

Gaining Client Compliance with Oral Assessment, Treatment and Prevention

Jan Bellows, DVM, DAVDC, DABVP

Proceedings from a seminar conducted at the 2007 North American Veterinary Conference. The CE accredited seminar is available online at www.vet.greenies.com.

As one of the leading medical problems in veterinary medicine, periodontal disease is implicated in heart, liver and kidney problems. *Periodontal disease* is a catch-all term used for inflammation and support loss of the periodontium surrounding the teeth. It can present clinically as plaque and calculus buildup, gingival recession, mobile teeth, excessive salivation, chewing difficulties and halitosis. It is critical that we effectively communicate to our clients the importance of periodontal disease to their pet's health, and gain their compliance for optimum oral health care.

A Successful Model: Oral Assessment, Treatment and Prevention

The most successful method I have found in building client compliance is a three-part approach: oral assessment, treatment and prevention, or *Oral ATP*. Each step is equally important. Even with effective assessment and treatment, without prevention we're only doing part of the job. The assessment begins in the exam room and continues during the dental procedure. We cannot simply determine what pets need in the exam room, because a systematic tooth-by-tooth examination under anesthesia is a very important part of the assessment. Also while patients are under anesthesia, full-mouth intraoral radiographs can be taken to help in evaluation and development of a treatment plan. Treatment involves cleaning, polishing and addressing any abnormalities that we see. Finally, we must talk about prevention through home care: dental wipes, teeth brushing, proper dental-friendly diet, plaque prevention gel and dental chews.



What sabotages compliance? Very often, exam room distractions such as children or ringing cell phones result in the client saying "no" to a dental procedure due to lack of attention. At other times it is the client's concerns about the procedure. Regardless, it is our job as the pet's health care provider and its advocate to make the answer "yes." Our goal is having the client leave the exam room and happily schedule the procedure for that same day or in the near future. To accomplish that, you need to address any client concerns.

Addressing Client Concerns

Anesthesia is the number one concern. While statistically only one in 1,000 pets has an anesthetic death, many clients worry that their animal may die. For most clients, pets are an important part of their lives; a little gingivitis or periodontal disease is not worth the risk. We tell clients how we address their anesthesia concerns by:

- Choosing the proper patient by screening for common preexisting organ abnormalities through a thorough examination and evaluating blood and urine tests.
- Selecting the correct anesthetic protocol and supporting the pet with intravenous fluids and temperature control during the procedure.
- Monitoring the patient accurately by assigning a technician to monitor vital signs, attaching a monitoring device with alarms to the patient and continuing to monitor the patient after the procedure until it is in sternal recumbancy.



Yes, there are risks associated with anesthesia, but if we take appropriate steps to minimize them, the risks are much smaller than those associated with oral disease.

For some clients, cost is the issue. They want to invest in the pet's oral health but may not have the resources. Clients with extra savings have earmarked those funds for retirement, their children's education, vacations or perhaps a new car. Oral health care for their pet is not on that list. In both scenarios, the idea of value becomes an extremely important part of the exam. Clients must be educated on the importance of oral health care before they can commit. What's the most effective way to accomplish this? Wait until the end of the exam to discuss costs, otherwise clients will focus on that and miss the other important things you need them to hear. We also need to offer ways of making dental care affordable—not through lowering our fees, but through different types of payment and credit plans.

Another concern is pain. Clients want to know if the procedure will be painful. We can assure them that their pet will not be in any pain by providing pain control before, during and after the procedure.

Some clients may have more than one concern, especially in the circumstance of two owners of the pet with different value systems. One might worry about cost; the other about anesthesia and pain control. You can overcome this situation by speaking to each about their particular concerns.



Tools, Follow-Ups Are Important

Certain tools can be helpful, too; for example, photographs. First, take close-up shots of the pet's teeth with a professional instant print camera with a macro lens. Next, use an educational tool such as the Greenies brochure that depicts the five stages of periodontal disease, and place the picture next to it so that clients can correlate their dog's teeth with a particular disease stage, as seen in the photo at left. This helps to emphasize the need for treatment. If a client has children, the camera also helps keep them quiet. Take a picture of them with their pet, and as they're occupied watching the photo develop, use that time to discuss periodontal disease with the client.

