

Title: Who influences dental and oral health care in the United States?

Short title: Influencers in dentistry

Keywords: Industrialization, for-profit, dentistry, influencers

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Sreenivas Koka 8031 Linda Vista Road, Suite 210, San Diego, California 92111, USA Phone: +1-858-268-5020 Email: skoka66@gmail.com *Title Page with Author Details Abstract Objectives: To identify and discuss the primary role of individual

Abstract

Objectives: To identify and discuss the primary role, sector of work and gender of individuals, based on published rankings, considered to be major influencers in dentistry.

Methods: The relative rankings of “The 32 Most Influential People in Dentistry” in the United States published by Incisal Edge magazine during the years 2017 (ranking list first published) to 2020 were reviewed. Each influencer was categorized according to criteria presented by Logeman et al (2019), specifically as having a primary role as an executive/administrator in industry (for profit sector), an academic/advocate (almost all non-profit sector) or a government official (non-profit sector). Differences in the lists between years regarding each person’s primary role, sector and gender were tabulated.

Results: There were 80 different persons named to one or more of the lists from 2017-2020. The primary work environment of influencers ranged from 53.1%-69.7% (mean = 63.8%) in for-profit industry, from 16.7-31.3% (mean = 22.1%) in Academia/Advocacy, and from 9.1-16.7% (mean = 14.1%) in Government from 2017-2020. The percentage of women listed as influencers ranged from 12.2-19.4% (mean = 14.8%) from 2017-2020.

Conclusions: U.S. dentistry, per this source, is influenced mostly by male industry executives in for-profit organizations. Despite its health care mission, we identified a negligible number of influencers whose primary role was a patient or a clinician. This has implications as to the values and goals that influence dentistry.

Clinical Significance

The dental profession's mission is to care for the oral health and wellbeing of patients. Nevertheless, the rankings of those perceived to most influence dentistry include neither patients nor clinicians. The prominence of executives as influencers suggests that the logic of business may be guiding the practice of dentistry to a greater extent than the logic of care or the interests of patients which forebodes further industrialization of dentistry and further erosion of patient-centeredness.

Introduction

Ideally, health care systems serve patients in a manner that provides a caring and kind experience yielding desired patient-centered outcomes using care models that are affordable to patients and to society at large. As much as organizations heavily influence how health care is offered to, and received or not received by, patients, the leaders of organizations exert significant influence. In dentistry, as in medicine, there is a tension between those whose primary mission is for profit and those whose primary mission is non-profit. Furthermore, the interplay of stakeholders of society, patient, patient's family, clinician, employer, policymaker, academic, dental organization, equipment manufacturer, supplier, state government, and insurance company provides another level of complexity to the challenge of determining exactly what "influence" is and, consequently, who has said influence.

In 2017, *Incisal Edge* magazine published in the US the first in a series of annual rankings of the "32 Most Influential People in Dentistry". [1-4] The magazine is published by Benco Dental (Pittston, PA) and claims "*Incisal Edge* reaches more than 130,000 Benco customers and their staffs. This number continues to grow due to media partnerships and a subscription option."

[5] Therefore, the list is widely distributed across the United States. However, who is responsible for generating the list is unclear as is the precise manner by which people are considered, vetted, excluded and, if included, how it is determined where each person ranks.

The words “influence” and “influential” bring nuance. Merriam-Webster defines “influence” as the power or capacity of causing an effect in indirect or intangible ways; the act or power of producing an effect without apparent exertion of force or direct exercise of command; corrupt interference with authority for personal gain; and, an emanation of spiritual or moral force. Influential is defined as exerting power or influence. Clearly, influence implies power; specifically, the power to exert an effect, and the effect may be positive or negative. Of course, what constitutes positive and negative lies in the eye of the beholder. In the case of the Incisal Edge magazine ranking, the following factors were considered when determining who had sufficient influence on dentistry to be included on the list: *“Trying to determine what exactly constitutes influence, we ultimately nailed down a few key metrics. We counted dollars — company size, or size of budget controlled — as most important. Next, we looked at the weight an organization can throw around: If a group is influential, by definition its leader is too, even if he or she operates behind the scenes. Finally, we tried to calculate “size of voice”: how much influence an individual has through his or her speaking, writing or research activities.”* [1]

