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The Reformation of Professional Roles Within Dentistry: The Dawn of the Periodontal Therapist—Part 2

In February's "Perio Pathways" column, Part 1 of this series discussed how the optimal integration of the periodontal therapist within a general-practice setting translates into a significant win-win-win scenario. This scenario was described by a model called the "Service Profit Chain,"[1] which was developed by the Harvard Business School to explain how the most successful companies within service industries achieve growth and profitability through their customers' perception of value and the mirror of customer/employee loyalty. The Service Profit Chain model was adapted in this series for the purpose of explaining the success that many hygienists and dentists have discovered by working in the type of collaborative relationship that would support the periodontal-therapist model. Part 1 also identified the stakeholders (or "winners") who have already benefited from, or can at least envision the periodontal-therapist model of dental hygiene. These "winners" include:

- periodontal patients who have experienced the value of expert care performed by a periodontal therapist
- general dentists who have experienced significant increases in revenue associated with progressive periodontal therapeutics
- periodontists who have benefited from increased patient referrals for procedures with higher profit margins
- manufacturers of products and/or services that directly or indirectly empower us or our patients to achieve optimal therapeutic endpoints
- periodontal therapists who have gained significantly greater professional fulfillment from newly acquired scientific knowledge and interpersonal and technical skills, as well as significantly greater compensation as a result of their greater production.

Part 2—The New Consumer-Patient and How to Nurture Value for Periodontal Therapeutics

Part 2 of this series focuses on what determines the value of periodontal care "in the eyes" of today's consumer-patient, and how periodontal therapists can exceed the expectations of their consumer-patients. The author's hope is that readers will begin to understand how the value consumer-patients place on periodontal therapeutics is directly related to the ability to fulfill consumer-patient expectations for technical expertise and meet their demands for cutting-edge information that will empower them to take control of their health. Periodontal therapists are distinguished by their ability to respond to these consumer demands and sustain optimal clinical outcomes over the long term.

What's the Profile of Today's Consumer-Patient?

Who are these health care consumers who reign so sovereign today and what do they value? A brief look at the profile of a typical American consumer-patient, (56 million of whom have periodontal attachment loss of 3 mm or more affecting approximately a third of their remaining teeth[2]) helps to explain why we need to be at the top of our technical game in periodontal therapeutics. In her book, *Market Driven Health Care*,[3] Herzlinger sizes up a new breed of consumer whose demands have affected the health care system. If we want to create value for periodontal therapeutics in the eyes of these consumer-patients, we need to respond to those demands in value-added ways. In adapting Herzlinger's profile of today's health care consumer more specifically to the profile of the consumer of dental care, a picture of who this typical dental patient is begins to take shape. This is a smart, well-informed, health-conscious, in-control patient who wants the best dentist and hygienist around, yet is cautious about placing absolute trust in health care providers. Many of these patients seek alternative or holistic remedies, and they are not afraid to cry foul if they feel their health care needs are neglected.

They are smart and extremely informed. The rise in both educational levels and the number of educated people, as well as their access to Internet intelligence, seems exponential.[4] Fueled by the self-confidence that comes from completing higher levels of education and having a penchant for lifelong learning, American dental patients are assertive consumers. Underestimating their aptitude or their appetite for learning is pure folly. Clinicians who use "low dental IQ" as a rationale for not presenting optimal treatment to patients who appear unmotivated or unable to afford treatment often lose valuable opportunities to educate them in disease etiology, identify at-risk patients, and intercept chronic periodontitis at its earliest stages.

No longer does "doctor know best." The passive "doctor-knows-best" group is the minority of today's consumer-patients. Most Americans are no longer willing to cede control of their health to just any health care provider[3]; they have been disappointed too many times. The clinician who can communicate scientific knowledge, demonstrate high levels of technical competency, foster trust in his or her ability to make authoritative recommendations and deliver on consumer-patients' well-informed pretreatment expectations will create value in the care they provide.