Dental models are another helpful tool to convince clients of a problem that should be remedied. The Virbac model has both normal and abnormal sides to show clients the current state of their dog's teeth and what they could look like with good treatment and prevention.

Another tool is a fee sheet that splits an oral health care plan into discreet sections and itemizes all aspects of oral care. Fee sheets are best covered in person or mailed to the client instead of discussing costs over the phone.

Follow-up is critical. Pets should be examined for periodontal disease at least once a year, but some practices have adopted our policy of complimentary monthly follow-ups for the dog's entire life.

Questions and Answers

Q: What about anesthesia-free dental care?

A: Anesthesia-free dental care is horrible because everybody loses. Clients believe that their pet is getting the same quality of care. But without anesthesia, calculus can get lodged in the trachea as a foreign body or cause pneumonia. Secondly, the tissues below the gum can't be properly evaluated because they either hurt or bleed, so plaque and calculus are removed from the crown only. Bottom line, the pet is made worse for the experience. The American Veterinary Dental College website (www.avdc.org) posts a position statement on anesthesia-free dentals that, given to clients, helps them understand why this should not be an option.

Q: Should the time under anesthesia for dental procedures be limited?

A: Not at all. We do all necessary procedures at one time because our anesthetic protocols are quite safe. We anesthetize the animal and evaluate it. I talk to the client while my technicians are completing the dental procedures and get the client's approval for any additional needed treatments at the same time. If the client's main concern is anesthesia and you do perform all treatments at that time, chances are good that the pet will never receive the treatment it needs.

Q: What about concerns with tooth damage and gastrointestinal upset with dental chews?

A: Dental chews have gotten much better. Fortunately, the newer formulations of dental chews like Greenies are more soluble, chewy and effective at removing calculus and plaque. Some of the rawhide products should be monitored because they do not digest well. Some of the very hard chews such as the nylon bone products are extremely dangerous because they can break teeth.

Q: How important are oral radiographs?

A: We insist on it in our practice because, in our experience, we have detected more disease in nearly every case.

Q: How do you prepare clients for much higher charges if you uncover more dental pathology during your assessment of the anesthetized patient?

A: In the exam room, we discuss our fee sheet and circle what we know and what we do not know; for example, how many teeth we will need to extract or the duration of anesthesia. In this way, clients can more easily anticipate and understand any additional charges.

Q: How do you manage scheduling when you do the assessment and treatment on the same day?

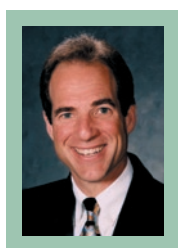
A: I delegate virtually everything that is nonsurgical. Staff takes the blood, does the electrocardiogram and so forth—everything necessary to prepare for anesthesia. Before the animal is anesthetized, I review the blood work and other test results. The staff then anesthetizes the patient. They take the dental radiographs, do the probing and charting and then I examine the teeth and do the appropriate treatments. While I'm treating the first patient, the staff is working on another patient. We assess and treat a maximum of three dental patients per day, so they get very comprehensive care.

Q: When a pet has mild gingivitis, do you recommend professional cleaning or only home care?

A: Definitely professional cleaning. Mild gingivitis, or Stage 1 periodontal disease, is still a disease that will only get worse without treatment and prevention.

The CE accredited webinar

Gaining Client Compliance with Oral Assessment, Treatment and Prevention is available free of charge to veterinarians and staff online at www.vet.greenies.com.



Dr. Jan Bellows is a Fellow of the Academy of Veterinary Dentistry, a Diplomate of the American Board of Veterinary Practitioners, a Diplomate of the American Veterinary Dental College and a Veterinary Information Network (VIN) consultant. He is a frequent speaker at conferences and has authored many articles on veterinary dentistry as well as two books, "The Practice of Veterinary Dentistry, A Team Effort" and "Small Animal Dental Equipment, Materials and Techniques." He practices at Hometown Veterinary Hospital and All Pets Dental Clinic in Weston, FL.