PREVISER

Intercepting Disease

This guide describes the **PreViser® Clinical Suite**

For further information, contact:

help@previser.com

P: 888.854.0007

HIPAA / HITECH

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), and all applicable regulations promulgated pursuant to HIPAA and HITECH, every reasonable effort has been made to ensure that no text or screen prints contain individually identifiable health information. Wherever possible, the information used is test data and fictitious in nature. If you have any concerns about the information contained herein please contact your PreViser Account Manager or Privacy Officer.

Version History

Revision Level	Date	Description
5.0	02/2020	Original
5.2	06/2020	Added mobile shortcut, assessment import, emailing reports, and submitted to insurer sections. Updated encryption key section. Updated all screenshots.
5.3	12/2020	Added Health Questionnaires section and updated screenshots.
5.4	03/2021	Added: Home Care Report, Deleting Assessments, Forgot PIN, Privacy Mode, DOB as search criteria, Contextual Help, a What's Changed section to Comprehensive risk assessment. Updated all screenshots.
5.5	9/2021	Added: Clinical Inputs and Practice Reports

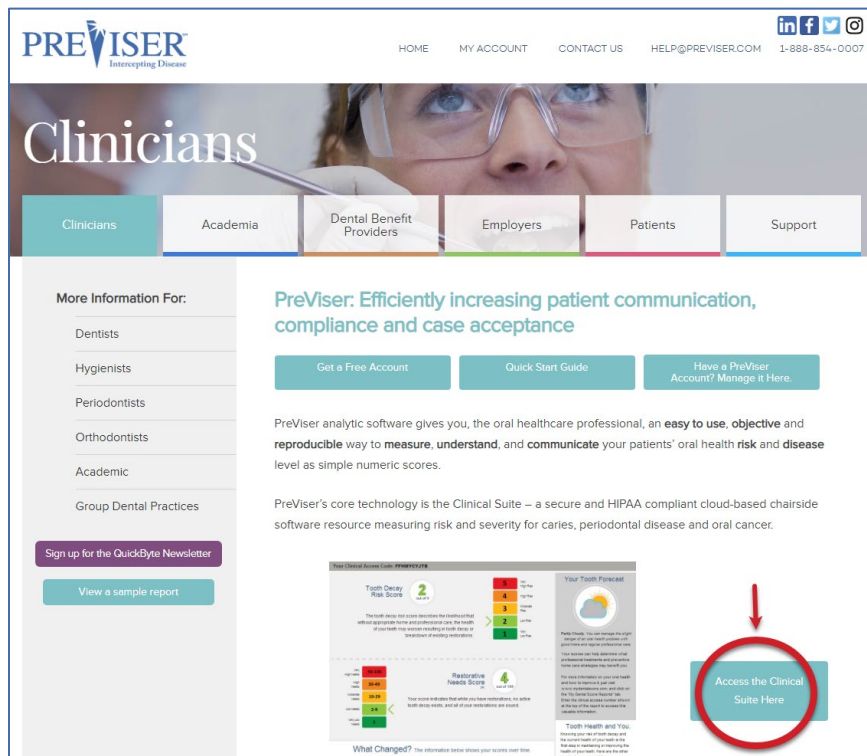## CONTENTS

GETTING STARTED WITH THE CLINICAL SUITE

You can reach the Clinical Suite URL directly by entering this URL into a browser:
https://secure.previser.com/clinical

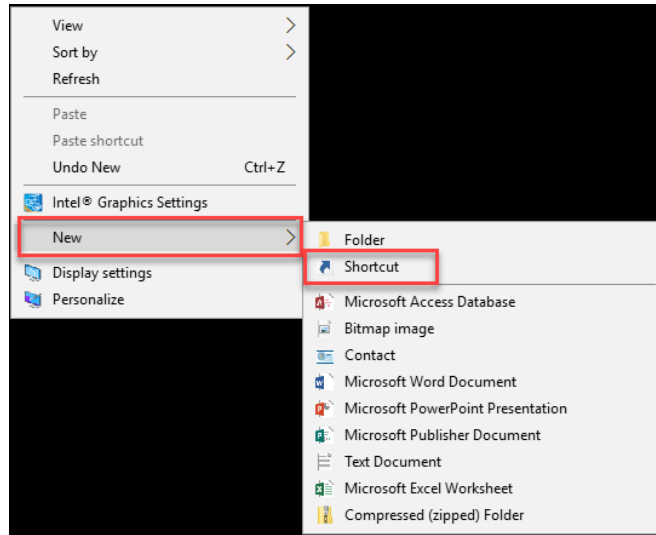or from www.previser.com: Click the **Clinicians** tab,
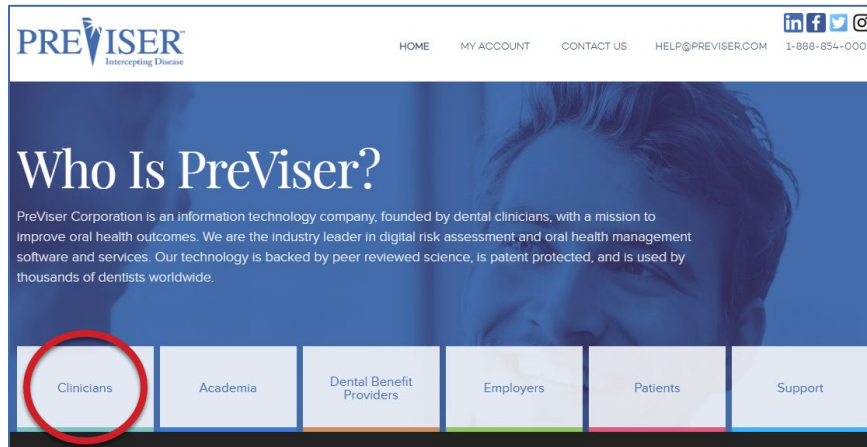
then click **Access PreViser Clinical Suite Here**.

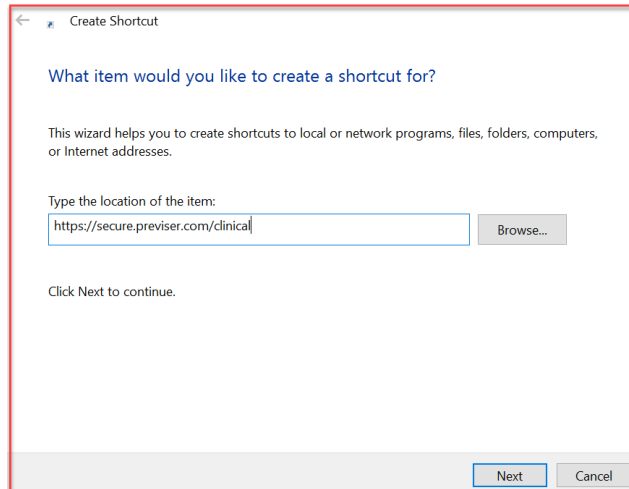## TO CREATE A SHORTCUT ON YOUR DESKTOP

1. Right-click anywhere on your desktop.

2. Select **New** and then **Shortcut**.

3. Enter https://secure.previser.com/clinical into the Shortcut address box.

4. Click **Next**

5. Enter the name of the Shortcut (PreViser Clinical Suite) into the box.

6. Click **Finish**.
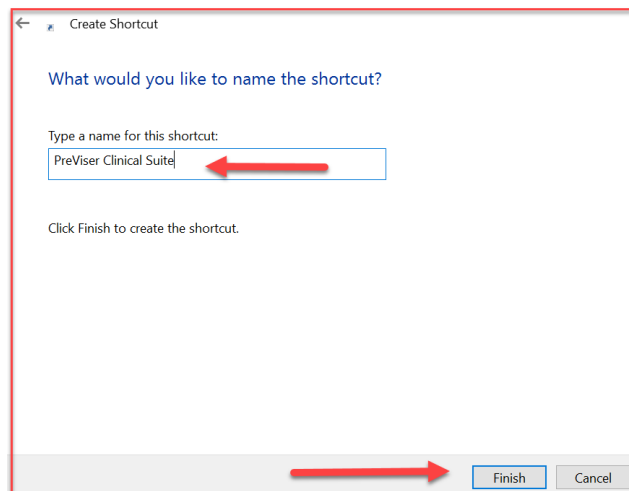
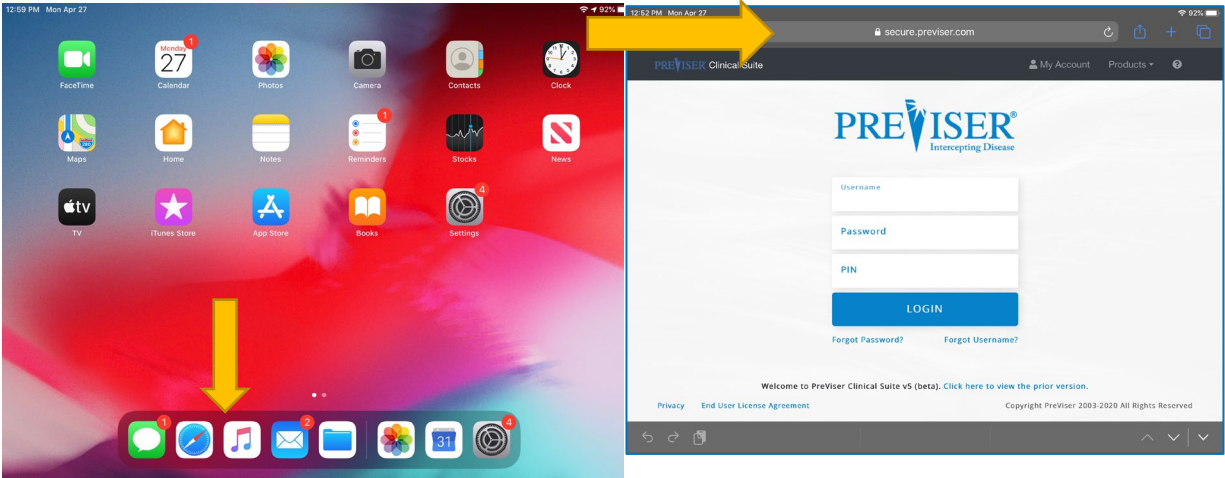You will now have a shortcut displayed on your desktop labeled **PreViser Clinical Suite**.

