the caries disease process. Caries and move toward the recognition and management of the future to shift away from surgical intervention for dental outcomes while reducing costs. This may provide incentive of the aims of the Affordable Care Act is to focus on quality of preserving healthy tooth structure whenever possible. One about the caries disease process as well as emphasis on the value to tooth structure. Correction of this perception requires education the dentist has not treated the cavity unless they have removed surgical intervention. There is also the perception by patients that ment. This continues the creation of a workforce focused on rather than on tooth tissue preservation and disease manage-
schools and in the regional dental board examinations, the focus such as remineralization therapies and counseling that are either
and active surveillance requires multiple visits and interventions, reimbursed for procedures, not for outcomes.
focuses on surgical management of caries is the reimbursement system. Dentists, particularly in the United States, are reim-
One of the greatest barriers to changing the current system that

Restorative therapy is a non-reversible procedure that makes a tooth susceptible to frac-
ture and additional decay.
Restorations also have the risk of failure and the potential for iatrogenic damage to the adjacent teeth. Some evidence suggests that the longevity of restorations is less in the primary dentition than in the permanent denti-
ture. Frequently, this is an unavoidable consequence of the
arch for succedaneous teeth. Ongoing surveillance is a crucial component of caries management in order to monitor the progression or
management. These can include: past and present caries activ-
Risk indicators that contribute to caries require moni-
Prevention of caries requires early and ongoing risk assessment and intervention.

**References**


