



## Specialist dental care in Australia - what's in store?

By Dr Kia Pajouhesh

**M**elbourne's Smile Solutions and its specialist hub, Collins Street Specialist Centre, are respectively the largest privately owned general dental and specialist dental practices in Australia. In our practice, 20 registered specialists in six fields, 20 general dentists with various interests, skills and experience and 10 dental hygienists consult from 25 surgeries. The practice occupies over 2000 square metres of space and has enjoyed revenue growth of between 23% and 36% per annum since its inception in 1995.

Smile Solutions' general dentists choose the cases they wish to manage

themselves and at the same time, have a deep appreciation of, and a desire to utilise, the knowledge and assistance of our in-house specialists for patient referrals. Our practitioners' embrace our comprehensive clinical model and the public's demand for our somewhat unique provision of multidisciplinary dental care have come together to account in large measure for the burgeoning of our practice from 8 patients to over 70,000 today. Over those two decades, we have seen new patient numbers increase each month from single-digit figures to over 600.

During that time, the method of acquisition of new clients has also changed. Technology, the greatest asset in our

industry for the provision of patient care, is also the greatest threat to its infrastructure because Internet technology is changing the *modus operandi* of patient referrals and patient care as we know them.

Today, referrals from general dentists to specialists are undoubtedly shrinking, as are word-of-mouth recommendations among patients. Although Smile Solutions still attracts over 350 patients per month by word of mouth alone, it is a proportionately diminishing referral source, compared with the 250 patients per month we attract from the Internet. Think about it: the last time you were seeking a service or a product, did you reach for the telephone to call a friend or did you do a *Google* search?

## The obvious problems

Part from the public's reliance on the Internet, the perfect storm of changing fundamentals is fuelling the infrastructure transition at great pace, with seven factors in play:

1. Economic pressures on consumer spending;
2. Higher dentist university graduate numbers;
3. Higher overseas practitioner intakes;
4. Competition from the corporate-sector dental practices;
5. Cessation of the Australian Government's Chronic Disease Dental Scheme;
6. Proliferation of private health fund preferred-provider schemes and dental practices; and
7. A disproportionate rise in practice overheads versus fees.

As principal dentist in a practice with a complete range of specialists and general dentists, I have keen insight into the general public's Internet search behaviour and their understanding of pertinent matters in the dental industry. In my role as mentor to a number of large practices across the country, I have also analysed the changing attitudes of general dentists towards multidisciplinary patient management. Some of my observations of the Internet revolution are as follows.

1. Large general practices, corporate chains and private health fund-affiliated practices, by virtue of their economic might and marketing clout, are dominating the dental landscape on the Internet through aggressive sponsored advertising, comprehensive websites optimised to rank high in organic listings and elaborate social media campaigning.
2. The Australian public are simply not well enough educated in the phenomenon of dental specialists (who they are, how they qualify and what they do) and the lines between "speciality" and "special interests" are more blurred than ever, with few controllable online standards and boundaries. This is not helped by the fact that any Internet search for, say, an endodontist or an orthodontist will result in a page of general dentists advertising through organic listings or paid sponsored links using wording like "endodontics" and "orthodontics" to escape regulatory scrutiny.



3. Specialist practices cannot hope to compete with general practices on a level playing field, with money being spent on sponsored advertising by virtue of their business model's lack of vertical integration.
4. Growing general dental practices have an insatiable thirst for providing under one roof all services carried out by various general dentists of varying expertise and experience. By their very nature, these "super generalist" practices hoard more patient procedures and refer less to specialists. The traditional type of practising general dentist with a higher propensity to refer patients to specialists seems to be attracting fewer patients because more consumers are choosing the "one-stop shop" practices, thereby further adversely affecting the specialist food chain.

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## What other factors are increasingly working against the traditional system?

1. Ever-increasing economic pressures are motivating general dentists to treat more complex cases in house and to refer fewer such cases to specialists.
2. Dental supply companies are constantly manufacturing new technologies to make once-difficult procedures more achievable by less-skilled operators.
3. The public are, by and large, convinced that something new must be better. So new technologies, often without adequate research protocols and data, are embraced more quickly through the power of direct-to-the-public marketing. Worse still, more decisions regarding treatment alternatives are being consumer-driven by speed of outcome and cost.