To Create a Shortcut on Your iPad

1. Open Safari on your home screen and enter https://secure.previser.com/clinical in the navigation bar:

2. Tap the Share Icon and tap **Add to Home Screen**.

3. Enter the name PreViser Clinical Suite and tap **Add**.
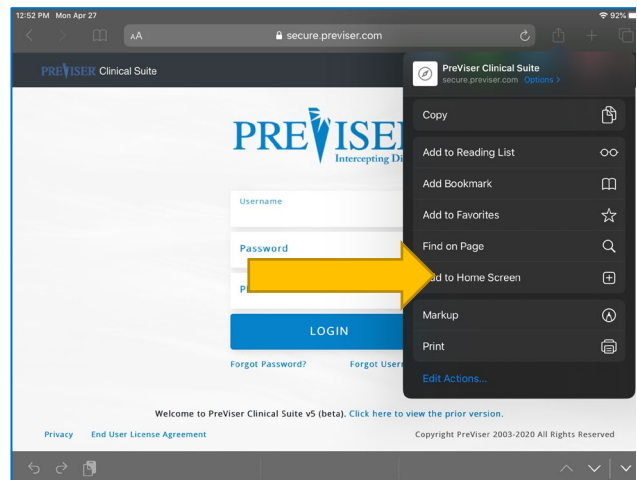
4. You can now easily access PreViser Clinical Suite on your Home Screen!
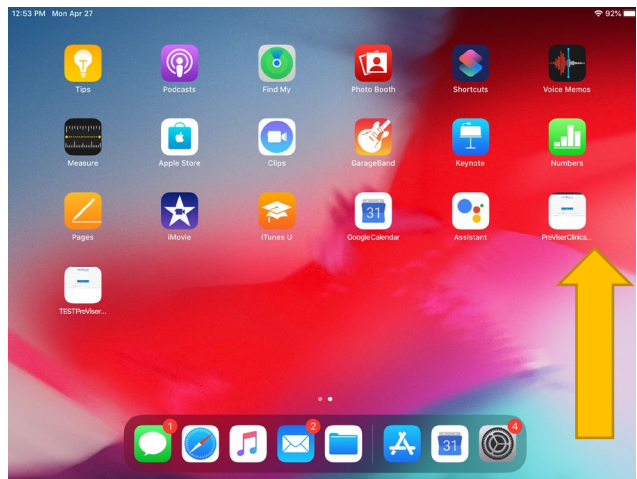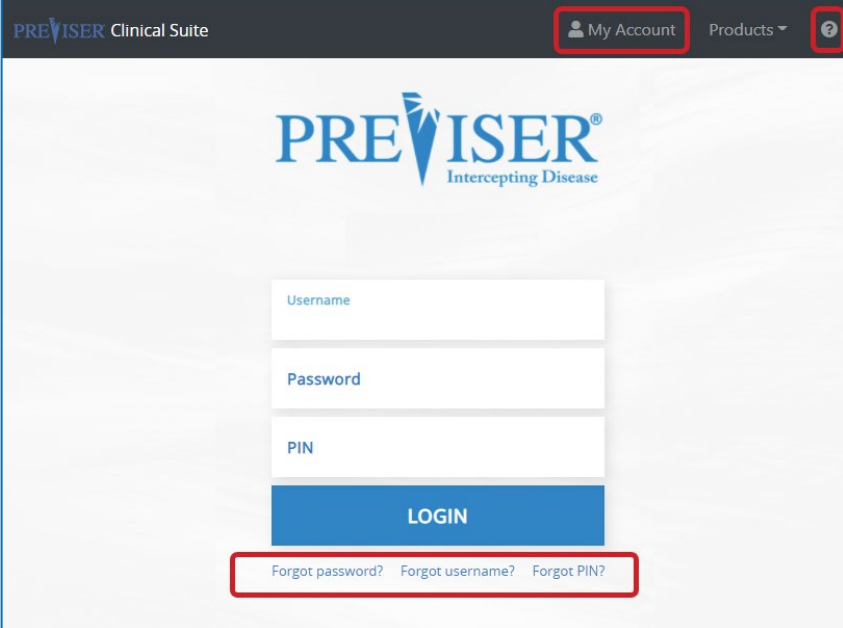
ACCESSING THE CLINICAL SUITE

When you launch the Clinical Suite from https://secure.previser.com/clinical, the log in page displays.

- Clicking on **MyAccount** redirects you to the MyAccount application for account management.

- Clicking on the question mark opens https://www.previser.com/support/ the PreViser Support website with links to documentation, videos, trainer resources, and support contact information.

Enter the **Username**, **Password**, and **PIN** you created when you registered.

Click **Login** to display the Browse Patients page.
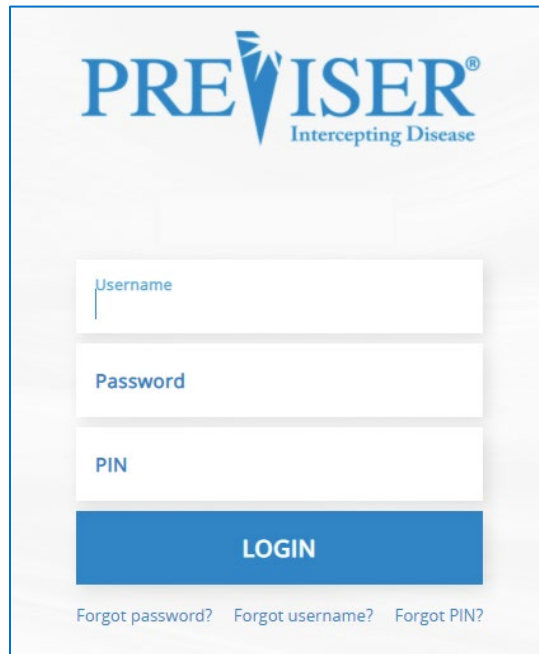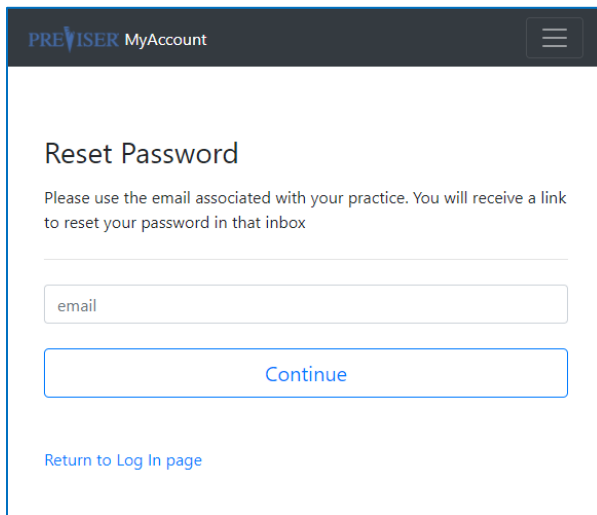
LOST PASSWORD, USERNAME, OR PIN

You can reset your password or retrieve your account username by entering the email address associated with your account.

To retrieve a lost PIN, enter the account username and the name of the person asking for the PIN.

TIME OUT FEATURE

To ensure compliance with HIPAA IT security requirements, users of the PreViser Clinical Suite will see a new pop-up appear after 10 minutes of data entry inactivity. If you do not click the **Continue** button, 10 minutes after that you will be automatically logged off the system.

!   If you are automatically logged off*, any unsaved data will be lost* and will need to be re-entered to complete the assessment. If you believe you are going to be longer than 10 minutes away from data entry, be sure to click **Save for Later** so you do not lose any unsaved clinical data entered.
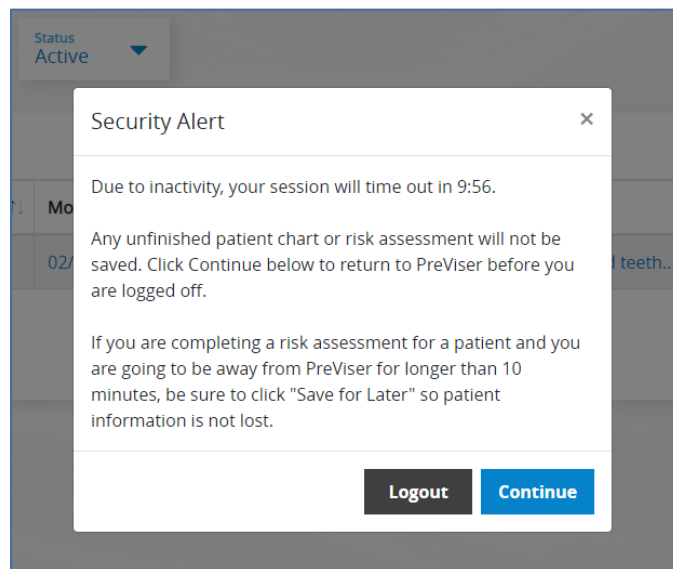
USING PREVISER'S CLINICAL ASSESSMENT

Once you are logged in successfully, the Browse Patients Home page displays:
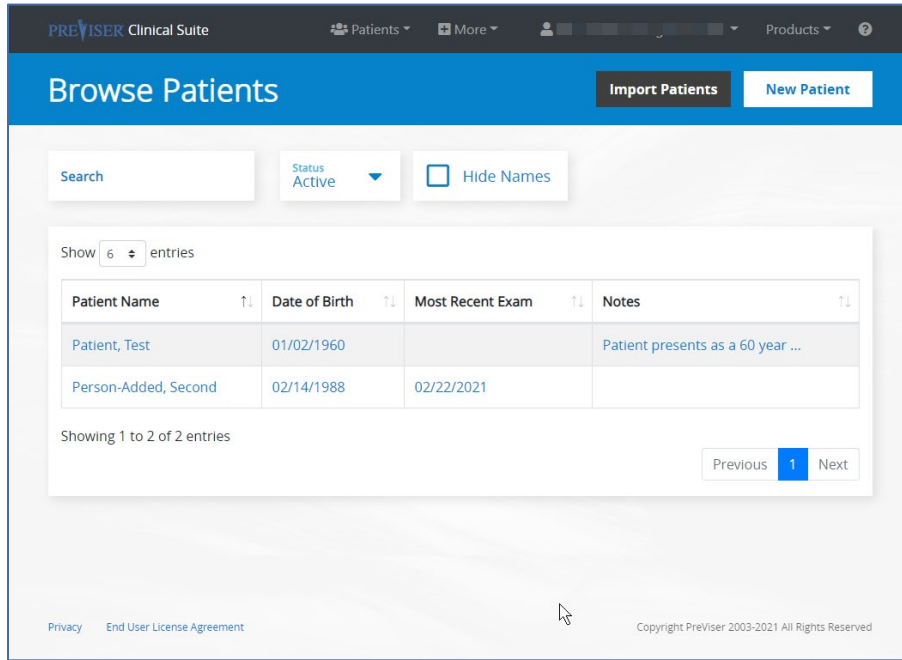
SEARCH FUNCTION

To search by Patient Name or Notes: type a whole or partial word in the Search field. The search filter works immediately as you enter the characters.

To search by Date of Birth: Type the full or part of the birthdate in dd/mm/yyyy format. The search filter works immediately as you enter the characters.

BROWSE PATIENTS PAGE PRIVACY MODE

You can 'hide' patients' names to only show the patients' initials.

This enhances HIPAA compliance for offices by hiding protected health information if the computer monitor can be viewed by patients.
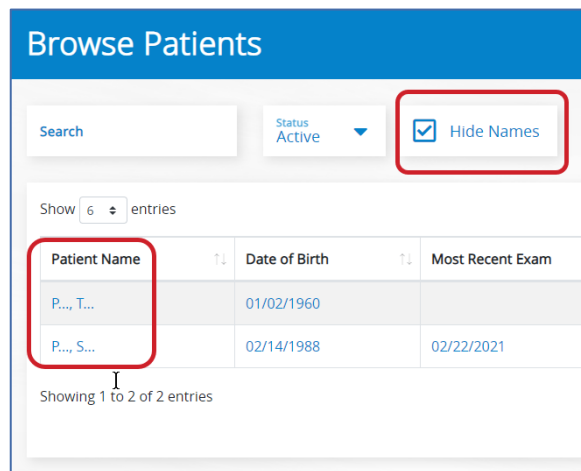
CREATING PATIENTS

In order to assess a patient, a PreViser patient record must be created.

Click the **New Patient** button on the Home Page:
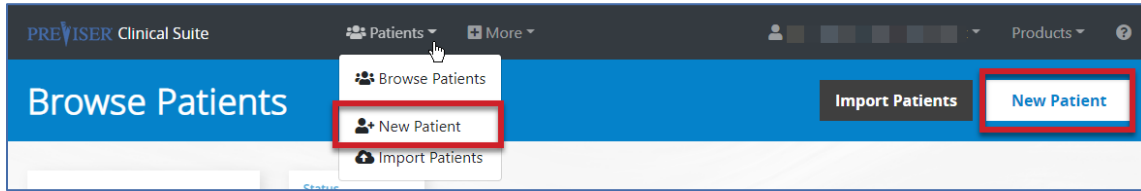
(Another way to do it is to click the **Patients** tab at the top, then click the **New Patient** option.)

The Patient Information page displays.

