Quality Assurance—A Better Reason to Change

In the United States, computers are becoming more common in dental offices as dentists become aware of how computers can assist them in both office management and patient procedures. Although most dental computer use is confined to the business aspect of the practice, an increasing number of practices have also implemented procedures to electronically record patient data and maintain progress notes. A circumspect analysis of events indicates that such use will expand and that electronic records will become increasingly accepted. In fact, such records will assuredly comprise not only textual notes and graphic charting, but also photographs, video clips, voice segments, and radiographs. Improved hardware and software technologies, lowered prices, and broader availability have diminished resistance and increased interest. However, the indications of a more extensive movement toward such records are found outside the dental profession, and may be less apparent to the casual observer. If one examines what has been happening in medicine, particularly in hospitals, the observation might be seen as a shadow of what is to come in dentistry.

In hospitals, basic records as well as the submission of claims are kept and/or filed electronically. The advent of electronic claims processing may be one of the most powerful engines to not only increase the use of computers in dentistry, but also possibly to mandate their use. Make no mistake, electronic claims processing is big business in the health care industry and savings are predicted to run into the tens of billions of dollars. Dentistry may be only a small part of the health care "business," consuming about 5.2% of the health care dollar in the United States, but it is safe to predict that what happens in the larger part of the industry will effect dentistry as well. Furthermore, electronic dental claims processing is routine in some countries already.

Whereas many tend to think of electronic claims processing as a way to get a faster payment from health care billing, there are many other advantages as well. The interest of big business in this procedure is the role electronically recorded data plays in managed health care.

There is currently a bill before Congress that will mandate that all insurance claims be processed electronically. The bill will also establish standard forms and language and moves further to override state laws that prevent electronic record transmission. The final goal would require that information be made available to allow comparisons of the price and quality of health care. Whether or not such a bill becomes law, it is an indication of a business mindset and a harbinger of what will prevail in the health care industry.

Now, all of this is so overwhelming that the word *quality* may become lost as the focus is distracted to other issues. However, the procedures associated with quality evaluation may offer one of the most compelling reasons as to how a *dental* data base can revolutionize our concepts of dental practice.

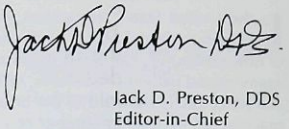
Quality assurance should be the core of any health care concept, yet what does dentistry do to assess the procedures that are taught and practiced? Electronic charting and recording of procedures provides the opportunity to establish a fully relational data base in dental practices, dental schools, and clinics. Such a data base will allow retrospective evaluation of the procedures performed and the relationship to corollary events. For example, under currently common record-keeping procedures, if one were to be asked what the life of a 3-surface amalgam restoration was in a practice or whether patients who had cervical resin composite restorations placed had a higher incidence of pulpal pathosis, there would be no reasonable way to provide a valid answer. However, with a relational data base, such questions could be asked and answered. The efficacy of care in one practice could be compared with that of a similar one, and all could be grouped together to provide an overall assessment of expected outcomes. Dental schools teach procedures that are believed to be in the patients' best interests, but few if any could provide data concerning the efficacy of the result of the practices ensuing from the theories.

Now, perhaps all of these data may not provide information that is calming and satisfying, but they are data that we need. Quality assurance should be the banner under which we march to move for a mandatory electronic data base for all dental practices. If the dental health care dollar is to be meted out by third-party payers only on the basis of fees with no consideration of what that fee is buying, then our profession is demeaned and our patients are deceived. Just as every hospital must provide evidence of quality assurance—morbidity and mortality data concerning the care pro-

vided by the individuals and the service—it is this editor's opinion that dentistry will be required to do the same.

There are definitely problems associated, with the patient's right to privacy primary among them. The inauguration of a broad quality-assurance assessment will take time and must arise from within the profession. The right and obligation of a profession is to monitor itself, and an electronic quality-assurance program should be a major issue on the agenda of every local, national, and international dental organization.

The electronic era will offer many opportunities and may just divide dentistry into two distinct ages—pre-electronic and modern. With all the changes that electronic augmentation will bring, we dare not overlook the opportunity to initiate self-evaluation procedures and provide meaningful quality assurance. Proactive implementation of the necessary procedures to establish an international relational data base for quality assurance must begin now, or we will be faced with reacting to mandatory procedures implemented by external bureaus and agencies later. If dentistry does not protect its professional status by initiating responsible procedures and actions, we might find ourselves becoming just a small part of the big-business assimilation of the profits, with little concern for the real reason we exist—to provide quality dental health care for our patients.



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