Dental Hygiene Department:

The 4 “D’s”

Determine
Diagnose
Delivery
Document

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INTRODUCTION

This eBook is broken down into 4 “D’s” to Increase Your Patients’ Total Health.

By implementing this information you will hear more patients say “YES” to your care, schedule, and pay for treatment and continue returning to your dental office.

The 4 “D’s” Are:

1. Determine Health or Disease
2. Diagnose a Treatment Plan for the Hygiene Patient
3. Delivery of Your Message to the Patient Using Elegant Communication Skills
4. Documentation: This Information Will Make Your Day Easier and Keep You Out of Jail!

Creating a step-by-step plan for your hygiene department is much easier than you think, but it does require some planning. In this course, you'll get access to specific examples of different types of hygiene patient periodontal diagnosis according to the American Academy of Periodontology, scripts and much more. This is not going to be a lot of theory . . . its high impact, it's fast paced, and it's all about you getting solid results.

I am going to work with you to build a dental hygiene department that runs like a well-oiled machine. Imagine this information like a tiny seed; this seed has the potential to grow into a huge tree because of all the attention, excitement and interaction that you've created during your participation in this program. If you already have a successful and productive dental hygiene department well . . . that's totally cool.

But just know that "status quo" is not a word used when someone is successful.

During your participation in this program I am going to show you the fastest, easiest and most effective way I know to create a high-level, patient-centered dental hygiene department.

I'll show you how to build a high level of trust from your patients. This will be the basis and bedrock for getting your patients to schedule and pay for the treatment you have diagnosed. There are also four video modules with that will lay a foundation upon which will make the rest of your dental practice thrive and sustain profitability.

Let's get started on your journey now. ENJOY!
DETERMINE DISEASE OR HEALTH

How do you currently determine if your patient has health or if they have active disease?

This section of the eBook will provide information so that clinicians can make prudent clinical decisions.

We know the statistics from the American Academy of Periodontology that indicate over 60% of the adult population in the US have periodontal disease. Do you know what percent of your adult patient base has been diagnosed with periodontal disease?

We have found over the past fifteen years of consulting with offices globally that no more than 20% adult patients in our client offices were treated for periodontal disease. Something is not in alignment with this research and most dental offices when we first do an assessment of the client Key Metrics.

Where does your dental practice fall? Are you within this data or do you fall short of diagnosing and treating patients for periodontal disease?

No matter where you believe you fall with regard to your adult patients enrolled in periodontal therapy, you must sit down as a team, discuss and re-access your principles and philosophy of care for the adult patients in your dental practice.

As I said before status-quo is not a word the successful business owner uses.

“Status quos are made to be broken.”
Do You Know Your Office’ Adult Percentage of Periodontal Patients Enrolled in or Who Have Completed Phase I Periodontal Therapy?

If you don’t know what your percentage of adult patients enrolled in periodontal therapy is, it’s time to look at these numbers.

You can discover this percentage by enrolling in our 7 Day Dental Hygiene Profits Program. This is a no-charge program that provides a formula to calculate this plus much more. You can download this by going to this link:

http://bit.ly/7DayHygieneProgram

Or you can email our team and we can calculate this for you right away. Just send an email to:

support@dentalpracticesolutions.com

The Chart Below Can Be Used As A Guideline To Get Every Team Member “On The Same Page”.

<table>
<thead>
<tr>
<th>EXAMINATION OF THE GINGIVAL CLINICAL MARKERS</th>
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<td>Gingival Tissue</td>
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<td>Size</td>
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<td>Position of Gingival Margin</td>
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<td>Position of the Junctional Epithelium (JE)</td>
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Does everyone on your team agree what is considered health and what is considered disease?

What markers do you consider when determining active disease?
One factor that is very important to every dental practice is the Full Mouth Periodontal Exam. This exam needs to be completed annually and will include: measuring all six points around each tooth. You will check areas of recession, furcations, Bleeding On Probing (BOP), suppuration, mobility, mucogingival involvement, etc.