This page and the Insurer Information page are all you need to create your patient.
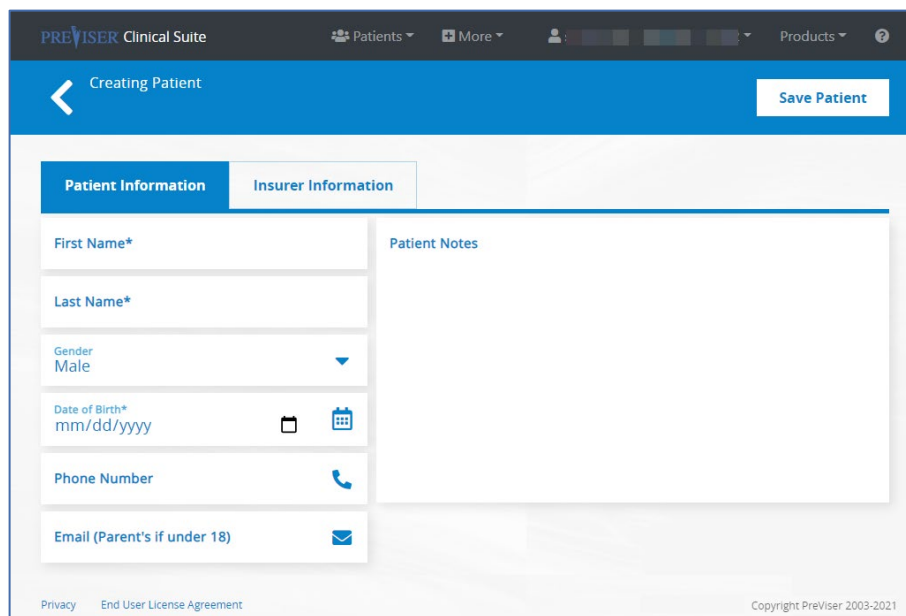
Fill in the Patient Information fields:

ⓘ Important! Fields **without** an asterisk are **not** submitted to the insurance carrier, i.e., any notes added to the Patient Notes section are not viewable by the insurance carrier.

First Name*	Required.
Last Name*	Required.
Gender	Dropdown select Male or Female
Date of Birth*	Required, mm/dd/yyyy format
Phone Number	
Email	Parents if under 18
Patient Notes	

Click the **Insurer Information** tab and select the insurer of that patient from the dropdown list.

Note: The contents of the page will change depending on the company you select.

If you do not see the insurer, or if the patient is uninsured, select **None/Other** from the dropdown list.

Click the **Save Patient** button.

EDIT PATIENT INFORMATION

Once a patient has had assessments performed and you select them on the Browse Patients page, the Patient Details page will look similar to this:

The Patient Notes section will only display if notes have been added.
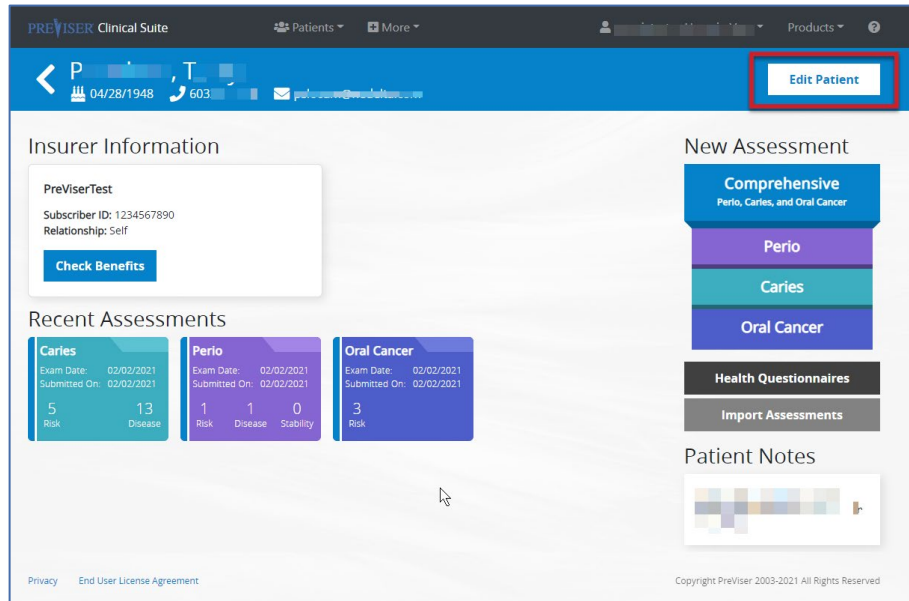
If you need to update the patient's demographic or insurance information, or make them inactive in the Clinical Suite, you can do so by clicking **Edit Patient**, making the update, and clicking **Save**.
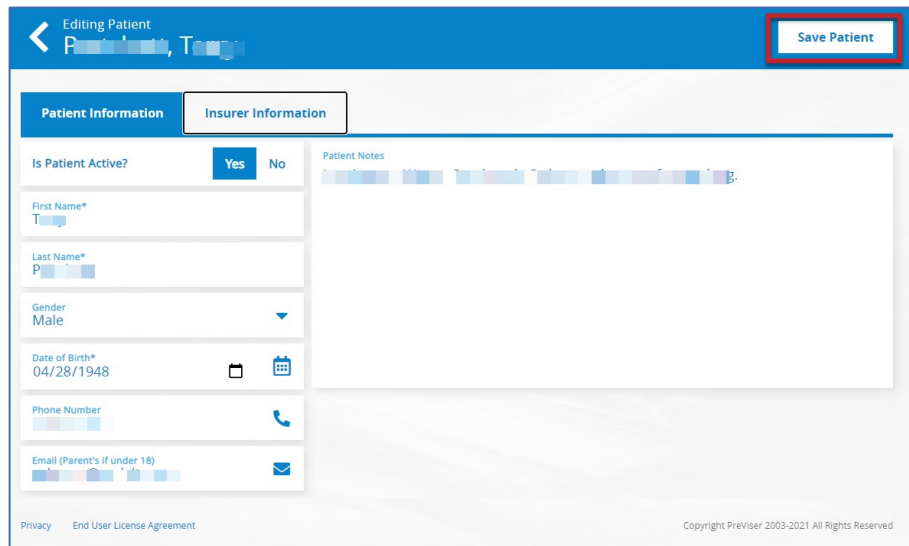
PATIENT ENGAGEMENT

If the provider selects an insurance company from the dropdown list, the provider has an opportunity to collect the patient's email address. This will allow the insurance company to send targeted messages to the patient based on the patient's risk and severity scores. To enable this feature, you must check the box to confirm that the "patient wishes to receive additional information about their oral health," and enter the patient's email address:

Patient Engagement
Entering the patient's e-mail address <u>and</u> checking the authorization box will allow your patient to receive oral wellness messaging that will increase their compliance with your recommended treatment plan.

☐ I have confirmed that this patient wishes to receive additional information about their oral health.

PATIENT VERIFICATION

When an insurance company is selected, the Clinical Suite can verify the data that you enter with the information the insurance company has on file, if the insurer has established the necessary connection to the Clinical Suite. This can vary from one insurance company to another.

If you enter information that does not match that which is in the insurance company's records, a message will display with information about what to do next:

Insurance Verification ✕

Patient not found. Please verify your entries and correct. Please see FAQ/Tips for assistance. If still not found, please call our Customer Service department at 1.800.█████

Ok

Once the patient details page has been populated, click **Save.**

If you selected **None/Other** for the insurance status, you will be prompted to verify the patient is uninsured:

Information

Confirmation Required ✕

No insurance selected, do you want to continue?

Cancel   Ok

Once you confirm this status, an alert message will confirm that your patient was created successfully and saved
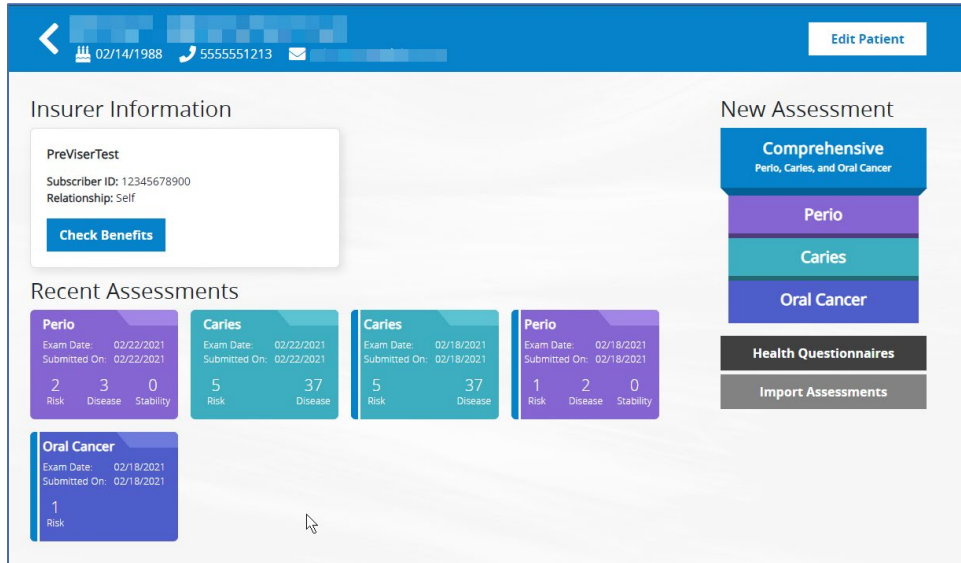
Information

Success ✕

Patient Saved

Ok

OVERALL ASSESSMENT INFORMATION

Select a patient you created and click one of the New Assessment choices on the Patient Details page to open and start a new **Comprehensive, Periodontal**, **Caries**, or **Oral Cancer** Assessment:

PRE-LOADING VALUES FROM PRIOR ASSESSMENTS

After the first risk/restorative needs assessment has been done for any of the assessment types, the Clinical Suite allows you to pre-load prior entered values from a previous assessment.

In the example above, two recent Caries assessments are shown. When you click on **Caries** under New Assessment, you are given the option of starting a completely new assessment or loading the most recent values so you can update them:
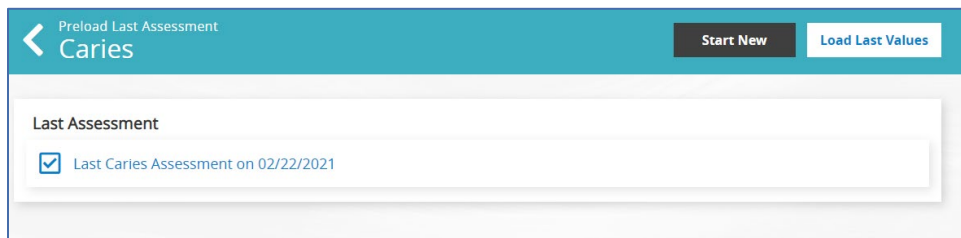

This saves time as it allows you to only address clinical conditions that have changed since the last assessment.
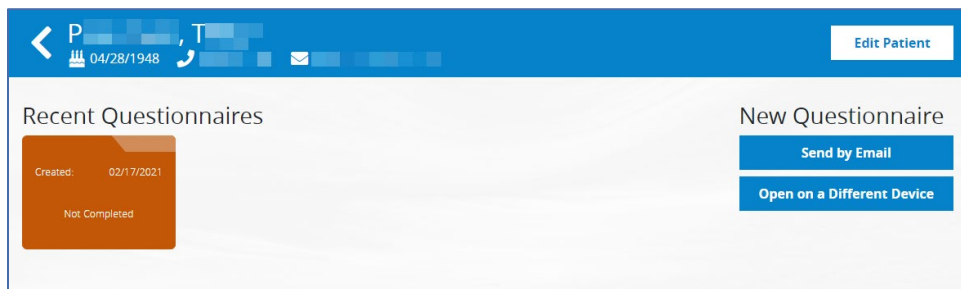
HEALTH QUESTIONNAIRES