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4. Health funds with a vested interest in better dental health for the community inexplicably continue to focus their marketing dollars on driving members towards their ever-growing pool of “preferred providers”. The core problem lies in the fact that virtually all preferred providers in virtually all schemes are general dentists and a great majority are super generalists. Therefore, the huge marketing budgets of the health funds are feeding the super-generalist invasion of our industry. Recent acquisitions of dental practices by private health funds are a stern reminder of what is in store when you inject corporate wealth into the expansion of the super-generalist model.

**The inevitable results**

1. The proliferation of the super generalist within super-generalist practices. The evidence exists in the trends we are seeing in the provision of dental care in the Australian private sector: extractions and implants in defiance of endodontic management; short-course orthodontics to purely appease cosmetic motivations; in-chair wisdom teeth extractions to a budget; utilisation of substandard overseas laboratories to meet a price point; and slap-on porcelain veneers for the masses. All of these procedures are on the increase, carried out by super generalists at the cost of conventional research-based specialist care. Super-generalist dental teams are concentrated and supported within expanding super-generalist private practices, developing corporate empires, proliferating private health fund structures and dental practices owned by private health funds.

2. More specialists around the country are finding more empty slots in their appointment books because Australia’s highest trained clinicians are being over-

looked by our public. In contrast to our medical system - which is over-g geared towards specialist referrals, resulting in 2-3 month specialist waiting lists - our dental system is seeing a palpable reduction in specialist referrals.

3. More specialists are carrying out procedures outside their own fields in order to remain financially viable. Recently graduated specialists are finding it harder to source employment in their specialised field or to start up a practice to build a referral base. Older specialists are relying on their contemporaries for referrals, knowing full well that the impending retirement of their core handful of referring dentists will mean the end of their own practising careers. Specialist-practice goodwill values have plummeted over recent years.
4. The current drive of complex treatment modalities away from registered specialists to super generalists is causing a decline in the standard of dental health care in Australia. That is not to say for one moment that there are not highly skilled and experienced general dentists carrying out superb dentistry in various fields across our nation. What I am claiming is an undeniable proliferation in our industry of the super generalist who:
- a. systemically embarks on cases beyond his/her level of training and expertise; and
  - b. promotes compromised treatment alternatives to fit within their skills repertoire and business model and so avoid referring the patient externally for specialist care.

**The possible solutions**

1. The notion of patients themselves taking an active interest in the option of specialist referral is often touted as the evolutionary adaptation our industry needs in this modern era of health service provision. Public education campaigns may induce patients to seek specialists by asking more questions of their own general dentists about the choices presented to them, or to seek specialists directly themselves when they are not offered options for the provision of certain complex treatment modalities. Various specialist societies and groups, traditionally too conservative to be proactive, are waking up to the benefits of this style of campaigning, albeit very late.

2. General dentists with a propensity to refer to specialists certain aspects of their multidisciplinary treatment plans often have their capabilities questioned by their patients. We need public education to show that these dentists are not in some way inadequate or lacking in knowledge and skills but are in fact the “best” general dentists choosing to practise within their limitations and utilising the services of specialists in certain complex fields to provide ideal comprehensive care. The ADA can assist in this area, because this type of public education holds little risk of disenfranchising any faction of its substantial general dentist base.

3. To be avoided at all costs is the prospect of legislative controls on the repertoire of services clinicians are allowed to offer based on their specialist status. Many highly skilled general dentists with vast experience in a specific field would be adversely affected by such controls. A commercial solution with a deterrent effect would be an overhaul of the professional indemnity insurance system that continues to provide protection to the rogue super-generalist misdemeanours at the cost of all practitioners. The “all for one, one for all” mantra within PI insurance has served our profession well but is a relic of an era that is well behind us. Our Association must recognise that biased protection by virtue of standardised premiums for practitioners who are repeat offenders in a field of practice in which they have no specialist registration is a cost that goes much further than our policy premiums.

**About the author**

*Dr Kia Pajouhesh graduated dentistry at The University of Melbourne in 1992 and established Smile Solutions in 1995 with just 8 patients. Situated in the heart of Melbourne’s CBD, it is now the largest singly located dental practice in Australia, servicing over 70,000 patients. Dr Pajouhesh has lectured nationally on the operation of his practice and mentors other practitioners on operating large private practices and has been a contributor to Australasian Dental Practice in the past. In 2014, Smile Solutions was awarded Telstra Victorian Business of the Year.*