“Dental Professionals are in The Business of Creating Longer and Healthier Lives”

Annually a Periodontal Exam is the standard of care and this is where you make the biggest impact on your interpretation of health vs. disease. Once you complete a full-mouth annual periodontal exam you will understand the potential risk for disease (oral and systemic).
Patient A: Health or Disease?

The standard of care is to at the very least spot probe various areas in your patients’ mouth before you pick up a curette. If you don’t use a periodontal probe first, how will you understand the necessary treatment that needs to be completed that day?

Patient B: Health or Disease?

How would you classify each of the above patients?
Take a moment to write down your diagnosis:

Patient A: Gingival Description

Patient A: Periodontal Classification According to the Gingiva in this photograph

Is this Health or is this Disease?

Patient B: Gingival Description

Patient B: Periodontal Classification According to the Gingiva in this photograph

Is this Health or is this Disease?

These are the various types of periodontal probes you need to have in your office. They are basic periodontal probes and in the middle, third from the right is the Nabers Probe. This is the very best instrument to diagnose furcations. Not every hygiene patient set up includes a Nabers Probe in their instrument set up and it should!

Use of Nabers Probe in Furcation Area

Use of Marque Probe in Furcation Area
When completing the Comprehensive Periodontal Exam when checking furcation areas the best probe to determine these areas are the Nabers probe. (See photo on the left)

Talking about calibration and diagnosis... All hygienists and dentists in your office need to calibrate and agree on how they angle the probe. The need to agree on what is considered a healthy patient and what is active disease.

Everyone as a team must understand what factors indicate a healthy patient. i.e., bleeding gums, plaque-induced gingivitis and non-plaque-induced gingivitis. Understand how to classify these various diseases.

Understanding this is just as important as knowing when doctor will treatment plan a crown vs. a bridge or implant, etc. Hygienists and Doctor need to calibrate their various services so everyone on the team understands doctor’s expectations and his/her philosophy of care for these various types of patients.

Sit down as a team and come to an agreement on your philosophy of care for various types of patients.

**When should you complete a Comprehensive Exam? When should you complete a Periodontal Exam?**

If you have a patient with a diagnosis of periodontal disease and you have completed a full-mouth periodontal screening then you will consider the exam a full-mouth periodontal exam.

If you have a new patient who does not have periodontal disease, completes a full series of x-rays and doctor exam, this will be considered a comprehensive exam not a periodontal exam. A periodontal exam is used for billing purposes when the patient has active periodontal disease diagnosed.

For more information about treatment planning and utilizing the full-mouth periodontal exam please see our free resource on the Plaque-Induced Gingivitis Patient.

This free resource includes a flow chart and billing suggestions for patients who need more than just a prophy. This eBook also outlines when to use the periodontal exam and when to use a comprehensive exam.


Research has also shown, and the experts all agree, that there is an association between periodontal disease and other chronic inflammatory conditions, such as diabetes, cardiovascular disease, and respiratory diseases. Therefore, it is very important to treat the inflammation that causes periodontal disease as soon as possible to ensure that your entire body stays healthy.

As healthcare professionals we need to understand that we are advocates for our patients’ total health.

**“Healthy Gums Do Not Bleed!”**
“ORAL HEALTH = A HEALTHY LIFE”

Healthy Mouth

= 

Healthy, Longer Life

Our message to patients needs to be “Optimal Oral Health will mean a Healthier, Longer Life” If we can work as a team of dental professionals and share this message, we can help conquer this disease process.
American Academy of Periodontology Classifications

Below is an Abbreviated Version of the Various Classifications as of 1999

I. Gingival Diseases
   A. Dental plaque-induced gingival diseases
   B. Non-plaque-induced gingival lesions

II. Chronic Periodontitis (slight: 1-2 mm CAL; moderate: 3-4 mm CAL; severe: > 5 mm CAL)
   A. Localized
   B. Generalized (> 30% of sites are involved)

