



## Improving the Access to Implant Therapy

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The level and quality of oral health care, which includes implants, is the best it has ever been. With such an impressive armamentarium of technologically advanced implant treatment alternatives, here is an important question that must be asked: *Is it possible for all patients who have a clinical need for implants to receive them?*

At the present time, the answer appears to be *no*. Unfortunately, many people and organizations act as though access to quality dental implant services is limited to those individuals who have cash or to a few of the "lucky" people who have these procedures covered by insurance.

Just the appearance of restricted access presents an important and a not-to-be-taken-lightly challenge: broaden the access to implant treatment, while providing it in a more cost-effective manner.

Ten years ago, very few of us would have predicted the overwhelming acceptance of oral and maxillofacial implants. The general success and predictability of restorative and functional rehabilitation has been universally acclaimed as being one of the most significant advances in the history of dentistry. Millions of implants and their restorations have helped people live better lives. Individuals with implants can eat better, talk better, and smile with confidence and happiness.

It is gratifying to reflect back a short time ago and acknowledge that the "Rosetta Stone" for this marvelous technological "breakthrough" was good science. Plain and simple, good science provided the basis for the fundamental insights of Brånemark, Schroeder, and other pioneers. Their observations were derived from following the scientific method, having superb clinical skills, and being fortunate to obtain excellent industrial support. This partnership, coupled with broad-based support from professional organizations, has created an environment that has stimulated innovation and improvement from all of the stake-holders in the implant arena.

Access to implant care by enough people has been slow. Early on, this may have been due to reluctance by third parties to benefit these procedures because they were considered "experimental.", Subsequently, industry, professional organizations, and individual practitioners rallied together to break down the conceptual and scientific barriers constructed by third parties against this treatment modality. Short-, medium-, and long-term data clearly supported the predictability and longevity of properly administered implant therapy.

Unfortunately, implants and their restorations are big-ticket items. Compared to the yearly maximum insurance benefit for most covered individuals, the cost of implant therapy is very high. I think they are worth it. Patients who have them think

they are worth it. Thus, we are left with the dynamics of the marketplace governed by the inevitable laws of supply and demand. This is a dynamic marketplace, one with big upside demand potential. It is a market with even bigger upside needs for the treatment, a marketplace under pressure for cost containment. In addition, it is a market that is being fought over by factions within the profession that want to create a specialty of *implantology*. All of these pressures on the system suggests that eventually the interaction of competition with demand may drive the costs down. Cost containment and better technology will be the driving forces.

It seems obvious, in retrospect, that good science promotes more good science, and the more good science that is being carried out, the more opportunities there will be to simplify therapy. Special treatment needs for other patients with complex problems will provide the opportunity to go beyond the status quo. An example of this can already be seen in the area of maxillofacial rehabilitation. Osseointegrated implants are being used to anchor prostheses to the orbit, nasal cavity, and skull. This approach has been considered to be a big step forward from the conventional methods used just a few years ago.

With all of this optimism, there is a need to be cautious. There are many "attacks" on our system of technology transfer and care delivery. These criticisms almost always have a way of causing rationalization that substandard care is somehow acceptable. From the commercial side, poor or inadequate scientific and clinical evidence gets converted into advertising and promotional hype. Please don't misconstrue this to be antientrepreneurial; far from it.

What I would like to see is a stronger, more consistent, and more widespread record of success and predictability by every practitioner who is associated with implant therapy. Patients will suffer if we do not set the standards ourselves, because if we do not, the payers and government will do it for us.