A health questionnaire contains assessment questions the patients can fill out themselves before being assessed by the clinician. This saves time and allows patients to be more interactive with their own oral health.
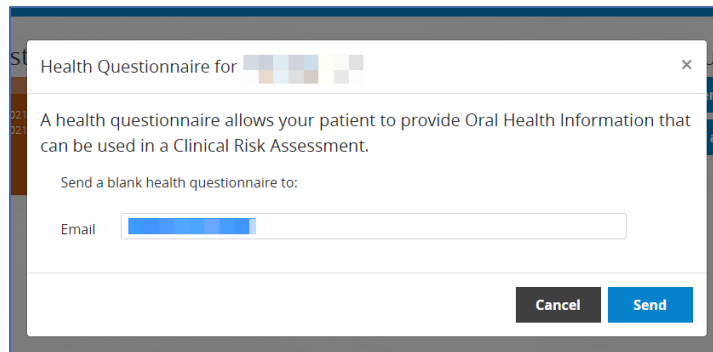
First select a patient from the patient list to view the Patient Details page and click **Health Questionnaires**:
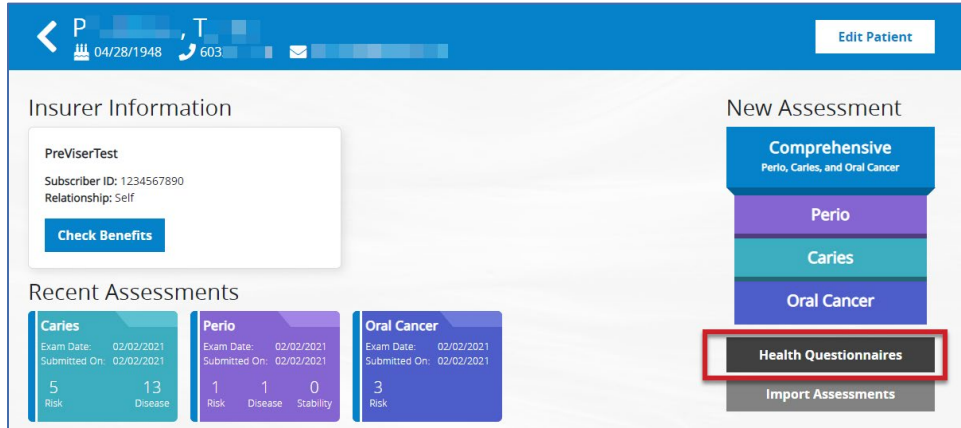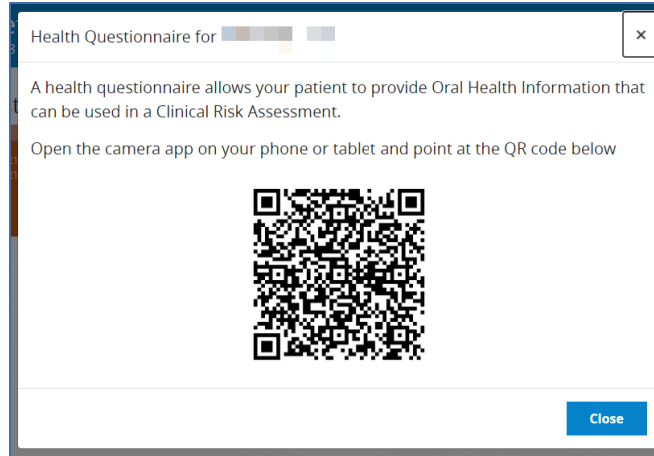

The Health Questionnaires page displays:

You can email the Health Questionnaire the week, day, or any time before the patient's appointment in order to make the chair side experience quicker and more productive.

Patients can also scan the Quick Response code with their smart phone or tablet to access the Health Questionnaire.

Health Questionnaire for ▮▮▮▮▮ ▮▮

A health questionnaire allows your patient to provide Oral Health Information that can be used in a Clinical Risk Assessment.

Open the camera app on your phone or tablet and point at the QR code below

Close

Sample questionnaire

Do you eat snacks or beverages containing sugar 4 or more times per day?
○ Yes ○ No ○ I don't know

Do you drink fluoridated water?
○ Yes ○ No ○ I don't know

Do you use any fluoride products?
○ Yes ○ No ○ I don't know

Have you used any chlorhexidine oral care products for at least 1 week per month for last 6 months?
○ Yes ○ No ○ I don't know

Have you used any xylitol oral care products 4 times daily for the last 6 months?
○ Yes ○ No ○ I don't know

Have you used calcium & phosphate toothpaste in the last 6 months?
○ Yes ○ No ○ I don't know

Do you drink alcohol or recreationally use drugs?
○ Yes ○ No ○ I don't know

Have you had a major change in health (i.e. heart attack, stroke) in the last 12 months?
○ Yes ○ No ○ I don't know

Do you have or have you ever had oral cancer?
○ Yes ○ No ○ I don't know

Do you smoke, or have you ever smoked cigarettes?
○ Yes ○ No

Do you smoke, or have you ever smoked Cigars or Pipes?
○ Yes ○ No

Do you use or have you ever used smokeless tobacco?
○ Yes ○ No

How often do you drink alcohol?
○ Never ○ Less than 1 drink per day ○ 1 drink per day ○ 2 drinks per day ○ 3 or more drinks per day ○ I don't know

What is your diabetic status?
○ I do not have diabetes ○ good control ○ fair control ○ poor control ○ I don't know

| Back	Delete	Submit

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## IMPORTING ASSESSMENTS FROM OTHER PRACTICES

If a new patient comes to your practice from an office that uses PreViser and has performed PreViser assessments in the past, you are able to use that previous data. You can ask that patient to bring in an old report or you can reach out to the patient's former dental provider and ask for the Clinical Access Code which is located below the "What Can I Do?" section of any of that patient's reports.
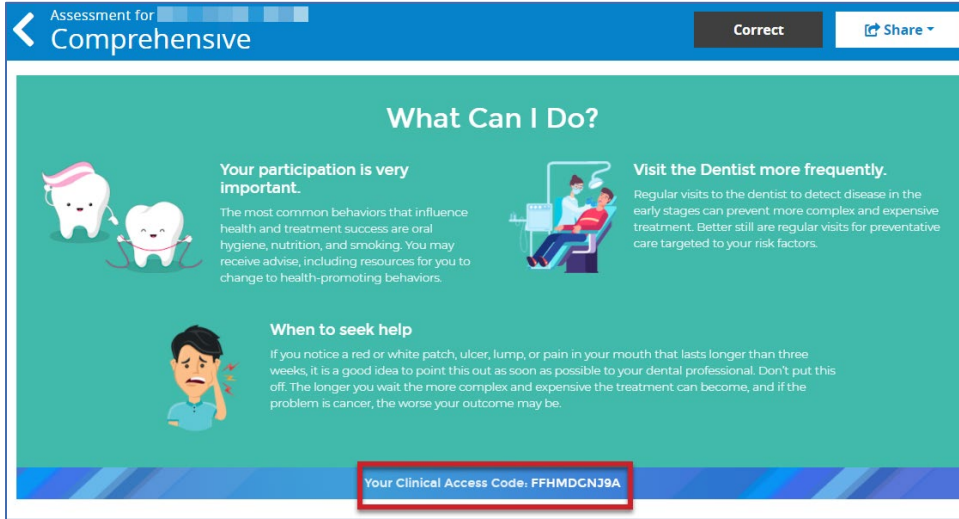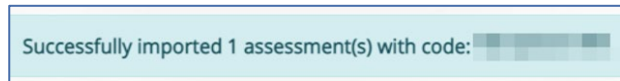

Once you receive that access code, click **Import Assessments** on the patient page:
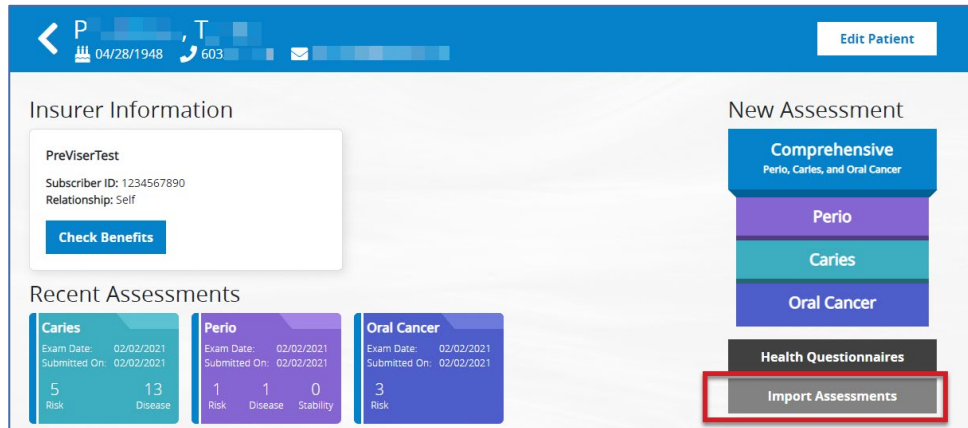
Type in or copy/paste the Clinical Access Code and click **Import**.
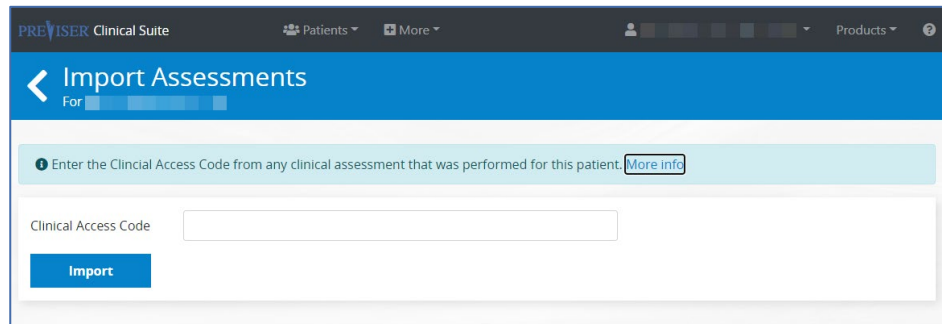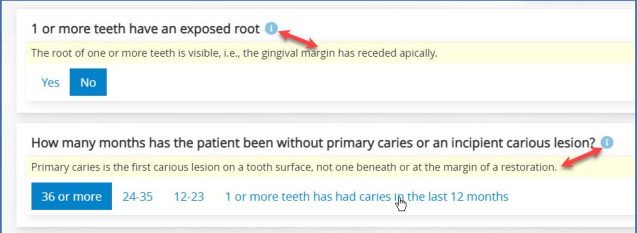
The top of the following page should display how many assessments imported successfully:

PERFORMING AN ASSESSMENT

If any of the assessments are selected (Caries is used as the example below) and you begin the assessment, the following page displays:

Exam Date	The date the assessment was performed. The current date is the default. Generally, this is going to be within a day or so of when the assessment data is entered. However, clinicians may wish to create a record of the patient's PreViser scores by entering data from prior examinations. You can adjust the exam date to reflect the prior dates with corresponding clinical information for those dates. *Note: if the exam date is more than 90 days in the past for a finished assessment, the Correct function is disabled.*
Prepared By	The person who is performing the assessment. Will match the clinician logged in to the Clinical Suite with their PIN.
Responsible Clinician	This is the clinician who is ultimately responsible for the care of the patient, typically a dentist or independent practicing hygienist.
Contextual help for all clinical assessment questions	Select the 'i' icon next to the questions for additional clarification.
Submit	When selected, the data you have recorded will be submitted to the PreViser web service and a patient report will be returned, including the Report Settings you selected. If an insurance company has been entered and successfully saved, the scores will also be sent to the patient's dental insurance company.
Save for Later	This option allows the unfinished assessment to be saved without submitting and for the clinician to come back to finish at a later time.
Model this Patient	This is a hypothetical option. When selected, the assessment is not saved. This is a tool you may use to demonstrate to patients what they can do to improve their scores.