The purpose of this study was to review, compare and contrast the yearly lists of the 32 Most Influential People in Dentistry in order to determine the relative ranking of executives, administrators, academics, clinicians, government officials and patients over the time period of 2017-2020. Additional purposes of the study were to determine the percentage of men and

women deemed to influence dentistry, the degree to which the rankings were made up of individuals whose inclusion was due to for-profit or non-profit activities, and to compare to published rankings of influencers in healthcare. [6]

Materials and methods

To extract relevant data from the articles, we noted each individual's primary role and gender, along with the organization they were associated with and its designation as for-profit or non-profit. Then, using this information, individuals were categorized into one of three sectors based on the following definitions:

Government: *Listed in article as: a) an elected public official (e.g. senator, governor) and/or b) holding a position in government or at a government organization (non-profit).*

Industry: *Listed in article as: a) holding an executive, founding, or administrative position at a for-profit organization or LLC.*

Academia/Advocacy: *Listed in article as: a) holding a position at a non-government, non-profit organization and/or b) a writer or content-creator regardless of organization.*

After categorizing individuals, distributions for gender and for individuals working in each sector were calculated in order to plot trends across the sampled time period. Percentages were chosen for analysis rather than frequency in this study because of the potential for ties on each list from *Incisal Edge*. Although each article purported to list the "32 most influential people in dentistry", in 2018, 2019 and 2020 there were 33, 42 and 42 individuals listed, respectively, as a result of ties.

Furthermore, in each of the four years, there was one instance of a group making the list in place of an individual. These cases were excluded from the gender analysis but were categorized into appropriate sectors based on their descriptions in each article.

Results

From 2017-2020, *Incisal Edge* magazine named 80 unique individuals to its annual “The 32 Most Influential People in Dentistry” articles. The dominance of industry influencers in dentistry was apparent, with their prevalence ranging from 53.1% to 69.7% (mean = 63.8%) of individuals named in each year (Figure 1). Many of these individuals are associated with for-profit organizations and held senior administrative or executive-level positions, e.g. chief executive officer, director, President, founder, owner, etc. In comparison, academia/advocacy influencers comprised 16.7% to 31.3% (mean = 22.1%) of the lists and government influencers comprised 9.1% to 16.7% (mean = 14.1%) of the lists.

For gender distribution, yearly percentages of women in the lists ranged from 12.2% to 19.4% (mean = 14.8%) indicating that women hold, on average, less than one in six positions perceived to influence dentistry.

Discussion

Logeman et al, reviewed trends in all of healthcare across a 17-year window ending in 2018.[6] Results indicated an obvious upward trend in the influence of “industry” leaders, reaching an apex of 72% in the final year. Additionally, a minority of those listed were female, with yearly percentages ranging from 17% to 28%. The present study indicates the dental industry’s conformity to general healthcare trends described by Logeman et al. with industry executives from for-profit organizations dominating the lists.[6] Additionally, the present study showed a consistent disparity between genders over the four studied years, with the average yearly percentage of female influencers at only 14.8%. This percentage is less than half of the percentage of

the dentist workforce comprised by women (33.4%) [7] and demonstrates an opportunity for improvement.

Revisiting the definition of “influence” used by Incisal Edge magazine, the most important criterion listed are “dollars”, “company size”, “size of budget” and “weight and organization can throw around”. These criteria are in opposition to fact that dentistry is a healing profession. The lists do indicate that individuals form non-profit organizations like the American Dental Association, American Dental Hygienists Association, American Dental Educators Association and the National Institute of Dental and Craniofacial Research have influence which is encouraging inasmuch as these individuals represent dentists. However, their influence is ranked lower than that of individuals from for-profit organizations implying there is a disconnect, and resultant tension, between the ethical human imperative of our profession of dentistry and those individuals for whom the industry of dentistry prioritizes profit. For context, among healthcare professionals, dentists are considered less honest than nurses, veterinarians, medical doctors and pharmacists while business executives, who apparently are dominant influencers in dentistry, rank lower than lawyers. [8]