They want whole-body wellness, not repair of whole-body damages. Today's patients have become health care activists—they work at staying healthy.[5] They are involved in and question treatment decisions, and they want to know everything there is to know about what is going on with their bodies. The sales of home diagnostic and monitoring products, a multibillion-dollar market, attest to this. Just ask the many diabetics who use portable blood-glucose monitors or the consumers with hypertension who have learned how to self-monitor their blood pressure how they feel about "being in charge of their own bodies."

The "do-it-yourself" movement promotes task-mastery. Just consider the exponential growth in day trading on the stock market, the flood of step-by-step software for writing your own legal documents or doing your own taxes, and "superstores" such as Home Depot that promote task-mastery and self-reliance. All cater to consumer desire to "do it yourself." Responding to the do-it-yourself needs of our patients means equipping them with the most up-to-date information on the etiology of chronic periodontitis and how risk factors compromise periodontal health, offering evidence-based treatment options that are well understood, educating patients on what clinical end points are considered optimal and how those will be measured on a continuous basis, and, finally, customizing patient self-care regimens that hold the most promise for preventing disease or its progression. This creates value in our care because it empowers our patients to do it themselves.

They are partnering with Mother Nature. The movement toward holistic health and complementary and alternative medicine is staggering. In a 7-year study that began in 1990, Eisenberg et al noted that 42% of US consumers used an alternative therapy at least once a year and that more than 60% of patients who used alternative therapies did not discuss those therapies with their health care providers. During the course of this study, there were 629 million visits to homeopaths, massage therapists, herbalists, and alternative healers vs 386 million visits to all primary care physicians; alternative medicine constituted a $50 billion industry; and 50% of conventional physicians referred patients for complementary and alternative medical treatment.[6] This trend has spawned

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$$\text{Value} = \frac{\text{Results Produced + Process Quality}}{\text{The Cost of Care}}$$

Figure 1— The consumer-patient value equation. Value "in the eyes of the consumer-patient" will be created only if their satisfaction with treatment outcomes and their perception of the way that care is delivered is greater than the cost they will incur to receive that care.

organizations such as the Holistic Dental Association and has led to the development of over-the-counter dental products that cater to naturalist instincts. Posted on the ClinicalTrials.gov Web site in October 2001 was a collaborative research effort conducted by Kaiser Permanente (an integrated health maintenance organizaton), Oregon Health Science University, and the National College of Naturopathic Medicine which testified to the serious kind of scientific investigations being conducted that support the use of alternative medicine.[7] This study aimed to assess selected naturopathic medicines for chronic periodontitis and to identify variables that influence successful outcomes when traditional and alternative approaches to preventing and treating periodontal diseases are combined. This author has not researched the current status of this study, but efforts such as this that provide evidence of the naturopathic potential to increase host resistance—assuming it follows scientific lines of evidence—must become a part of our knowledge base. In addition, an astute clinician will be able to "red flag" various common herbal and nutrient deficiencies that contribute to periodontal breakdown or that may contraindicate performing certain dental procedures, as long as patients are asked for that kind of information in their health history or oral risk-assessment questionnaire.[8]

They want "the best." Because there is a perceived shortage of good health care providers, for many consumer-patients, finding the best health care provider and competing for a spot as a patient of record is high stakes. They want clinicians who can demonstrate success in the long-term management of chronic periodontitis. When they are asked by friends and colleagues, "Do you know a good one?" they want to make sure that they can say they have the best. This pertains to both dentists and hygienists. Overwhelmingly, patients know too much now—too much about the prevalence of periodontal disease, too much about the periodontal–systemic health link.[9] These patients know too much to be duped about what constitutes quality care. Given this level of enlightenment, it is unlikely that today's dental consumer-patients will be fooled by practices with granite countertops and high-tech digs when their clinicians cannot deliver on positive therapeutic outcomes, or if they neglect to help patients isolate and modify or eliminate their risk for periodontal disease progression or its systemic implications.