RECENT ASSESSMENTS

Once a patient has been assessed and you return to the patient page for that person, a new section will appear on this page that shows all prior assessments. Example:
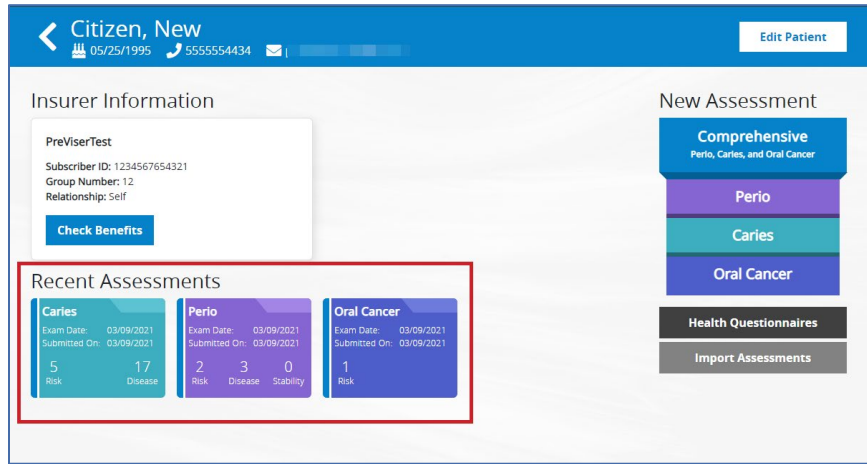
The type, date, and scores for the assessment are shown, where:

Risk = the risk of the patient for the disease type; and

**Disease =** the restorative needs or periodontal disease severity scores;

Stability = is the periodontal disease stability score for the patient.

Where **Unfinished** appears instead of scores, this will be an assessment that was not completed but saved to complete later.

*Note: If you select to **Model This Patient**, the assessment will not appear in this section because modeled assessments are not recorded in the PreViser database and disappear once you close the modeled patient report.*
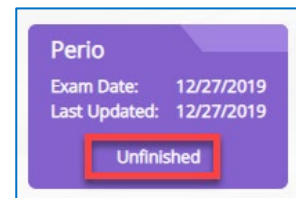
Accessed through the top navigation bar, the **Saved Assessments** link gives access to all assessments you selected to **Save for Later** rather than Modeling or Submitting the assessment.
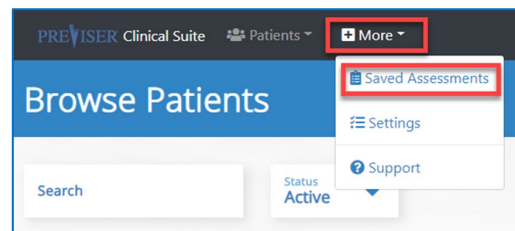
Example:
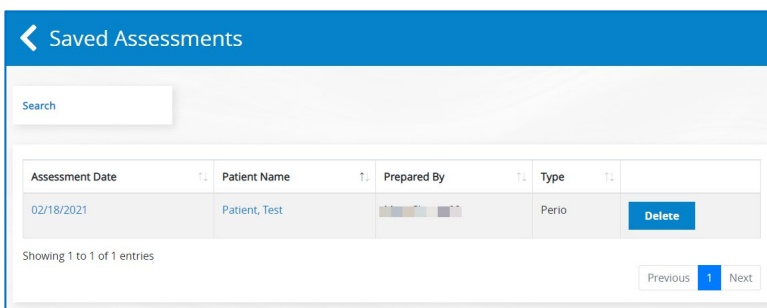
Click **Assessment Date** to display the data input page for the unfinished assessment. You can then provide the missing information before submitting the assessment by clicking **Submit**. Alternately, you can delete the unfinished assessment by clicking the **Delete** button.

HOME CARE REPORT (HCR)

OVERVIEW

Professional recommendations for self-care and home care products are a critical component in optimizing patient oral health outcomes. If your Settings have the Enabled button checked for the Home Care Report, your assessments will display a Home Care Report button.

Click the **Home Care Report** button at the top of assessments to display home health care product recommendations. These are personalized oral care products based on the patients' risk and disease scores.
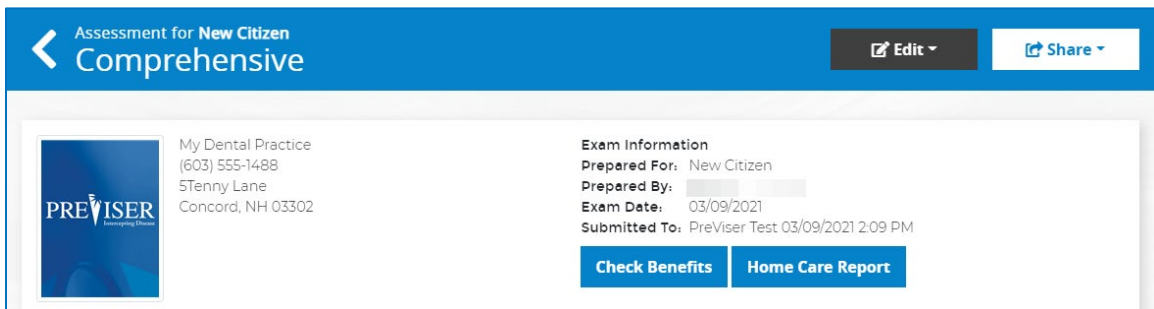
Recommendations that are automatically made when both perio and caries risk scores are present use the following logic:

Whatever the highest risk is, use the recommendations for that risk category. If both perio and caries risk scores are the same value, use the caries risk product recommendations.

For the initial launch of the Home Care Report, PreViser collaborated with Colgate, who provided images and text to go along with the products that they believe you might consider for a given risk and product category.

However, you are free to recommend any alternative product you think best for your patients.

Click the **Customize** button to further customize care plans.

Recommendations for **New Citizen**
Home Care Report

[Customize] [Share ▾]

My Dental Practice
(603) 555-1488
5Tenny Lane
Concord, NH 03302

Exam Information
Prepared For: New Citizen
Prepared By: ████████2
Exam Date: 03/09/2021

Our recommendations for appropriate home care products

Our home care product recommendations are generally based on the highest risk score calculated for you based on your examination. Our experience is that the following products will likely help you maintain the best oral health possible and avoid future disease.

Tooth Decay Risk Score: 5
Gum Disease Risk Score: 2

Toothpaste
AM: Colgate® TotalSF

Fights harmful bacteria on 100% of mouth surfaces*. Now with sensitivity relief. *Colgate Clinical Report 20180316BAC

Manual Brush
COLGATE® 360®
TOOTHBRUSH

Revolutionizes oral care by cleaning the teeth, tongue, cheeks and gums and removes more Bacteria. Multi-level bristles to remove more plaque in between teeth. Raised cleaning tip cleans hard-to-reach places.

Prescription Toothpaste
PM: 5000 PPM RX
TOOTHPASTE

Because of one or more risk factors your teeth are more vulnerable to tooth decay and cavities. To help protect against further decay, brushing with a prescription level fluoride toothpaste daily helps strengthen tooth enamel to protect against the effects of decay causing acids. Using a 5000ppm toothpaste as prescribed could benefit your oral health by: Fewer areas of decay, Stronger teeth, and Fewer cavities, reduced fillings.

Privacy   End User License Agreement

EDITING AN INDIVIDUAL HOME CARE REPORT

When you click the **Customize** button, the Home Care Report can be changed according to your wishes.

The areas inside the purple dotted lines are areas that already appear on the report and can be customized or removed.

The areas that display "Show …" can be added and customized.

Changes to a specific patient's report will be tracked only with that patient's associated risk assessment. OR as the Admin of the account, you can change the default product recommendations for all Home Care Reports in the settings menu.

Customize Recommendations for **New Citizen**
Home Care Report

✓ Done

ⓘ Customize the product recommendations presented in this Home Care Report to best suit your patients' needs. More info

My Dental Practice
(603) 555-1488
5Tenny Lane
Concord, NH 03302

Exam Information
Prepared For: New Citizen
Prepared By:
Exam Date: 03/09/2021

Our recommendations for appropriate home care products

Our home care product recommendations are generally based on the highest risk score calculated for you based on your examination. Our experience is that the following products will likely help you maintain the best oral health possible and avoid future disease.

Tooth Decay Risk Score: 5
Gum Disease Risk Score: 2

Toothpaste
AM: Colgate® TotalSF

Fights harmful bacteria on 100% of mouth surfaces*. Now with sensitivity relief. *Colgate Clinical Report 20180316BAC

Show Mouth Rinse Recommendation

Manual Brush
COLCATE® 360®
TOOTHBRUSH

Revolutionizes oral care by cleaning the teeth, tongue, cheeks and gums and removes more Bacteria. Multi-level bristles to remove more plaque in between teeth. Raised cleaning tip cleans hard-to-reach places.

Show Prescription Rinse Recommendation

Prescription Toothpaste
PM: 5000 PPM RX
TOOTHPASTE

Because of one or more risk factors your teeth are more vulnerable to tooth decay and cavities. To help protect against further decay, brushing with a prescription level fluoride toothpaste daily helps strengthen tooth enamel to protect against the effects of decay causing acids. Using a 5000ppm toothpaste as prescribed could benefit your oral health by: Fewer areas of decay, Stronger teeth, and Fewer cavities, reduced fillings.

Show Additional Notes Section

The products identified in this report have been selected or identified by your treating dentist and/or hygienist based on his or her clinical judgment, your PreViser scores, and your statements to your treating dentist or hygienist. These product recommendations are not prescriptions, nor are they intended to establish a standard of care. They are not a substitute for professional judgment, advice, diagnosis, or treatment. Neither PreViser Corporation nor the product manufacturer(s) make any warranty, express or implied, as to the suitability, availability, or clinical efficacy of the recommended products.

Privacy   End User License Agreement

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‹ Options / Settings

| General Options | Assessment Defaults |

Home Care Report (Product Recommendations)   ☑ Enabled   Edit Recommendations

EDITING HOME CARE REPORTS FOR WHOLE PRACTICE

When **Edit Recommendations** is selected, the following screen will display:

There are seven different product categories you can hide or optionally suggest as beneficial for a given risk category – Toothpaste, Mouth Rinse, Manual Tooth Brush, Power Tooth Brush, Interdental Device, Prescription Mouth Rinse, and Prescription Toothpaste

Click anywhere inside the purple dotted lines to make the appropriate changes.

Inside the different product categories, you have the option of making product recommendations for six risk categories –

caries risk 1 or 2 (very low and low),

caries risk 3 (moderate),

caries risk 4 or 5 (high and very high),

perio risk 1 or 2 (very low and low),

perio risk 3 (moderate),

perio risk 4 or 5 (high and very high).