Ultimately, any entity that influences dentistry modulates the influence of dentistry on the various stakeholders in dentistry. For example, patients, clinicians, industry representatives from supply companies and manufacturers and laboratories, researchers, employers of dentists such as dental service organizations (DSOs), educators, insurance companies, lobbying groups, legislatures and government entities, charities and advocates all seek a positive outcome through dentistry. The results of this study are disturbing to those who believe that the patient-clinician relationship is the key relationship in the provision of ethical patient-centered care as patients are

conspicuously ignored while almost 60% of the most influential leaders in dentistry are associated with for-profit organizations. Of course, dentists have partnered with “industry” for many years in purchasing materials and equipment and conducting research studies. Nevertheless, it appears that dentists are losing control of the patient-clinician relationship due to the influence of factors that compromise their ability to do so. Whether it be insurance plan policies, the continuing commoditization of dentists through dental service organizations (DSOs) or the use of “key opinion leaders” by large dental for-profit corporations to promote their products to name a few, there are more threats to putting the patients’ best interest first than ever before. The looming shadows of dental school debt and daily financial production sheet mandates by DSOs further tempts/forces dentists to take a path that realizes financial benefit instead of what is best for the patient.

Dentistry is, unfortunately, following a comparable path taken by physicians, who delegated more and more non-clinical work to administrators and executives and then found themselves often unable to control their own patient-clinician relationship. As a result, physicians in hospitals/clinics became commodities and dentists, through DSOs, are heading in the same direction. In the final reckoning, dentistry is a noble profession. Dentists are the final guardian and protector of the patient and the patient trusts the dentist not only to do no harm to them but to always do what is best for them. One cannot, at the core, balance a patient-centered mission with a profit-centered mission. One is a social mission (to helping fellow humans) and one is a market mission (to realize a material/financial gain for oneself); one is about serving the world and one is about savoring the world. When conducted with authenticity, putting the patient first is all-encompassing and requires a ruthlessness to eliminate everything else, especially profit, from consideration.

In conclusion, although we were not able to study influence directly, the present study indicates that, like healthcare in general, public opinion and policy in dentistry is chiefly influenced by male executives who are motivated by commercial and financial goals and incentives. Without patients, advocates, and clinicians in this list of influencers, industrial (for profit) goals, rather than care-centered goals, control dental policy in the United States. As a result, many patients find themselves priced out of care, and in a system that does not prioritize their well-being. The profession must review its own role in shaping the practice of dentistry and make a concerted effort to advance diverse voices within it. Furthermore, it must explore ways to ensure the promotion of patients and their advocates as the ultimate stakeholders in dentistry.

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[8] <https://news.gallup.com/poll/274673/nurses-continue-rate-highest-honesty-ethics.aspx>

Figure 1. Percentage of individuals constituting list of Most Influential People in Dentistry (in the US) in the years 2017-2020 by designation of primary organizational affiliation (industry, government or academia/advocacy). X-axis: year; Y-axis: percentage.

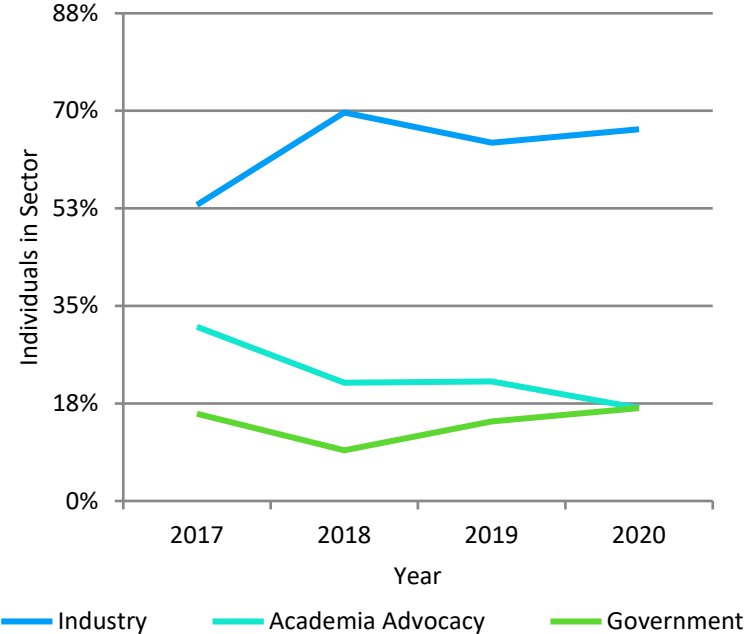


Figure 2. Percentage of men and women constituting list of Most Influential People in Dentistry (in the US) in the years 2017-2020. X-axis: year; Y-axis: percentage.