They are litigious. The medical-malpractice crisis that has fueled the recent physician walkouts in the United States testifies to the litigation-readiness of consumer-patients. Attempts to provide periodontal care for the purpose of production

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Table 1—Bundled Fees for Definitive Therapy by Case Type by National Percentiles (Revised for 2003)

	CDT-4 Codes	40th	50th	60th	70th	80th	90th
Chronic Periodontitis, Case Type II or III Without Use of Locally Delivered, Controlled-Release Antimicrobials							
• Scaling and root planing (SRP), 4 quadrants	D4341 (4X)	$660	$680	$700	$732	$764	$808
• Full-mouth subgingival irrigation	D9630 (4X)	100	120	128	140	180	216
• Application of desensitizing medication	D9910	35	38	40	43	46	60
• Patient self-care instructions*	D1330	31	34	35	40	43	48
	Total	**$826**	**$872**	**$903**	**$955**	**$1,033**	**$1,132**
Chronic Periodontitis, Case Type III With Use of Locally Delivered, Controlled-Release Antimicrobials							
• SRP, 4 quadrants	D4341 (4x)	$600	$680	$700	$732	$764	$808
• Full-mouth subgingival irrigation	D9630 (4X)	100	120	128	140	180	216
• Application of desensitizing medication	D9910	35	38	40	43	46	60
• Localized delivery of controlled-release antimicrobial	D4381 (3X)	375	411	435	450	480	531
• Patient self-care instructions*	D1330	31	34	35	40	43	48
	Total	**$1,201**	**$1,283**	**$1,338**	**$1,405**	**$1,513**	**$1,663**
Chronic Periodontitis, Case Type IV With Use of Locally Delivered, Controlled-Release Antimicrobials and Bacteriologic Culturing, DNA Probe, and Sensitivity Testing							
• SRP, 4 quadrants	D4341 (4X)	$660	$680	$700	$732	$764	$808
• Full-mouth subgingival irrigation	D9630 (4X)	100	120	128	140	180	216
• Application of desensitizing medication	D9910	35	38	40	43	46	60
• Localized delivery of controlled-release antimicrobial	D4381 (4X)	500	548	580	600	640	708
• Patient self-care instructions*	D1330	31	34	35	40	43	48
• Bacteriologic studies for determination of pathologic agents, not inclusive of lab fee of $100**	D0415	83	87	95	112	125	153
		100	100	100	100	100	100
	Total	**$1,509**	**$1,607**	**$1,678**	**$1,767**	**$1,898**	**$2,093**

**Patient self-care instructions: claims paid on a limited basis.*
***If a patient's dental plan rejects the claim it may be cross-coded in medical plans under Code CPT 87075 (culture, bacteria, anaerobic isolation) or Code 87181-4 (antibiotic sensitivity testing). Specify "Special Reviewer Requested" and include laboratory statement on service provided in the laboratory report.*
Note: These are weighted averages and do not take into account geographical multipliers that would provide more specific information according to geographic region.

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enhancement, with disregard for meeting standards of care, will expose general dental practices to litigation risk and ultimately result in a reputation of charlatanry. Substandard care is eventually exposed, always. General practices that perform outdated treatment, without scientific evidence of efficacy, or that does not meet the standard of care as outlined in the parameters of the American Academy of Periodontology, are on an ethical and legal tightrope.

Although we may have a small handle on the profile of today's consumer-patients, satisfying their demands to create value for the care we deliver requires a solid "now science" fund of knowledge that hygienists aspiring to practice as periodontal therapists must develop and update on a continual basis. After all, nonsurgical periodontal treatment is expensive. Patients' satisfaction with the care we render must outweigh that expense in order to create value.

