

# Taking The Patient's View Into Account



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Objective treatment outcomes are measurable and comparable. However, it is also worth taking the patient's subjective measures into account. This is the goal of "patient-reported outcomes."

## Can you remember the last time you were unhappy as a patient?

**Dr. McGuire (laughs):** A few years ago I was having a stress test, and after extensive preparations, it turned out the doctor was not going to be there because he had an emergency surgery. And they didn't even cover the cost of my parking ticket! But, well, my unhappiness was obviously not related to a miserable treatment itself.

## When did you become interested in patient satisfaction from a professional point of view?

**Dr. McGuire:** When you are in private practice, your patients' satisfaction is "job one." Therefore, I have always been interested. Nonetheless, about five or six years ago, I became concerned with the more formal aspects of measuring patient reported outcomes (PRO's).

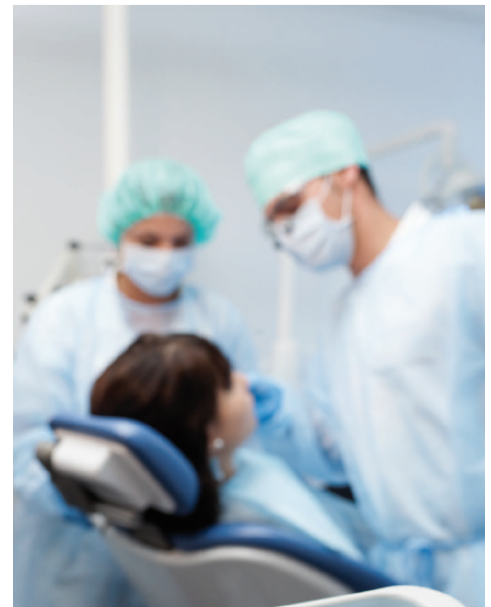
## Why?

**Dr. McGuire:** Take, for example, a surgery that requires a remote tissue donor site – so a second surgery associated with additional morbidity.

It is very easy to say intuitively that this additional surgery is something a patient would rather not have; however, it is hard to find measured reports in the literature – to provide scientific evidence for something that our patients really experience is very challenging.

## But is the patient's own view on his or her treatment really important?

**Dr. McGuire:** Yes, because we must strive to meet the real need. What a clinician thinks a patient wants is not necessarily what the patient really wants. Let's have a look again at the surgery with the donor site. We did some studies on recession coverage with autogenous soft-tissue versus biomaterials. When we measured the aesthetic satisfaction, it was exactly the same for both groups, even if the autogenous graft was statistically slightly superior. But the difference was so small that the patients didn't realize it. So, sometimes we, as professionals, beat ourselves up about a 10th of a millimeter, while our patients really don't care.



## What is it that the patient does care about?

**Dr. McGuire:** Patients largely care about **Comfort, Cosmetics and Convenience – the three C's**. If we can provide these, most of the time we satisfy our patients. I think that in the future more and more treatment alternatives will likely be chosen over "gold standard" therapies based off of PROs rather than traditional clinical measurements.



What is it that matters most to the patient when it comes to regenerative treatments such as GBR or soft-tissue regeneration?

**Dr. McGuire:** Again, it's not the same for all patients. Some are very keen on aesthetics; others care more about root sensitivity; still others put a focus on their general health status. But in general, although "selling" may not be the right word, it is very easy to "sell" regeneration to the patient, because **regeneration turns back the clock and gives back to the patient something they used to have and value.**

Would you say that biomaterials are positive for the patient in that they help achieve positive outcomes?

**Dr. McGuire:** Yes, I think so. It is surely most important to achieve our treatment goals, for example, to cover a recession defect or fill an osseous defect. Nowadays we can achieve these goals with different options. This is a situation where PROs are really worth considering. They allow us to decide which procedure is not only going to provide the clinical outcome we would like to achieve but also what other aspects should be taken into account, such as treatment time, pain, patient goals and expectations. But we must beware: no single procedure is going to be best for all patients, and the incorporation of PRO's will allow us to tailor our treatment to each patient.

**Thank you very much, Dr. McGuire!**

Could this mean that a therapy with a slightly poorer outcome becomes superior?

**Dr. McGuire:** I struggled with this question for a very long time. Why would you want to provide your patient something that is not the very best of what you can do? It has taken me a while to understand that you have to look at all parts of a procedure, not just at how much root is covered; but rather, how much time did the treatment take, how much discomfort was involved, and what was the aesthetic outcome?

And do all patients value the same things, such as shorter treatment or less pain?

**Dr. McGuire:** No, everybody is different. A football player might not be tough at all, while an older seemingly fragile lady is. The key in working with PROs is not just to collect the patients' subjective assessments afterwards, but to take their wishes, their expectations, and maybe even their personal histories into account, when planning a treatment.

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