Evidence-Based Dentistry

Evidence-based dentistry offers a promising new direction for the future of dentistry and dental benefits. While there has been much discussion surrounding evidence-based dentistry over the years, dentists and dental benefits carriers are now beginning to see the real application of it in daily practice and benefit plan design.

As a leader in the dental benefits industry, we’ve been at the forefront of the movement toward integrating the best available science into plan design and policy. It’s a practice that is consistent with our ultimate goal of advancing solutions for oral health by providing access to affordable dental care.

Our definition of evidence-based dentistry recognizes both policy development and clinical uses of the available evidence:

*Evidence-based dentistry is a set of principles and methods intended to ensure that to the greatest extent possible, clinical decisions, guidelines, and other types of policies are based on and consistent with good evidence of effectiveness and benefit.*

While similar to the American Dental Association’s definition in terms of its clinical approach, we have the added responsibility of balancing evidence-based dental practices with sound benefit policy guidelines.

To meet this responsibility, we apply evidence-based dentistry to plan designs in ways that align empirical evidence, clinical efficacy and cost effectiveness to purchasers, groups and patients.

How do we review evidence? In addition to looking at the reviewed literature (outcomes of randomized trials, cohort data, case control studies and expert opinion) we also draw on our own data warehousing and claims analysis systems to provide “cohort data” – data drawn from the “real world” rather than from limited-population studies. We believe that both clinical trials and data analyses are important tools in assessing outcomes, and we also recognize the potential limitations inherent in each approach.
In terms of efficacy, we want to be sure that dental procedures included in dental plan designs have the best scientific evidence demonstrating clinical efficacy for the conditions being treated. New evidence and the analysis of existing evidence has already resulted in additions and amendments to our plan designs.

Once the evidence has been reviewed and the clinical efficacy determined, we must also consider the cost benefit of making changes to plan design. If more than one treatment option (including the option not to get treatment) demonstrates comparable clinical efficacy, it is appropriate that a determination be made as to which treatment is the most cost-effective. Dental procedures that are included as benefits should have the best scientific evidence demonstrating that the sum total of benefit to the individual or group being treated exceeds the sum total of the costs/risks of that treatment.

Each member company in the Delta Dental system additionally weighs various factors in determining which benefits it will offer purchasers, including local considerations and the needs of its particular client base.

As science confirms that specific approaches and interventions help improve health outcomes, we will continue developing innovative ways to promote those interventions through changes in benefit design, enrollee education and communication, and by working closely with our member companies and health plans to integrate and make optimal use of patient data.

Delta Dental Plans Association, based in Oak Brook, IL, is a national network of independent not-for-profit dental service corporations specializing in providing dental benefits programs to 47 million Americans in more than 81,000 employee groups throughout the country.

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