The Consumer-Patient Value Equation: The Denominator of Cost of Care

Even with fees as low as the 40th percentile nationally (Table 1), $800 for periodontal treatment may not be the way many consumer-patients want to allocate discretionary dollars, unless they see the cost as substantially worth it. Even for patients who have dental benefits with periodontal coverage, many plans have yearly maximums of $1,000. So when restorative treatment is also needed, it is very likely that many patients will incur out-of-pocket expenses related to periodontal and/or restorative care within a single calendar year. Understanding the concept behind the "consumer-patient value equation" (Figure 1) helps to get clinicians beyond "only what my insurance pays" and other issues related to their patients' perceptions of worth. Simply put, value in the eyes of the consumer-patient will be created only if their satisfaction with treatment outcomes and their perception of the way care is delivered is greater than the cost they will incur to receive that care.

A look at the relatively high cost of nonsurgical periodontal care points out the obvious: patients have to be convinced that the end points of care and the way in which care is delivered (process quality) merit commitment of their disposable income. Not only is it worth it, but when faced with multifactoral risks for periodontal disease and a heightened awareness related to the threat of systemic consequences, all of a sudden—and with very few exceptions—patients see periodontal treatment as essential, not optional, a no-brainer. Yet, this compelling rationale can be communicated to patients only by clinicians who openly share well-developed funds of scientific knowledge, apply it to their treatment plans, and foster their patients' trust in their ability to make authoritative recommendations. Clinicians who practice this way have an extremely effective case-presentation style because it was born from internalizing the science of periodontal therapeutics instead of learning a consultant's scripted message to patients. Clinicians whose care is valued the greatest are extremely adept in educating their patients about periodontal disease. Patients embrace this. Patients compete for spots on their schedules and rarely miss appointments; just ask a skilled periodontal therapist about her or his rate of broken appointments.

Conclusion

The goal is to improve the relationship between the cost of care and output, but not necessarily to *reduce* the cost of care. Time and time again, I see an abundance of patients who are willing to pay a premium for expertise in periodontal therapeutics. There is little doubt they do this because they value a high standard of care.

Part 3 of this series will address the numerator of the consumer-patient value equation—"results produced" and "process quality." These include patient satisfaction with outcomes as measured by the fulfillment of expectations before treatment is performed, and the way care is delivered as measured by dependability, responsiveness, authority, empathy, and tangible evidence that treatment was successful. It's just a fancy way of saying periodontal therapists distinguish themselves by accepting accountability for achieving optimal clinical outcomes and sustaining those outcomes over the long term. COH

References

1. Heskett JL, Sasser WE, Schlesinger LA. *The Service Profit Chain: How Leading Companies Link Profit and Growth to Loyalty, Satisfaction, and Value.* New York, NY: The Free Press, Simon & Schuster Inc.; 1997.
2. Offenbacher S. Periodontal diseases: pathogenesis. *Ann Periodontol.* 1996;1:821-878.
3. Herzlinger R: *Market Driven Health Care: Who Wins, Who Loses in the Transformation of America's Largest Service Industry.* Cambridge, MA: Perseus Publishing; 1999.
4. Johannes L. Patients delve into databases to second-guess doctors. *Wall Street Journal.* February 26, 1996:B1.
5. Patterson RE, Haines PS, Popkin BM. Health life style patterns of US adults. *Prev Med.* 1994;23:453-460.
6. Eisenberg DM, Davis RB, Ettner SL, et al. Trends in alternative medicine use in the United States, 1990-1997: results of a follow-up national survey. *JAMA.* 1998;280:1569-1579.
7. National Center for Complementary and Alternative Medicine (NCCAM). Complementary Naturopathic Medicine for Periodontitis. Available at: http://www.clinicaltrials.gov/ct/gui/show/NCT00010634;jsessionid=C3C6B41BB49B2A5AFC5A462F9F5439?order=1. Accessed October 29, 2001.
8. Karimi K. The impact of current alternative herbal remedies on dental patient management. *Gen Dent.* 1999;47:264-266.
9. American Dental Association *Survey Center. Survey of Consumer Attitudes and Behaviors Regarding Dental Issues.* Chicago, IL: American Dental Association Publications, 1997.