

PreViser Corporation

Patient Communication

Anytime a new technology is implemented, questions arise on how best to explain the technology to the patient. PreViser is no exception, but here are some simple scripts that you may find useful in optimizing the benefit both the practice and the patient will receive from PreViser technology. If you would like to download a text copy of these scripts, you'll see a link in the 'Download' section of PreViser University.

Priority 1!

- The most important communication you can give a patient with periodontitis is that they have the disease!
- Patients who aren't told directly that you are treating a disease they have will place low value on that treatment.
- Patients who aren't told they have a disease won't likely do the things they can do to mitigate the effects of that disease.

In far too many practices, patients with periodontitis may be receiving care that is largely appropriate for their needs, but they have never been told that they actually have a disease requiring treatment. *Since every patient with perio will be correctly identified by PreViser, the first thing to do is to tell the patient that they have a disease, and that the disease requires treatment. *If patients don't receive this kind of clear communication, they can't be expected to understand the value of your excellent professional services. *In addition, patients with periodontitis who haven't been formally diagnosed with perio – even if you're providing treatment – won't be as compliant with home care instructions, recall frequency or case acceptance as might be optimum for improving their health. If you do nothing else, just tell every patient with periodontitis that they have the disease as identified with PreViser.

Don't over explain PreViser results

Periodontal (Gum Disease) Risk and Disease Assessment

Prepared By	Prepared For
Center for Dental Excellence 825 Main Street Seattle, WA 98101, Exam Date 3/26/2008	William Testpatient Age 55 Risk Assessment ID 03780a21-6420-6144-a260-c010a0f03c20 PreViser Patient ID cd15e734-b38f-45df-b042-b14a3320f804

Risk of Gum Disease: 2

◀ Less Risk More Risk ▶

Risk predicts your future disease state. Your risk is determined by risk factors, which are distinct from the signs and symptoms of disease. Preventing disease requires treatment that reduces your risk factors. With routine dental care, tooth loss is 10 times more likely for an individual who has very high (5) risk compared to an individual who has low (2) risk. However, when risk is used to guide the selection of special treatment, tooth loss can be reduced 50% to 100%.
 Your risk score of 2 is reflected against the chart to the left.

Disease State 7
 Unless stable and without inflammation, this score would suggest:
Localized mild periodontitis
 Your disease state reflects the amount of damage caused by gum disease. As the disease state worsens, treatment increases in amount, complexity and cost. Tooth loss and the failure rate of repairs are greater for individuals with higher disease state scores. Treatment can repair the damage caused by disease, but tends not to help much in preventing new disease. Disease prevention requires treatment that reduces your risk factors. The best treatment incorporates both repair (where needed) and prevention.



The PreViser report has a lot of information, including risk and disease scores, treatment interventions and more. Don't worry about explaining in detail what is on the report. Patients receive scores in so many other areas of their life, for example, cholesterol levels, blood pressure, body weight and others, that PreViser's oral health scores make intuitive sense to them. If you comment briefly on the meaning of the risk and severity scores, the patients will get the information they need to be motivated to participate fully in improving their health.

Explaining the risk and disease scores

Periodontal (Gum Disease) Risk and Disease Assessment

Prepared By

Center for Dental Excellence
555 Main Street Seattle, WA 98101,
Exam Date 3/30/2009

Prepared For

William Testpatient
Age 55
Risk Assessment ID
0378ba31-d458-4144-a398-cd0adc003d86
PreViser Patient ID
cd15e734-b38f-45df-b042-b14a3326f864

