



# Overcoming Barriers to Ideal Dental Care

## *Working around Challenges that Prevent Patients from Ideal Dental Care*

Written by Dr. Todd Snyder

### Current and Future Challenges

The barriers that dentists and our patients face today in giving and getting ideal dental care are really no different than what we've seen for many years. Individuals have different price point limitations and a wide array of oral healthcare needs. Some people require numerous extractions or full mouth rehabilitations and experience financial difficulties with these types of extensive treatments. Others may present with one or two compromised teeth and have great financial difficulties with these smaller issues as well. There are also patients that will eventually have the means to do large cases but need ways to break up their treatment plans to make it more affordable with time, leaving dentists with the task of trying to figure out best ways to segment treatment in order to get the job done.

Throughout the past year with the Covid pandemic, more patients have put off much-needed treatment so, it may take even longer to try and rebuild things. Some people are in a worse place financially. We're going to see even more businesses struggling and potentially failing, and more individuals losing their jobs. With existing and new patients now carrying increased financial burdens, dental professionals need to find ways to help get patients oral health back to an optimal level. That may not be something we can do over night, but it is possible over time.

### Treatment Possibilities

Current obstacles such as whether a dental practice is open again, or whether the patient can finally afford treatment, or the kids are finally back in school and the parent can finally attend an appointment are prevalent and real. For all of the limitations that we and our patients may currently face, there are ways to overcome these barriers. Indirect materials can be a great solution for many of these situations.

Whether it's lab-based, office-based, directly created or directed from a printing or CAD/CAM device, we now have various means to make provisionals. In the past, if a patient could not afford single or multiple tooth dentistry, many times large build-ups would be done using some type of composite resin-based technology as a core build-up or a long-term big filling. Although they weren't as durable as indirect restorations, that's all that was available.



There are many times when indirect procedures have to be done. Long-term provisionals are appropriate in situations such as when there's not enough tooth, when a tooth requires surrounding support for stabilization, or when doing a bridge. They are also ideal when segmenting treatment. Perhaps we did veneers or crowns on the front teeth, and the back are still damaged. Because we can't move forward right now, we create provisionals to ensure a good holding position.

### **A Material for Countless Situations**

So, what can we use to keep teeth healthy and stable until such a time where we can circle back to do the dental work that needs to be done?

DMG recently introduced a superior product called LuxaCrown. LuxaCrown fits a unique niche in our business not only right now, but for people in general who can't afford full care - when phasing of treatment is required over many months or years while trying to put the pieces together based on procedure, cost, or even patient and/or doctor availability.

LuxaCrown is used in the same fashion as a traditional bis-acryl material but the big difference is that it holds remarkable strength properties, durability and longevity not found in traditional temporary materials. Outstanding physical characteristics provide the longevity needed for these large cases that need to be phased over time.

To best detail the outstanding strength and durability of this material, I often compare its properties to Luxatemp. I've been using Luxatemp for years to make temporary veneers and interior restorations for cosmetic purposes and I love it. Luxatemp has a compressive strength of 220 MPas. LuxaCrown holds approximately 333 MPas, so it's basically about 1/3 stronger as far as its compressive strength. Flexural strength is 127 MPas for Luxatemp, and LuxaCrown comes in at about 154 - a substantial 30% increase.

DMG claims that a LuxaCrown crown can last few years, but myself and many of my colleagues have provided some patients with beautiful provisionals that have lasted at least three to four years longer.

### **A New Genre of Provisional Materials**

Following ADA insurance code guidelines for crown replacements, insurance companies normally paid for a new crown every 5 years. Now, many have extended that time to 7-8 years. The good news is that the science is changing as far as how long a crown lasts. We now have a product that's injected directly onto a tooth through a mold that provides 5-10 years of use. Dental professionals can now build a long-lasting crown that's far less expensive, doesn't require a second appointment, and should the patient need another one, it's still an inexpensive alternative.



Not only is LuxaCrown an ideal solution for patients that need to stagger treatment based on time, complexity of the case, or financial situation, it's perfect for both pediatric and geriatric patients. Perhaps older patients don't have as much money at this stage of their life but they need something to hold them over until they can obtain the money needed for treatment. Maybe they're not able to get around on their own and it's inconvenient to get someone to bring them to their appointments. For all of the barriers that one may face later in life, a one-time appointment where the tooth can be fixed and last a long-time is a great solution.

LuxaCrown is also ideal for use on pediatric teeth. Compared to what's currently available, dentists can make provisionals less expensively, and that are long-lasting, the pediatric tooth will most likely exfoliate. So, not only is LuxaCrown a great fit for mainstream dentistry, but its value also extends to the far ends of geriatric and pediatric dentistry as well.

### **Financial Benefits for Dentists and Patients**

Not all patients have dental insurance, but for those that do, LuxaCrown can be considered as a provisional pontic or retainer crown, and can be billed as such. It can also be billed as a provisional resin crown, and there are also codes for permanent resin crowns. It can also be considered as a four (or more) surface posterior composite because it is a resin material. Dental practices that accept insurance have at least 5-6 different codes to implement for patients that need that assistance.

People who have a very limited income and are without insurance are the patients that really need our help - and that's what we do as dentists, we help people. LuxaCrown is an inexpensive easy-to-use product that fixes teeth quickly. The only things lost on our end are some time, a bit of anesthetic, some gauze and impression material to capture the shape of the tooth. Moreover, there is no extra lab bill, a second appointment is not needed, and we're not using as many materials. Dentists save time and resources while really helping someone who needs it.

### **Conclusion**

LuxaCrown offers a broad array of treatment options, providing me and my patients an easier path to ideal dental treatment. It gives me great satisfaction when I can find solutions for my patients. LuxaCrown fits into my financial model, as well as my personal values of helping people in so many ways. Because that's what dentists do.