

Naturally, some financial wizard finally figures out that medical care and dental care is a commodity (benefit) that costs too much money and some other solution has to be found. The emphasis is directed not toward medical care, at all—it is directed towards economic decisions and financial policy. We could just as well be talking about how the company also discovered that having a benefit that gave a Lexus to each employee was finally found to be too expensive for the company. The only difference is that some people would say medical care is a right and, so far, having a Lexus is not!

Is managed care an issue, a problem, or a point of discussion for those of us in a dental specialty (that is to say, prosthodontics)? Yes—for two reasons! First, we will have to face the issue as "consumers" of medical/dental care ourselves and for our families and for our employees. Second, we will have to be fully informed on this concept (and many others to come in the future) as professionals treating patients.

What is being said?

- The American College of Prosthodontists was included in recent discussions of managed care held at the American Dental Association in July 1995 (see The ACP Messenger, Volume 25, Issue No. 4, Page 6). The referenced article provides a review of some of the issues generally, and concludes by saying, “It appears as though the impact of managed care will be greater in the general practitioner arena than in the specialty of prosthodontics.”
- A letter to the Editor of the Wall Street Journal (October 10, 1995) from a physician was interesting. He said, “the turn toward profit-driven medical care alters the fundamental nature of medicine as a unique and noble profession and transforms it into a commodity governed by the marketplace.” He also said, “the purveyors of such care must be closely regulated and their profits limited. They should be treated like public utilities, and not be permitted to be robber barons of unbridled capitalism. To interpose another layer of administration between the government and the patient is madness, particularly if the new middleman simply takes 5%–35% profit from the top, then ratchets down care to the recipients and underpays the providers.”
- Dr. Donald Johnson, the president of the USA section of the International College of Dentists has some interesting things to say. He asks, “Does the historically well-documented success of dentistry as healthcare that works look like *unmanaged* care?” He further states that the “current managed care programs carry the message that it is not important WHO provides the care.” Illustrating his point with analogies in golf he says, “thousands of dentists who are unequal in their ability as it pertains to care, skills, and judgment practice each day—on an equal basis. The *handicap factor* is there, but it remains silent.” He further questions, “What if the alphabet programs that position themselves between doctor and patient had to list the *handicap factor* of each provider? Why not?” If we are not equal in class standing, where we received our training, and skills, why not handicap us? Another way to look at it—can we discount our fee 20–25%, purchase quality goods and services, adequately compensate our staffs, maintain a clean and sterile environment, set aside for retirement and still hope to be a *scratch* dentist?
- The ADA was asked why cannot it take a strong stand against managed care? [See the ADA News, October 2, 1995] Peter M. Sfikas, their legal counsel, says that any organized stand against managed care would be against the law—a clear-cut violation of the antitrust laws. The ADA can make no recommendations because as such they would be interpreted as a conspiracy in restraint of free trade. As seen in the October 31, 1995 Wall Street Journal, a helpful turn in this restriction would be that the recently passed House bill that changes Medicare contains a provision that would exempt “doctors” from certain antitrust laws.

- Good old Matthew McNulty (Chancellor of the Medical Center, Georgetown University in the 1960s and 1970s) wrote a paper in 1974 titled Dentistry and Current Health Legislation. He said a National Health Insurance would put a federal control on dental fees and that this same insurance would increase the number of young and lower income patients seen. More young dentists would join HMOs and move away from solo practice. And finally, that the future practice of dentistry would be somewhat different because of federal control in education, delivery, and practice of health care. Luckily, he was wrong in almost every instance! Maybe he should have been more concerned about how the closing of his own dental school would affect the individuals it could have educated so well as dentists!
- Along the same line a “Ralph Nader professional policy dentist,” Jay W. Friedman, D.D.S., voiced his concerns in a Consumer Advocate’s View of Community Dentistry (the Journal of Dental Education, Vol. 41, No.11, 1977). He stated that major changes in the education of dentists was long overdue and that the teaching faculties of dental schools is dominated by rigid clinicians’ intent on reproducing themselves in their students. He went on to say what little exposure students receive in the concepts of community responsibility is rapidly dissipated by the time of graduation. He advocated making the departments of community dentistry “the conscience” of the dental school. He thought that “a guide” would be necessary for administrative and clinical decisions and that this would attempt to assure uniformity of care for the population served, regardless of the individual dentist rendering the treatment. [Remember the *golf handicap* that Dr. Johnson mentioned.] Again, thank God few readers paid attention to Dr. Freidman even though a dean or two may have slipped through the cracks.
- Well, maybe it makes little difference anyway! A recent ADA survey shows that less than 30% of dentists participated in managed care programs in 1994. Better yet, the survey showed that only 6% of dentist’s patients participated in the programs. Similar statistics for the dental specialties would probably show rock bottom numbers of specialists involved in any way, except for small numbers through referrals.

Summarizing—

Let’s go back to basics. In 1912, a Brown University scholar, Judge Louis A. Brandeis, set forth three characteristics that define a profession. They are:

1. A profession is an occupation for which the necessary preliminary training in intellectual in character, involving knowledge, and, to some extent, experience as distinguished from mere skill.
2. It is an occupation that is pursued largely for others and not merely for one’s self.
3. It is an occupation in which the amount of financial return is not the accepted measure of success.

With this as a measure, the consequences of a profession are personal, not material. They are guided by ethics, responsibilities, obligations, moral values, and integrity; in distinction to a craftsman or tradesman who is governed by codes, patterns, or specifications. The fee is the means, never the end.

The fallacies of third party systems (consumerism) as I see them are:

1. *Professional service is a commodity that is definable and bargainable in the arenas of commerce.* The fallacy that patients are consumers and professionals are providers is not compatible with the concept of professionalism.
2. *That our system of professionalism can survive under political or commercial sponsorship.* The fallacy is the sponsoring parties have self-interests that subvert the exercise of ethical and moral judgment.
3. *That society—through government or industry—can manage the professions and govern them and still have access to the kinds of value judgments it needs.* Remember, professionalism is an individual responsibility that cannot be transferred to another individual, commercial organization, or society at large.

What the soothsayers overlooked is that dentists, and especially dental specialists, are very smart people making very smart decisions. They cannot see us as individuals who take pride in our skills and knowledge or as individuals who strive to be personally responsible for the well being of our patients, our staffs, and ourselves—and, for that matter, even society at large—with no outside influence. In the long run, we do not want to become “providers to consumers” in a third party system. Rather, we want to remain true professionals—as extremely well defined 84 years ago!

NDW

[Summary remarks from a NDW lecture given at the University of Maryland, College of Education, Financial and Economic Education Course. Lecture title: “Professionalism vs.Consumerism”]