

## Dental home: A profit center?

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Are the terms “dental home”, “knee-to-knee exam”, “anticipatory guidance” and “caries risk assessment” unfamiliar or foreign to you?

If not, you are among the majority of dentists in Wisconsin and throughout the country getting on board with the concept of infant oral health exams in general practice dental office settings. Read on to learn about the value created by making your dental practice a “dental home”!

Dental home is not a gimmick created by the Wisconsin Dental Association and American Dental Association to increase patient flow or create a new “profit center” in your office. It is not an attempt to undermine pediatric dental practices.

Dental home was founded in sound research as a response to the increase in childhood dental caries. Dental home is easy to institute in your practice, takes minimal dentist time and is a service valued by parents because it is important to the health of their children.

Many wonder if it is a service for which we can charge. The answer is, yes! ADA code 0145 is defined as, “Oral evaluation for a patient less than 3 years of age and counseling with primary caregiver.” I also have seen reimbursement for this code in various dental benefit plans. While I doubt anyone will create a major profit center in their practice doing infant oral health exams, it is necessary to recognize this service as important and that it has fees associated with it.

The real profit center of instituting dental home in your practice manifests itself in subtle ways. First, you distinguish yourself and your dental practice as progressive. Surveys of WDA members show most dentists currently do not promote seeing 1-year-olds in their general practices. Your participation will set you apart from your peers.

Your ability to educate parents or moms-to-be on current research and prevention protocols for their children builds their confidence that they are in the right place. This solidifies patient loyalty to you and your dental team.

How often do we see pregnant women or parents with young children and a toddler in tow? These are great opportunities to initiate a dental home discussion. I don't recommend scheduling appointed time for infant oral health exams. View them opportunistically and work them in. They will not create a big disruption in your day.

Second, there is personal and professional reward. Your involvement in the dental home initiative means a simple exam, counseling, fluoride varnish and possibly early diagnosis of white line lesions that could prevent future extensive disease, pain, trauma and expensive dental intervention. This is why we are dentists

– to make a positive impact in another person's life.

Lastly, but certainly important, is our profession. If we want to be viewed as the primary provider for dental services, then we need to be exactly that. If we want to be viewed as the champions of prevention, then we need to make early prevention and early intervention priorities.

Here's the challenge: institute a dental home in your office and train your team now! Set the goal today to have this accomplished by the end of May.

The WDA and its Dental Home Subcommittee have made this easy. It's all in one continuing education packet and all members received

one. Put the DVD in your computer today and take a look.

Worried you'll have a little one crying in your office? Expect that and it makes the job easier.

Are you worried about doing restorative care on a 1-year-old? No one expects you to, but your pediatric dentist will love you for the early referral if cavitated lesions are identified.

Accept the challenge today and find the real hidden “profit center” of a dental home. You'll be glad you did.