III. Aggressive Periodontitis (slight: 1-2 mm CAL; moderate: 3-4 mm CAL; severe: > 5 mm CAL)
   A. Localized
   B. Generalized (> 30% of sites are involved)

IV. Periodontitis as a Manifestation of Systemic Diseases
   A. Associated with hematological disorders
   B. Associated with genetic disorders
   C. Not otherwise specified

V. Necrotizing Periodontal Diseases
   A. Necrotizing ulcerative gingivitis
   B. Necrotizing ulcerative periodontitis

VI. Abscesses of the Periodontium
   A. Gingival abscess
   B. Periodontal abscess
   C. Pericoronal abscess
VII. Periodontitis Associated With Endodontic Lesions
   A. Combined periodontic-endodontic lesions

VIII. Developmental or Acquired Deformities and Conditions
   A. Localized tooth-related factors that modify or predispose to plaque-induced gingival diseases/periodontitis
   B. Mucogingival deformities and conditions around teeth
   C. Mucogingival deformities and conditions on edentulous ridges
   D. Occlusal trauma

How Will You Determine the Treatment Plan?

A complete a full-mouth periodontal exam is completed each year. When you have a periodontal diagnosis utilize current - full-mouth x-rays and refer to these AAP Periodontal Guidelines before you create your treatment plan.

You just discovered that your patient has periodontal disease. How will you determine the treatment plan?

   “Before you decide on a treatment plan you must determine the patients’ prognosis.”

Since there are numerous periodontal and gingival diseases, I will talk about a few in this training today. There are two different types of gingival diseases.

A. Plaque-Induced-Gingivitis

   It is one of the following: Localized marginal gingivitis. Localized diffused gingivitis. Generalized marginal gingivitis Generalized diffuse gingivitis. Your patient will have probe measurements that are within normal range 1 to 3 and many times there will be 4mm pockets.

   They will most likely bleeding on probing (BOP).

   In 2005 the National Health and Nutrition Examination Survey reported that 54% of US. Population, age 13 and older had gingival bleeding in at least one gingival site. 63% in age 13-17 yrs.


B. Non-Plaque-Induced Gingival Lesions

   1. Gingival diseases of specific bacterial origin
   2. Gingival diseases of viral origin
   3. Gingival diseases of fungal origin
   4. Gingival diseases of genetic origin
   5. Gingival manifestations of systemic conditions
These are two examples of Non-Plaque-Induced-Gingivitis

Pregnancy Gingivitis

Many of your patients with diabetes will present with Chronic Periodontitis however, you can be of great service by treating these patients before it becomes chronic periodontitis. Early intervention with non-surgical Phase I Periodontal Therapy will most likely reverse their oral condition. Research tells us that Periodontal Therapy can improve the blood glucose levels of patients with diabetes. We also know that when pregnant patients have a healthy mouth they are more likely to deliver a healthy baby.


Other research states that patients with diabetes can improve their glucose levels when they have a healthy mouth.


There is important information you will need once you make a diagnosis for your patient who has plaque-induced or non-plaque-induced gingivitis. For more information read the above resources.

**THERAPEUTIC GOALS**

The therapeutic goal for treatment of patients with periodontal disease is to establish gingival health through the elimination of the etiologic factors; e.g., plaque, calculus, and other plaque-retentive factors such as malocclusion, over-hangs, broken restorations, crowns with poorly fitted margins, etc., etc..

Other factors may include diabetes, smoking, certain periodontal bacteria, aging, gender, genetic predisposition, systemic diseases and conditions (immunosuppression), stress, nutrition, pregnancy, substance abuse, HIV infection, and medications.
A treatment plan for active therapy should be developed that may include the following:

1. Patient education and customized oral hygiene instruction.
2. Debridement of tooth surfaces to remove supra and subgingival plaque and calculus.
3. Antimicrobial and antiplaque agents or devices may be used to augment the oral hygiene efforts of patients who are partially effective with traditional mechanical methods.
4. Correction of plaque-retentive factors such as over-contoured crowns, open and/or overhanging margins, narrow embrasure spaces, open contacts, ill-fitting fixed or removable partial dentures, caries, and tooth malposition.
5. In selected cases, surgical correction of gingival deformities that hinder the patient’s ability to perform adequate plaque control may be indicated.
6. Following the completion of active therapy, the patient’s condition should be evaluated to determine the course of future treatment.