You can also customize a Product Description.
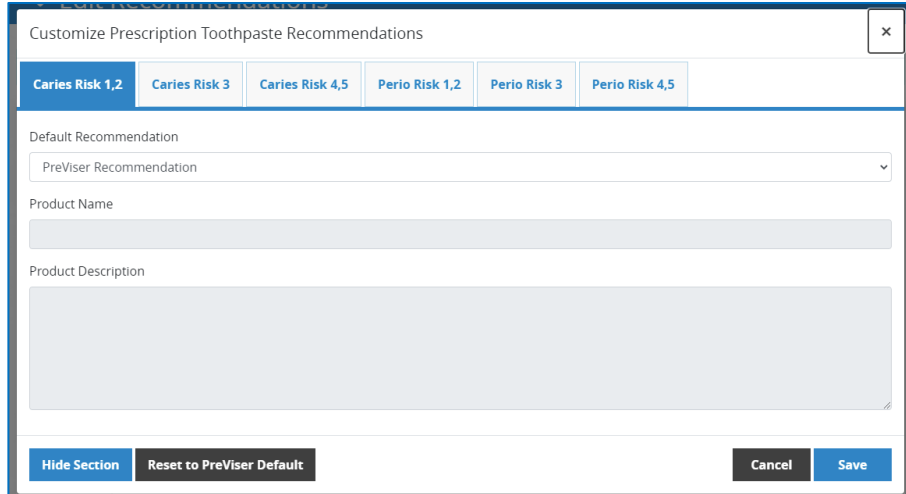
At the top of this page, you'll see the different risk categories arranged as tabs on the page. You can alter the recommendation for a risk and product category by selecting **My Practice Recommendations** from the dropdown menu.
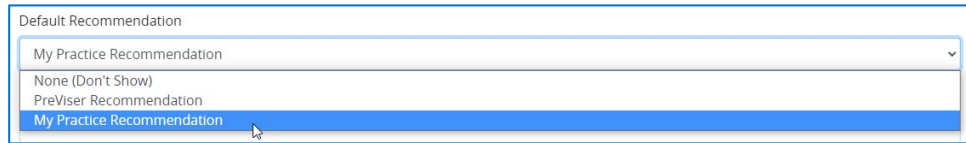
Within each risk category are the seven product categories that allow you to manage in one of three ways:

Hide Section removes the section completely.

Reset to PreViser Default returns to the recommendation Colgate has made for the products they believe are appropriate for the risk category.

Cancel closes the page without saving any changes.
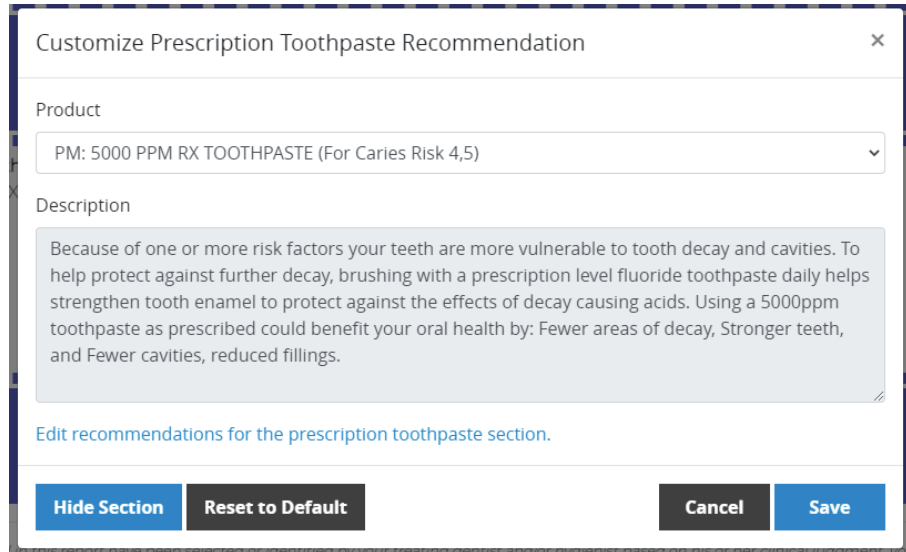
DELETING ASSESSMENTS

An assessment may be permanently deleted by clicking the Delete menu entry of an assessment.

Caution: This action cannot be undone.
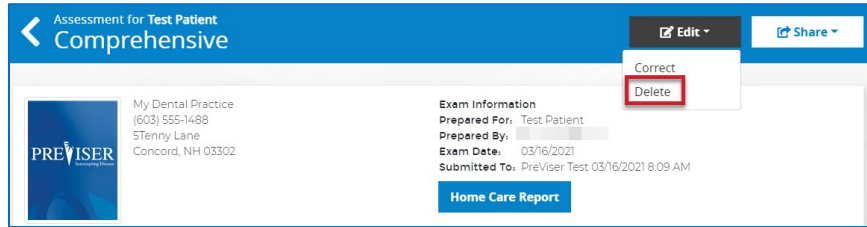
A reason for deleting an assessment must be provided. Select either **Incorrect Patient** or **Other**.
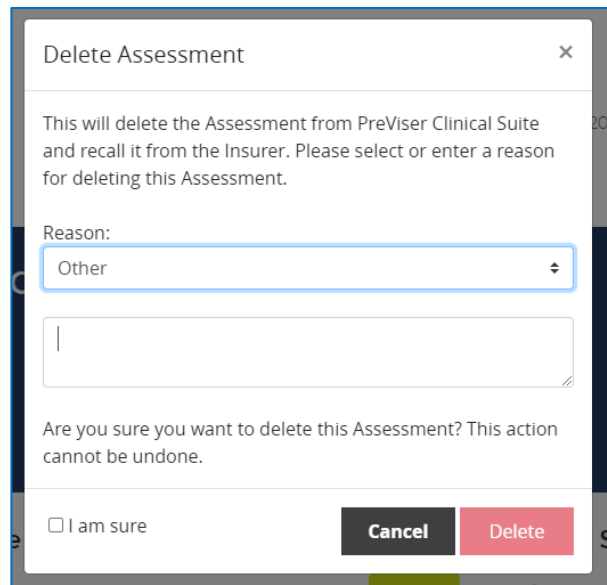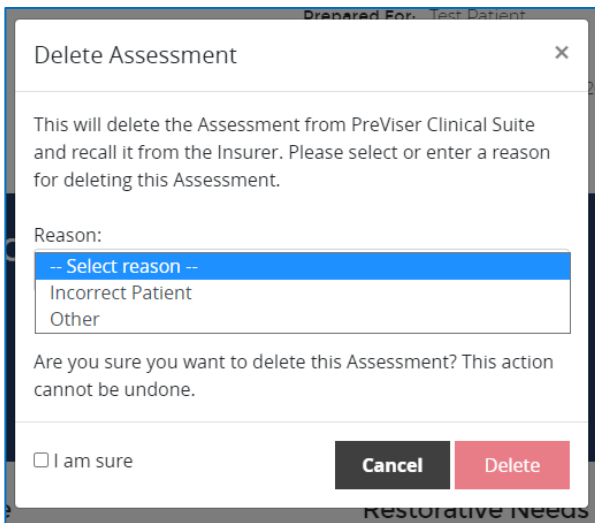
If you select **Other**, a text box where you can supply your own explanation opens.

Check the **I am sure** box to enable the Delete button.
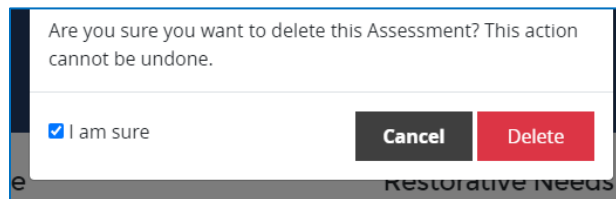
Click the **Delete** button.

A notification will be sent to the patient's insurer that the assessment was deleted.

Note: After 90 days, you will not be able to Delete an assessment.

REPORT OVERVIEW

After assessments have been performed, clinicians are able to view the reports anytime, whether the assessment was just performed or is an older one selected from the **Recent Assessments** list on the Patient Details page.
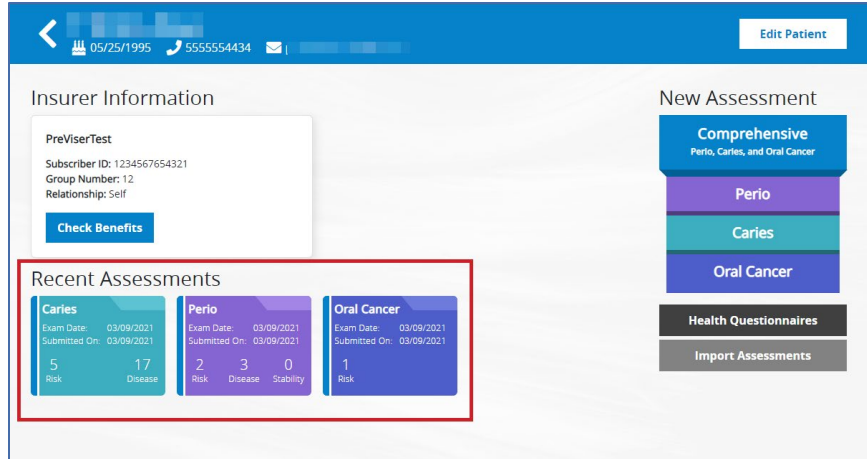
Assessment Report Header
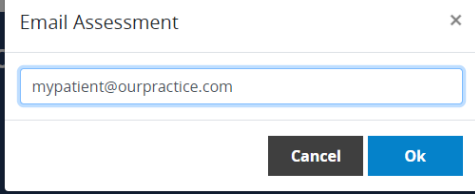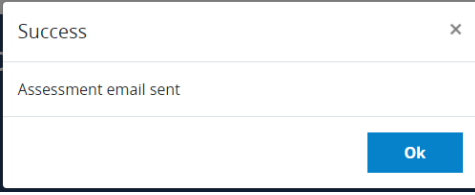
The top of the report includes the assessment type (Caries is used as the example below) and name of the patient as well as other information and functionality:

	Click this link at the top of the report to return to the Patient Details page for the patient being assessed.
Your Image	An image meeting specifications (refer to the Picture/Logo section of the MyAccount document) will display on the patient report. Generally, this will be an image of the dentist, staff, or the office.
Edit/Correct	To correct an error made while entering the clinical observations, click **Edit** then click **Correct** to return to the form and make your changes. Click **Submit** to resubmit the assessment. A corrected report will replace the incorrect one when the data is sent to an insurance company for oral health communication or benefit determination.
Share/Print	Click **Share** then click **Print** to direct the report to a printer.

continued

Share/Email	Click **Share**, then click **Email**, then **OK** to email reports to patients.	
	Note: The email address defaults to the one on file for the currently selected patient. You can type over the default address to direct it to another address.	**Email Assessment** ✕ mypatient@ourpractice.com Cancel Ok
	Click **OK** to acknowledge the successfully sent message.	**Success** ✕ Assessment email sent Ok

Clinical Inputs

After you have completed a risk assessment, the Clinical Inputs can be displayed in full, easily accessed, and printed. This is a simple but effective way to evaluate the oral health data of your patients and calibrate clinical input from clinicians.

PERIODONTAL DISEASE ASSESSMENT

From the Patient Details page, you can perform a periodontal disease risk and severity assessment by clicking the **Perio** link.

Fill out the information required to perform a periodontal disease risk and severity assessment.

Click **Submit**.

REPORT OPTIONS - PERIO

Once the data input form for the Perio risk assessment is completed, select from the following options to be included in the report:
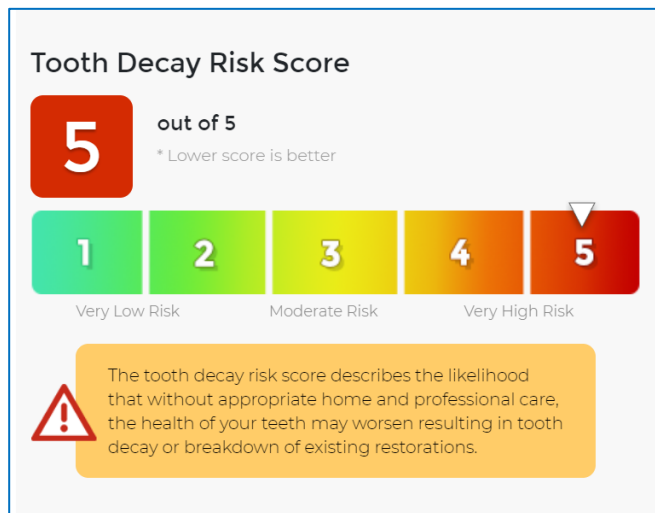
Report Settings

☑ Treatment Options

☑ Do you wish to indicate the use of laser therapy?

Treatment Options

This is a selectable feature and, if the box is checked, suggested treatments will be included in the report.