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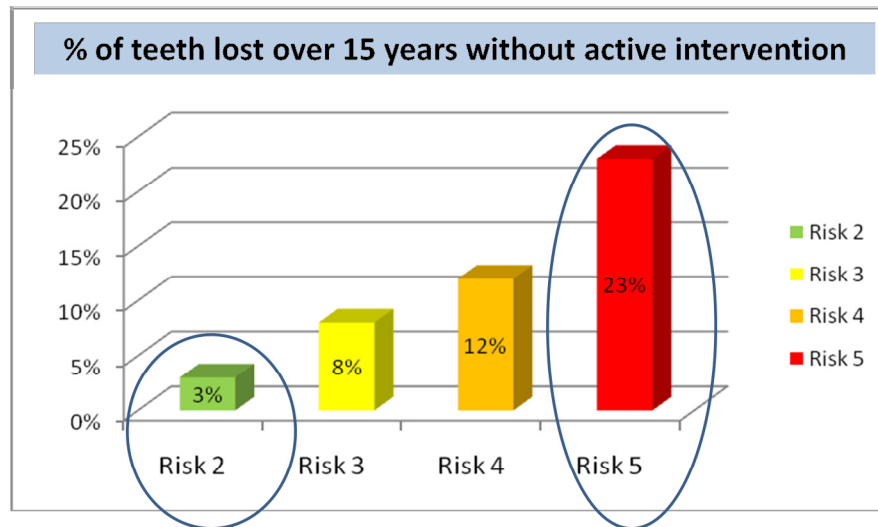
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Your Score 7



The important information on the patient report is the individualized risk and disease scores. *Explain to the patient that the risk score is the probability that without appropriate treatment, the disease severity score will worsen. Put another way, the risk score is a view of the future, *while the disease score is quantification of their current health state.

Patient reluctant to accept active therapy? Explain the risk score in terms of tooth loss



The end point of periodontitis is tooth loss. Sometimes it's helpful to show a reluctant patient how their PreViser risk score may translate into tooth loss if the recommended active therapy isn't accepted. Data published in 2003 quantifies the relationship between tooth loss rates and PreViser risk scores, when no active perio therapy is done. *Based on this research, even a low PreViser risk of 2 will result in a loss of 3% of total dentition unless active therapy is accepted. *With a very high PreViser risk of 5, fully 23% of teeth were lost over 15 years when patients with periodontitis did not receive active therapy. If you would like a copy of this graph to use as an aid to communication to patients, you can download a copy from the download section of PreViser University.

Explaining a diagnosis of periodontitis to a patient not previously diagnosed

- Explain that new research implicates gum disease in many other serious ailments
- Because of this new research, tighter standards and new technologies for measuring and describing gum disease are being adopted by the best dental practices
- Then, simply tell the patient what level of disease they have based on these new standards, and what you propose to do about it

Since PreViser will identify all patients with periodontitis, the question naturally comes up on how to talk to patients that you may have been treating appropriately, but have never been 'formally' diagnosed with the disease.

This worries clinicians a lot more than it worries patients. Patients are routinely exposed to changing medical recommendations based on new research routinely. For example, blood pressure levels today that represent hypertension might not have been considered too high 10 years ago. If you have a patient with perio not previously diagnosed, simply tell them the truth – *new research has been published implicating gum disease in cardio vascular disease, certain cancers, strokes, the early onset of Alzheimer's, and complications in the treatment of diabetes. *As a result, dentistry, and your office, have newer and tighter standards for measuring and describing periodontal disease. And, based on those new standards, *explain to the patient that they have the level of periodontitis described on their patient report. Reassure the patient that with appropriate therapy and ongoing maintenance, their gum disease can be stabilized and they can be maintained without deterioration for a very, very long time. In other words, science has learned new things about gum disease, and your office is on top of the new research and the new tools needed to accurately identify and control oral disease. If expressed this way, your patient's confidence in your skills will only increase.

Describing periodontitis

“Gum disease is caused by colonies of bacteria setting up shop below your gum line. As the colony grows, the compounds excreted find their way into your blood stream, which may be why gum disease is so closely associated with heart disease and other serious health problems. In addition, the bacteria’s excretions result in bone and tissue dissolving, making a bigger pocket and room for a bigger colony – creating a vicious cycle that ends with tooth loss, other health problems and just won’t get better without active therapy. Unfortunately, tooth brushing and flossing can’t reach the bacteria to clean them out, which is why I am recommending deep cleaning, also called scaling and root planing.”

Most hygienists have a favored way of describing what periodontitis is, what causes it, and why therapy is needed. This is an important communication because gum disease is largely painless. It can be ignored for a long time if the patient wishes to ignore it. This script was developed by a panel of hygienists who agreed on a way of describing the disease that will motivate the patient to do something about it. Here’s what they came up with.....If you’re not comfortable with the motivational potential of your own disease description, perhaps you can draw an idea or two from this script.