

JULY 2014

SURVEY REVEALS HOW IN-OFFICE COMMUNICATION CAN IMPACT TREATMENT ACCEPTANCE¹

In April 2014, OraPharma conducted its fourth annual survey of dental patients. This year's respondents were comprised of over 300 adult patients who had a dental appointment within the past 9 months, and the findings focused on those who had received a new diagnosis (other than caries) during that visit (n=206).

SURVEY OBJECTIVE

To understand the impact that coordinated in-office communication by dental healthcare professionals (DHCPs) and other members of their office staff can have on patients' understanding of their new diagnoses and acceptance of treatment recommendations.

SURVEY HIGHLIGHTS

Several factors clearly contributed to a patient's acceptance of their DHCP's recommended treatment plan:

- · Interaction with both a dentist and hygienist, as well as an office manager or similar dental staff member
- Consistency in communication (ie, using the same terminology and key phrases) of diagnosis and treatment plan by DHCPs and dental staff seen
- Enough time to continue conversations after the examination to aid diagnosis understanding

All of these factors demonstrate the importance of engaging and educating patients about their diagnoses through open conversation. The impact of this type of in-office communication is detailed in the findings below.

DENTAL STAFF SEEN DURING VISIT

Of patients surveyed, 70% saw both a dentist and a hygienist (or dental assistant) during their most recent office visit. According to the data, interacting with multiple members of the dental staff translated to a higher rate of treatment acceptance. In fact, 73% of these patients accepted the exact recommended treatment for their new diagnosis.

The survey also asked patients about their interactions beyond the dentist and hygienist, specifically with an office manager or similar member of the dental staff, and the results indicate an even higher rate of exact treatment acceptance. The percentage jumped to 83%—a full ten points higher than those who did not see an additional dental staff member. Fig. 1

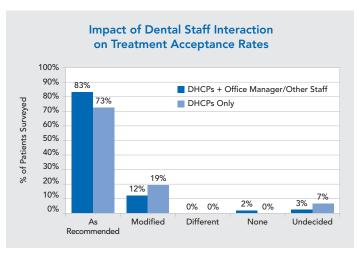


Fig. 1

IMPORTANCE OF CONSISTENT COMMUNICATION AMONG DENTAL STAFF

Consistent communication among DHCPs is an important factor to help patients understand and accept recommended treatment. This type of inoffice communication includes coordinated delivery of diagnoses and using the same key phrases to reinforce treatment recommendations.

Overall, 93% of survey respondents felt their in-office discussions were consistent between the DHCPs they spoke with. As a result, over 90% of patients indicated they understood all of the following: their diagnosis, the importance of getting treatment, and the treatment recommendation. Fig. 2 In turn, 76% of patients accepted treatment exactly as recommended. Fig. 3 This number dropped significantly when patients indicated their inoffice discussions were not consistent, perhaps because this impacted their overall level of understanding.

There's an opportunity to extend consistent communication practices, as data indicates that 84% of patients who received a new diagnosis continued their discussions after leaving the examination chair. Fig. 4 Having this additional time with a DHCP after their dental examination also helped over half of survey respondents understand their diagnosis better.

COMPARISON TO PREVIOUS SURVEYS

Although this year's results indicate a high rate of treatment acceptance, there appears to be a gap between accepting recommended treatment and following through in receiving treatment. Previous research from 2013 indicated that approximately 2/3 of patients diagnosed with periodontitis, specifically, received treatment, but less than half had a maintenance appointment scheduled in the next 6 months. ^{2; Fig. 5}

This year's survey also shows a high level of understanding among patients who received a new diagnosis. In comparison, findings from 2013 indicated that patients who were previously diagnosed with periodontitis, specifically, did not understand the role active infection played in periodontal disease. In fact, only 38% indicated they understood this clearly.²

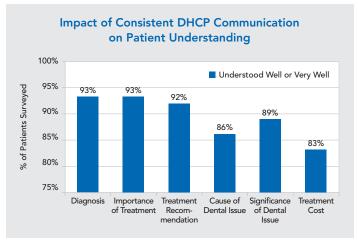


Fig. 2

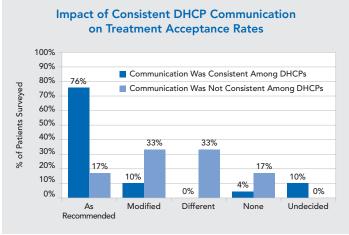


Fig. 3

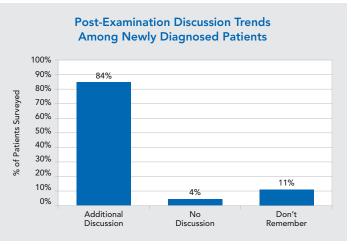


Fig. 4

It could be hypothesized that DHCPs are spending more time with their newly diagnosed patients and providing more thorough explanations of their diagnoses. In contrast, previously diagnosed patients may not be receiving ongoing education from their DHCPs to reinforce the significance of the disease and the importance of maintaining treatment. It could also be hypothesized that patients who receive a new diagnosis are more engaged, and therefore more likely to actively ask questions and participate in in-office discussions.

Initial Treatment vs 6-Month Maintenance **Among Patients With Periodontal Disease** 100% 90% 80% % of Patients Surveyed 70% 63% 60% 50% 45% 40% 30% 20% 10% 0% Received Scheduled Initial Treatment Maintenance Treatment

Fig. 5

DISCUSSION

There are several key points to take away from this year's survey that may help increase acceptance of exact

treatment recommendations in your practice. The first is to have both a dentist and a hygienist, as well as an office manager or similar dental staff member, meet with a patient during their next visit. Second, if this patient receives a new diagnosis, consider using consistent language and terminology in delivering that diagnosis.

Third, ensure that all dental staff members understand the treatment plan recommended for the patient's newly diagnosed issue, so there's additional consistency in continuing communications. Fourth, allow enough time after the examination for patients to engage in open dialogue with dental staff members. Consider having patients further discuss treatment options, payment plans, and insurance coverage with the office manager or similar dental staff member who will also deliver the same consistent message. This could help support the patient's final decision to schedule follow-up visits for the exact treatment plan outlined.

Finally, it is important for DHCPs to continue to educate patients about periodontal disease and the fact that it is a chronic, active infection, even if they already had the conversation when the patient was first diagnosed. The initial impact of this information may decrease over time and seem less important to the patient, even though the significance of the disease remains the same.

Overall, it appears that time spent with multiple dental staff members, as well as open and consistent conversation, fosters both a high level of understanding and treatment acceptance among patients.

REFERENCES: 1. Data on file. OraPharma. Market research: interactions with dental professionals. Prepared by Lightspeed, LLC. May 2014. **2.** Data on file. OraPharma. Market research: trends among consumers with periodontal disease. Prepared by Lightspeed, LLC. April 2013.

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