Periodontal Maintenance

A Townie looks for ways to encourage perio patients to maintain more frequent appointments.

Our office has recently been having problems scheduling our perio maintenance patients every three months. Since insurance only covers two regular prophies a year, patients do not want to pay out of pocket for the other two appointments. I am looking for any suggestions on how to bill insurance so that these appointments can be covered. Also, if anyone has any input on how to explain to patients the importance of the maintenance appointments, I would greatly appreciate it. Thanks! ■ Shantel RDH

As far as I am aware, there is no way to work the insurance for four perio maintenance appointments per year, unless patients are really lucky to have great insurance. The ADA has a great handout on perio maintenance and it explains why more frequent appointments are necessary.

I try my best to get patients on a four-month schedule so that they only have one out of pocket maintenance appointment per year. There are a few who just have to come every three months. It also helps that I express that we can try four-month maintenance and if we see concerns going forward, we can always try to back it up to three months and see how that works. They seem to appreciate that I am aware of, and sensitive to, their financial concerns. We have good compliance with our perio maintenance patients and I think that conversation contributes to it.

I was at an insurance seminar last Friday and learned that companies like FedEx, for instance, have up to 12 different dental plans for their employees, I guess, depending on the rank of the employee and how much they wish to kick in themselves, like a junk store policy and a jewelry store policy.

You might mention that getting too loosey-goosey with maintenance appointments could easily lead to perio surgery, which nobody wants to hear. Mention the systemic ramifications of allowing bacteria to circulate the bloodstream and that keeping the gums healthy keeps the entire body healthy. If your patient already has systemic situations going on like heart disease, diabetes, circulatory, certain meds, BP, etc., pull that into the conversation over and over. Keep them aware that oral health supports systemic health.

I always tell my patients that their brushing, flossing, etc., at home will only reach three, maybe 4mm deep, so any bacteria down in those 5mm and deeper areas will remain, therefore I need to see them every three or four months (as needed) to reach the areas they can’t reach on their own. I explain that if we let those areas go for too long between cleanings, the pocket will likely deepen causing more bone loss and require perio surgery to correct, and that this extra DH visit per year is needed to keep them stable. I work in a perio office where a large portion of my patients have had at least one perio surgery already, so anytime I tell them that I’m trying to keep them out of the surgery chair, they appreciate it. I’ve noticed many insurers often cover a third or fourth PMT per year once they see the patient has had SRP, but again, depending on the particular plan, this is not always the case.
Patients in a perio practice are totally different than those in a GP. Just by virtue of the fact that they have opted to see a periodontist means they are more motivated than the general population of patients. I think all of the information that you propose to share with your patients has merit.

However, for many patients, I don't think they need to respond, nor do they respond, to more information. In my experience we need to get to know each patient as an individual and determine where his values lie: e.g. money, health, time, etc. Once you get a read on this, you can tailor your motivating words to this individual. If you attempt to use the same approach on all of your patients, in my experience, you are going to miss connecting with many of them. In dentistry, we almost have a reflex reaction when a patient is not showing interest in what we are saying. We just heap more information on them. Sadly, this is not what many of them need or want.

A great reminder, drtoast. Years ago I read a great quote in a dental assisting journal which motivates certain patients, who focus on money. “Every $1 spent on preventive dental care saves between $8 and $50 in averted emergency and major dental procedures.”

I just happened to hear a presentation at this year’s American Academy of Periodontology meeting and one of the presenters touched on the critical importance of regular periodontal
maintenance for the long-term success of overall periodontal health. He referenced a classical article that was written by a periodontist, Thomas Wilson, back in the 1980s. Dr. Wilson listed the following four reasons for lack of patient compliance: lack of information, fear, economics and lastly, patient perception of a lack of compassion on the part of the clinician.

Here is an extreme example of showing how much you care. A few years ago, I told our FD that I felt like crying over the deterioration of a non-compliant patient. She told the patient that I actually cried, and the turnaround was amazing! The improvement in self-care, and her appreciation of the importance of regular dental care increased immensely.

To quote one of our super Townie colleagues (Izdent), “People don’t care about how much you know, until they know how much you care.” We all know that we care, (which is why this thread began) but sometimes the patient does not perceive that.

I want to respond to drtoast regarding his comment that patients in a perio office differ from those in a GP office. Having worked in both, I disagree. Patients don’t come beating down the door of the perio office because they are more motivated when it comes to their oral health. Honestly, I think it is quite the opposite. The bulk of our patient base is from GP referrals. A handful of our patients are self-referrals when they had a friend or family member that told them of a great experience in our office, but our patients are with us because their GPs have referred them out and tell them they need to see us. I still get patients asking to be on a six-month recall and asking when they can return to their GP’s office. It’s really no different. I don’t want to generalize, but I just don’t see that perio patients in a perio office are any more motivated. Frankly, there is a lot of denial going on in perio offices. I have patients with a 30-year smoking history and yet they still state, “Well, my parents had bad teeth so I have bad teeth.” Whether in the GP office or the perio office, many just don’t want to take personal responsibility for their health.

While there are always exceptions, my experience has been that patients who have seen a periodontist are, in general, more educated about their disease and their responsibility in keeping up with maintenance and oral hygiene. I worked in a perio office for 10 years and we made sure that every patient was fully educated, treated like an individual and we repeated things every single appointment. I’m in a general practice now, and many perio patients don’t seem to get it no matter what we tell them (although brochures have helped). Non-compliant patients usually have reasons for not listening and finance is a big part of that. I tell them that oral hygiene is free and that health depends on them if they can’t come in as often as I would like. I also let them know that we are a team, the patient and I, and together we can help them keep their teeth, but I can’t do it alone. I try to let them make the choices instead of telling them what they should do. Ultimately it’s our responsibility to continue to try to connect with each patient. If they keep showing up, they are hearing something!