To help maintain or improve the health of your gums:

Pockets less than 5mm

Pockets that are less than 5mm deep can have the most thorough removal of bacteria and calculus. However, all deep pockets were at one time less than 5mm with the optimal probing depth being 3mm or less.

Pockets 5-7mm

Pockets in the 5 to 7 depth range cannot be cleaned with a toothbrush and floss, and professional cleaning instruments don't always reach the bottom of the pocket. Incomplete removal of plaque and calculus results in deeper pockets and tooth loss.

As noted on the report, these possible therapeutic recommendations will apply unless the patient is "stable and without inflammation." This exception is noted since a patient may have residual pocketing or bone loss but lack current inflammation, so active intervention is not needed in preference to maintenance procedures.

Do you wish to indicate the use of laser therapy?

If lasers are part of your armamentarium, you can check this box and an additional message will appear in the Treatment Recommendations section. Example:

Our office uses the latest in laser technology to ensure the best outcome for our patients. The use of lasers may influence which therapy is the most suitable for you.

THE PERIO PATIENT REPORT

Periodontal Disease Risk

The PreViser patient reports are designed to give the patient clear scores for oral disease risk and severity. For periodontitis, the report delivers a scientifically validated 1 to 5 score for perio risk. This score is a reflection of the likelihood that the patient will develop periodontitis, or that existing perio severity will worsen. Example:

Periodontal Disease Severity

This score is a reflection of current perio severity on a 1 to 100 scale where:

- A score of 1 is perfectly healthy mouth without bleeding, pocketing or bone loss;
- A score between 2 and 3 indicates sextant bleeding on probing (gingivitis) but no pocketing or bone loss;
- A score between 4 – 10 indicates mild periodontitis;
- A score between 11 – 36 indicates moderate periodontitis;
- A score between 37 – 100 indicates severe periodontitis.

Within each of these ranges the condition varies between localized to generalized, and each increment in the score represents a measurable improvement or deterioration in periodontal status. Example:
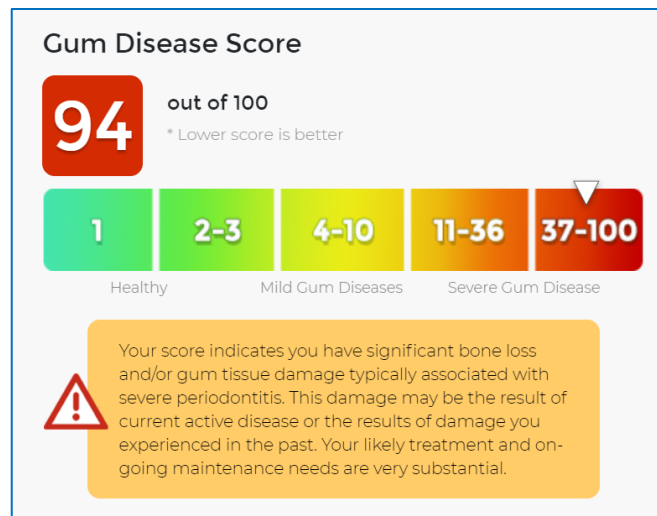
> **Hint:** A patient who has experienced periodontitis and bone loss won't grow back that bone, so their score can never return to a score of "1." However, without inflammation, the patient can be considered to be "Stable" in the sense that they are not suffering from continuing deterioration or current inflammation.

Periodontal Disease Stability

This score is a reflection of how long the patient has been stable with unchanged scores. The purpose of this score is to "reward" and motivate patients whose risk and severity scores are constant by having their stability continue to climb. The score will always start at a baseline of zero, and continue to rise at a maximum of 10 points per year, not exceeding 100 points which represents 10 full years of periodontal stability. The graphic below indicates that the patients' periodontal status has remained stable for 4 years. If the patient was stable for 4.5 years, the patient's score would be 45. If the patient's periodontal status regresses, or the patient's exhibits periodontal bone loss, the gum health stability score would reset to zero. Example:

Below is a brief guide on how to improve one's periodontal health:

If Treatment Options were indicated to be included in Report Settings before the data was submitted to PreViser, those print, followed by the Clinical Inputs you provided that generated the scores shown on the report.

An example of the full Periodontal Disease Patient Report can be found in Appendix A.

CARIES ASSESSMENT

From the Patient Details page, you can perform a caries risk and severity assessment by clicking the **Caries** link:

New Assessment

Comprehensive Perio, Caries, and Oral Cancer
Perio
Caries
Oral Cancer
Health Questionnaires
Import Assessments

Fill out the information required to perform a caries risk and severity assessment.

New Assessment for ▨▨▨
Caries

Model This Patient | Save for Later | **Submit**

Exam Date: 03/10/2021

Prepared By: ▨▨▨

Responsible Clinician: ▨▨▨

ⓘ Please select the dentist responsible for this patient's care from the list

1 or more teeth have an exposed root ⓘ
Yes | **No**

How many months has the patient been without primary caries or an incipient carious lesion? ⓘ
36 or more | 24-35 | 12-23 | 1 or more teeth has had caries in the last 12 months

Bacteria culture includes elevated MS and/or LB level? ⓘ
Yes | No | **No culture or test is available**

Please answer the following questions (exclude third molars)

How many erupted teeth are present in the oral cavity? ⓘ
# of teeth: 28

How many natural teeth have any type of restoration, including crowns and veneers?
# of teeth: 0 (None)

How many natural teeth currently require treatment because of caries or a defective restoration?
# of teeth: 0 (None)

How many natural teeth have primary caries or an incipient caries lesion? ⓘ
# of teeth: 0 (None)

Check all that apply

Clinical Conditions ⓘ
- ☐ Oral hygiene improvement is needed
- ☐ Dry mouth or inadequate saliva flow

Treatment History and Considerations ⓘ
- ☐ Dental care frequency is NOT as regular as advised
- ☐ Development problems or special health care needs
- ☐ Teeth have been extracted due to caries in last 36 months
- ☐ Fluoride varnish applied in last 6 months
- ☐ Has orthodontic appliance, space maintainer, or obturator

Questions the patient can answer
- ☐ Snacks or beverages containing sugar are consumed between meals 4 or more times per day
- ☑ Patient drinks fluoridated water
- ☐ Nonprescription or prescription fluoride products other than water are used
- ☐ Chlorhexidine used for at least 1 week per month for last 6 months
- ☐ Xylitol products have been used 4 times daily for last 6 months
- ☐ Calcium & phosphate toothpaste have been used during last 6 months
- ☐ Recreational drug/alcohol use
- ☐ Has had a major change in health (heart attack, stroke, etc.) during the past 12 months

Report Settings
- ☑ Treatment Options

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REPORT OPTIONS - CARIES

Once the data input form for the caries risk assessment is completed, select from the following options to be included in the report:

> Report Settings
>
> ☑ Treatment Options

Caries Risk

The PreViser patient reports are designed to give the patient clear scores for oral disease risk and severity. For caries, the report delivers a 1 to 5 score for caries risk based on the Caries Management by Risk Assessment (CAMBRA) approach to risk determination. This score is a reflection of the likelihood that the patient will experience new caries, or that existing restorations will become defective. The Clinical Suite caries risk method expands the concept of CAMBRA, which predicts primary caries, to include secondary caries. Example:

In this example, the patient presents with a High risk of new defects and would then be a prime candidate for adult sealants, fluoride treatments and regular dental care. This score can be used to help the patient understand why professional oral care is so important.

Tooth Decay Risk Score

5 out of 5
* Lower score is better

| 1 | 2 | 3 | 4 | 5 |

Very Low Risk   Moderate Risk   Very High Risk

⚠ The tooth decay risk score describes the likelihood that without appropriate home and professional care, the health of your teeth may worsen resulting in tooth decay or breakdown of existing restorations.

Restorative Needs Score

This score is a reflection of the current status of the dentition on a 1 to 100 scale where:

- A score of 1 is a pristine dentition without carious lesions or any restorations.

- A score between 2 and 9 is a sound dentition with no current defects but with an increasing percentage of the total dentition in a restored state as the score increases from 2 to 9.

- A score between 10 and 100 represents a dentition with current active treatment needs, either due to a new carious lesion or because an existing restoration is defective. As the score becomes greater, a greater percentage of the total dentition is affected by a defect. A score of 100 would indicate that all teeth in the dentition have a defect.
  - Example: If a patient has only one tooth remaining, and that tooth had a lesion, the restorative needs score would be 100. When restored, the score would drop to 9.
  - Example: If a patient has a full dentition, and one tooth had a lesion the restorative needs score would be 10. When restored, the score would drop to 2. Example:

In this example, the patient presents with Moderate Needs as indicated by a restorative needs score of 19. This equates to up to three defects that require therapeutic intervention.
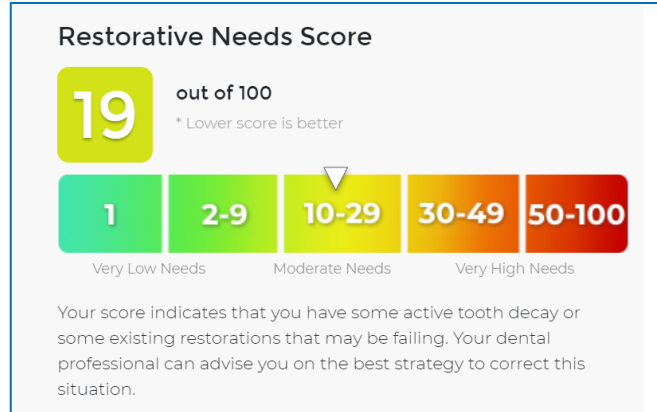
In addition to a risk and restorative needs score, the caries patient report includes other elements of interest:

Tooth Health and You
This section gives the patient a quick summary of strategies that can help improve their oral health. Example:

Treatment Options

As discussed above, this section of the report describes the preventive activities that may be helpful to improving the patient's oral health. It can be optionally printed by checking the box in the Report Settings section.

An example of the full Caries Patient Report can be found in Appendix A.

ORAL CANCER RISK ASSESSMENT

From the Patient Details page, you can perform oral cancer risk assessment by clicking **Oral Cancer**:

New Assessment

- **Comprehensive** — Perio, Caries, and Oral Cancer
- **Perio**
- **Caries**
- **Oral Cancer**
- **Health Questionnaires**
- **Import Assessments**

Fill out the information required to perform an oral cancer risk and severity assessment:

New Assessment for **New Citizen**
Oral Cancer

Model This Patient — Save for Later — Submit

Exam Date 03/11/2021

Prepared By

Responsible Clinician — Please select the dentist responsible for this patient's care from the list

Medical History
- ☐ Has history of oral cancer

Cigarette Smoking
Has the patient smoked cigarettes?
[Never Smoked] [Have/Has Smoked]

Pipes/Cigars
Has the patient smoked pipes or cigars?
[Never Smoked] [Have/Has Smoked]

Smokeless (Chewing) Tobacco
Has the patient used smokeless (chewing) tobacco?
[Never Used] [Have/Has Used]

Alcohol Use

Note: 1 drink equals		
Beer	12 ounces or 355 milliliters	5% alcohol
Wine	5 ounces or 150 milliliters	12% alcohol
Spirits	1.5 ounces or 45 milliliters	40% alcohol

Number of drinks consumed in the past year
[None] [1 or more]

Report Settings
- ☑ Treatment Options

REPORT OPTIONS – ORAL CANCER

Once the data input form for the Perio risk assessment is completed, select from the following options to be included in the report:

Report Settings
- ☑ Treatment Options
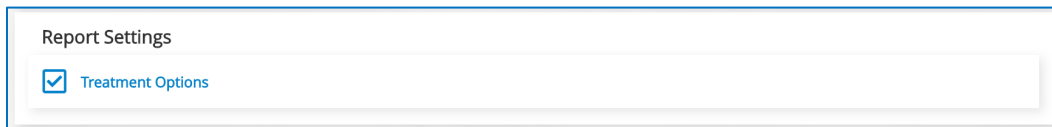
Oral (Mouth) Cancer Disease Risk

