Hinman’s stars come out

By John Hoffman
News Editor

This year’s Thomas P. Hinman Dental Meeting is packed with lectures and seminars aimed at helping dentists upgrade their practices and keep abreast of advances that are revolutionizing dentistry.

The theme of the meeting is to put dentistry’s technological advances in a historical context, providing an understanding of dentistry’s past, insights into dentistry today and a vision for its future, explains Dr. Dan Dunwody, the meeting’s general chairman.

“New technologies in medicine and the biological sciences are converging, and this will lead to huge advances for dentistry within the next decade or so,” Dunwody says. “The meeting will show how dentistry is evolving and what advances are on the horizon. It will also be packed with presentations to enable clinicians to upgrade their skills and take evidence-based knowledge back to their practices.”

One of the meeting’s feature talks will be by Dr. Harold Slavkin, dean of the University of Southern California School of Dentistry, He will lecture on tissue nanobiotechnology, an example of what Dunwody cites as an emerging technology that could revolutionize dentistry in the next few years.

Health care, dental costs projected to grow

The American Dental Association (ADA) reports that the government expects dental spending to surpass $100 billion this year and climb to almost $170 billion by 2017.

Like health care expenditures, dental costs are projected to continue to outpace economic growth. The ADA’s survey center, using data from the Bureau of Labor Statistics, reports that general prices rose by 2.8 percent in 2007 but costs for dental services climbed 5.1 percent.

As reported earlier by the ADA, data show dental spending rose by 5.7 percent during the previous year, from $86.6 billion in 2005 to $91.5 billion in 2006.

The government estimates the United States spent $96.9 billion on dental services in 2007 and will spend $102.4 billion this year. Per capita dental spending should rise from $825 in 2002 to $919 in 2017.

In a private study, the Millennium Research Group reports that dental implants and facial aesthetic procedures are both growing in the United States at compound annual growth rates (CAGR) of more than 15 percent. In contrast, non-cosmetic procedures are growing at CAGRs of only less than 5 percent.

From 2008 to 2011, dental implant procedures will expand at a CAGR of more than 18 percent. These procedures are projected to experience especially high growth because of patients’ desire for aesthetically pleasing and healthy teeth, technological improvements of current dental implant devices and greater awareness among general dentists.
“Rhomimetics are playing an increasing role in dentistry,” Dunwody notes. “With the emergence of cellular technologies, dentistry is evolving from being merely able to imitate to being able to duplicate. Instead of replacing damaged teeth and tissues with artificial ones, dentists may soon replace them with real ones.”

The list of speakers is extensive. If attendees aren’t overwhelmed with information, they should be able to find expertise on whatever topics interest them.

Dunwody notes that among the superstar speakers, Dr. Peter Dawson is being honored on Saturday, and Dr. Gordon Christensen is speaking on new aspects of restorative dentistry.

Dr. Paul Feuerstein is addressing emerging technologies, Dr. Sascha A. Jovanovic is lecturing on implant dentistry, Dr. Walter F. Turyfill Jr., is looking back on 50 years of the practice of dentistry, and Dr. David M. Sarver is examining the aesthetics of facial aging.

“If you treat a teenager, what can you expect him to look like in 20 years,” asks Dunwody, himself a nationally renowned orthodontist.

But while technology is a main focus of the meeting, seminars are also being devoted to aesthetics, communications and office management.

And Medicaid Services (CMS). Average yearly health care costs are expected to continue to grow by around that rate through 2017, according to a 10-year forecast by CMS published online in the journal Health Affairs.

Throughout the 2007-2017 period, annual health spending is expected to grow faster than both the overall economy (4.9 percent) and the rate of general inflation (2.4 percent).

As a percentage of gross domestic product, health care spending was projected to increase to 16.5 percent in 2007 from 16 percent in 2006, the government says. By the end of the projection period, health care spending in the United States is expected to climb to just more than $4.5 trillion and account for 19.5 percent of GDP.

The growth of health spending through public programs is expected to ease to 6.8 percent in 2008 and rising by 8.2 percent in 2009 largely because of implementation of the Medicare Part D drug benefit.

Public health spending growth is expected to gradually increase toward the end of the projection period, as the leading edge of the baby boom generation begins to enroll in Medicare.

“The cost of health care continues to be a real and pressing concern,” cautions CMS act writing administrator Kerry Weema. “This projection of health care spending reminds us that we need to accelerate our efforts to improve our health care delivery system to make sure that Medicare and Medicaid are sustainable for future generations of beneficiaries and taxpayers.”

Last December, Congress passed the Medicare, Medicaid, and S-CHIP Extension Act (MMSEA), providing a 0.3 percent increase to the Medicare Physician Fee Schedule (MPFS) for the first six months of 2008, followed by a 10.6 percent reduction in the MPFS for the second six months of 2008. This CMS projection of health spending growth does not include the impacts of the MMSEA. Instead it features a new simulation of an annual zero percent increase to the MPFS and compares that to the anticipated impact of negative payment updates that were in the law before the MMSEA was enacted.

Based on this simulation, by 2017, annual zero percent updates to the MPFS would be expected to result in Medicare physician spending and overall Medicare spending totals that are 25.3 percent and 6.4 percent higher, respectively, when compared to the expected spending associated with negative payment updates to the MPFS. The effect of a zero percent MPFS update on total health spending is projected to be 0.7 percent higher in 2017. (Sources: Millennium Research Group, CMS and ADA)