PreViser patient reports are designed to give the patient clear scores for oral disease risk and severity. For oral cancer, the report delivers a risk score from 1 to 5. This score is a reflection of the possibility that the patient will experience an oral cancer lesion. Example:
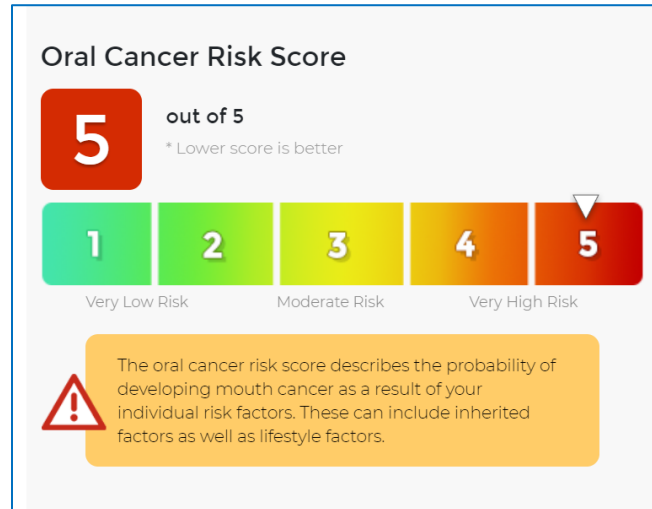
Note: Because a person has elevated risk for mouth cancer does not mean they are likely to experience this terrible, if infrequent, disease. Rather, it means that they have exhibited risk factors that increase the possibility of developing the disease. It is helpful to explain to a patient that just because your home is at elevated risk for catching on fire due to the proximity of flammable brush or trees surrounding the home it doesn't mean the house will catch on fire - just that the risk factors increase that possibility. The oral (mouth) cancer risk score is designed to encourage the patient to reduce the risk factors associated with the disease, like the use of smokeless tobacco or alcohol.

A brief discussion of Oral Cancer and You is provided. Example:

If you select **Treatment Options** in **Report Settings** before submitting the clinical data to generate the report, those recommendations will be included. **Clinical Inputs** will also display and can be printed optionally to help guide the patient on what risk factors may be elevating their risk scores.

An example of the full Oral Cancer Patient Report can be found in Appendix A.

COMPREHENSIVE ASSESSMENT

The comprehensive assessment includes the questions and a 'What's Changed' section from all three assessments (caries, perio, and oral cancer). It would typically be done as the first PreViser assessment on a patient; or when a patient first presents for services; or on request from an insurer. It combines the caries, perio and oral cancer assessments into one document, and while it takes time to complete, provides a comprehensive guide to the complete treatment plan a new or existing patient will benefit from.
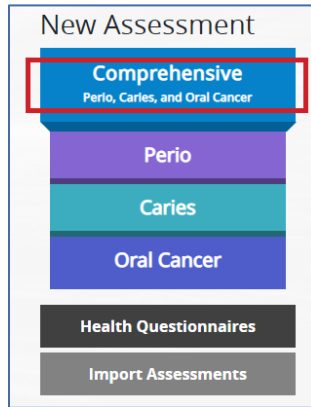
An example of the full Comprehensive Patient Report can be found in Appendix A.

RETURN OF BENEFITS

Some insurance carriers offer a return of benefits after an assessment has been completed for a verified patient. This feature offers the dental office and clinician chair-side return of benefits which includes maximum allowance, remaining allowance, limitations and enhanced benefits if a patient qualifies for additional benefits based on the patient's Clinical Suite scores, to name a few.

CHECK BENEFITS

After assessment has been submitted, the top of the report will display a **Check Benefits** button for a verified patient. *Note: This button will not display for a patient with no insurance, or a patient who has an insurance carrier that does not support this feature.* In order to access the benefits of the patient, click the **Check Benefits** button at the time the report is generated. The **Check Benefits** button will not display on previous assessment reports.
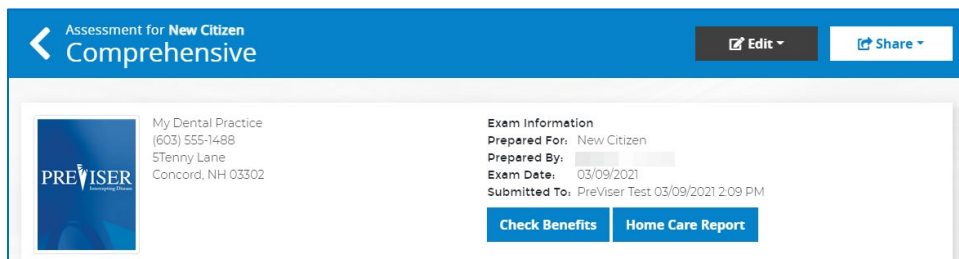
BENEFIT RETURN DISPLAY:

When you click **Check Benefits**, the current benefits of the verified patient displays:

ADDITIONAL ENHANCED BENEFITS INFORMATION:

After the benefit return displays, you also have the option to expand on the enhanced benefit plan design for the patient, by clicking **Click Here**, as seen below. The copy button copies the text in the Additional Benefits window allowing you to paste it for reference later.

Note: The return of benefits information can only be accessed at the time the finished report has been completed and the Clinical Suite report displays. In other words, you cannot access the return of benefits on any saved reports, because the benefits may not be current.

SUBMITTED TO INSURER STATUS:

This reports the date, time, and insurance company to which the assessment was submitted.
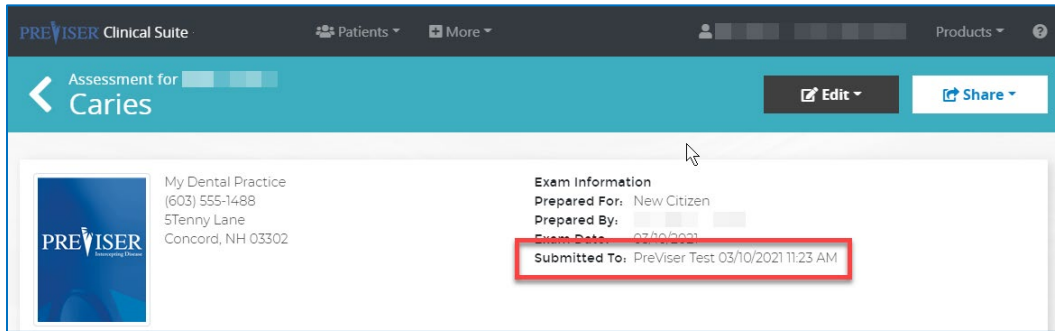
If no insurance for that patient is selected, it should state "no insurer selected."
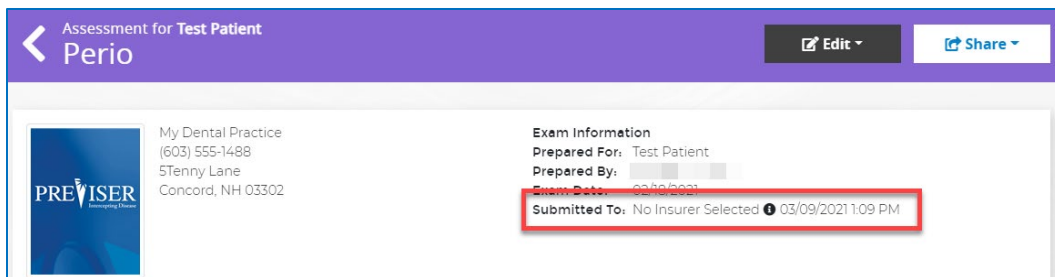
PRACTICE REPORTS

You can use Practice Reports to identifying high risk patients and helping schedule recare appointments.

Select the **More** dropdown arrow in the top header, then select **Practice Reports**.
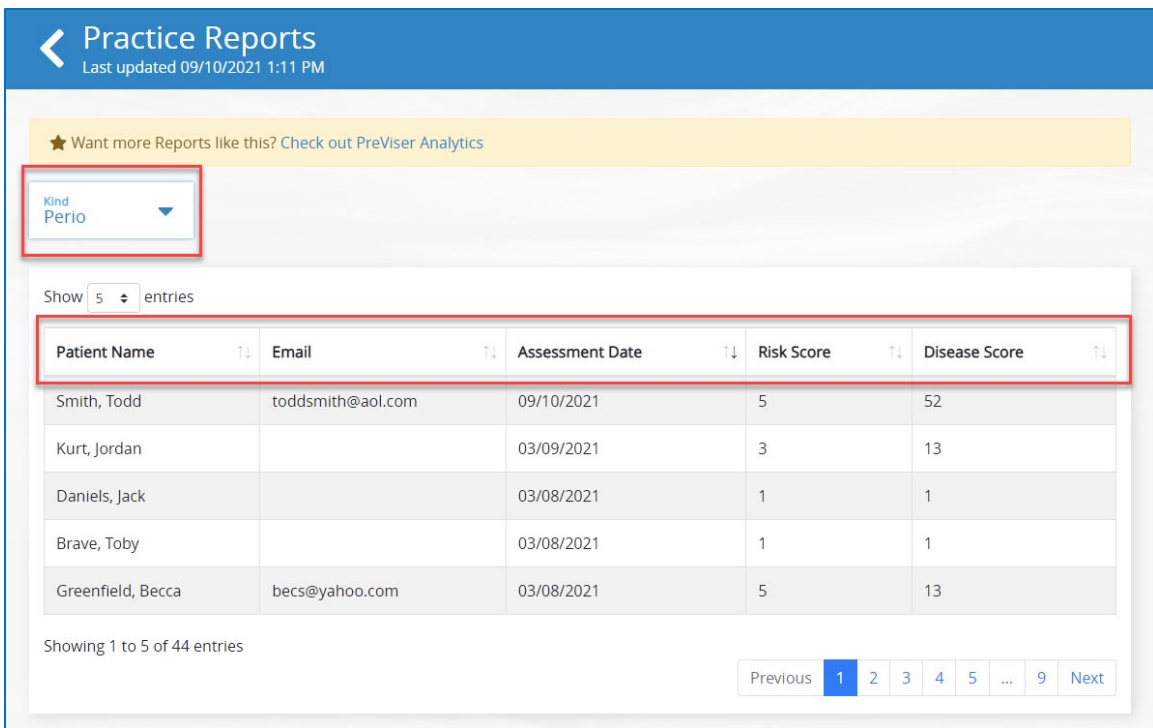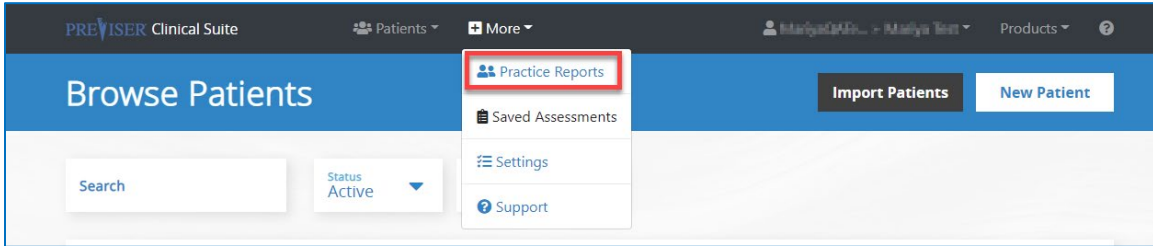
These reports can be organized by assessment type, assessment date, risk scores, and patient names. Organize the reports by assessment date to see when patients may be due for a follow up risk assessment and then reach out to schedule an appointment.

APPENDIX A – REPORTS

PERIO REPORT

CARIES REPORT

ORAL CANCER REPORT

COMPREHENSIVE REPORT

For clarity, the illustration has been divided into two sections.

upper

lower