OUTCOMES ASSESSMENT

1. Satisfactory response to therapy should result in significant reduction of clinical signs of gingival inflammation, stability of clinical attachment levels, and reduction of clinically-detectible plaque to a level compatible with gingival health. An appropriate initial interval for follow up care and prophylaxis should be determined by the clinician. A periodontal patient will not typically return for a Prophylaxis. *

2. If the therapy performed does not resolve the periodontal condition, there may be: continuation of clinical signs of disease (bleeding on probing, redness, swelling, etc.) with possible development of gingival defects such as gingival clefts, gingival craters, etc.

MAINTENANCE INTERVALS: GINGIVITIS PATIENT

What does early intervention look like for a patient with gingivitis? Here are some examples of your role as a preventive specialist. This will include:

1. Patient education and customized oral hygiene instruction.
2. Debridement of tooth surfaces to remove supra and subgingival plaque and calculus.
3. Antimicrobial and antiplaque agents or devices may be used to augment the oral hygiene efforts of patients who are partially effective with traditional mechanical methods.
4. Correction of plaque-retentive factors such as over-contoured crowns, open and/or overhanging margins, narrow embrasure spaces, open contacts, ill-fitting fixed or removable partial dentures, caries, and tooth malposition.
5. In selected cases, surgical correction of gingival deformities that hinder the patient’s ability to perform adequate plaque control may be indicated.
6. Following the completion of active therapy, the patient’s condition should be evaluated to determine the course of future treatment.
7. Behavior modification:
   a. OHI
   b. Compliance w/ PM intervals
   c. Counseling and control of risk factors: tobacco cessation
GINGIVITIS PATIENT FLOW CHART

Gum Treatment #1
Half-Mouth or Full-Mouth
Gross Debridement Appointment
Provide detailed notes for insurance billing purposes

1-2 weeks later

1-2 weeks

Gum Treatment #2
Half-Mouth or Full-Mouth
Prophylaxis Appointment
Provide either FM Periodontal Exam or Comprehensive Exam
Evaluate Tissues from Previous Treatment

4-6 week Gum Treatment
Re-evaluate tissues
This is a Prophylaxis Appointment. Re-evaluate, check tissues, re-probe FM. Schedule patient for: Prophy 4-6 months or enroll patient into Perio Therapy (SRP) if active disease is present

4-6 weeks later

*Once a perio patient, always a perio patient. A diabetic patient, or cardiovascular disease, high blood pressure, high cholesterol or cancer patient, etc., will be closely monitored by a physician. Inflammation is inflammation. These are inflammatory diseases and all related.
Exactly what is Chronic Periodontitis?

“Chronic Periodontitis is the most common type of Periodontitis”

The patient in the above photograph has generalized moderate to advanced chronic periodontitis.

This is the most common type of periodontitis. These patients have radiographic bone loss. They may have mobility, furcation involvement, bleeding on probing and possibly suppuration.

This patient most likely has pocket depths of at least 4mms and up to or greater than 6mms.

Not only is Chronic Periodontitis the most common type of gum disease listed by the American Academy of Periodontology, but it also results in inflammation of the supporting tissues of the teeth associated with progressive attachment loss and bone loss. Inflammation in the mouth is related to inflammation in the body.

How can you tell if your patient has Localized or Generalized Chronic Periodontitis?

- When up to 30% of the sites are involved the patient is classified as Localized Chronic Periodontitis.
- When more than 30% of the sites are involved you will consider this patient to have Generalized Chronic Periodontitis.

Moderate loss of periodontal supporting tissues may be localized, involving one area of a tooth’s attachment, and if there is more this will mean the periodontitis is generalized; involving several teeth or the entire dentition.

A patient may simultaneously have areas of health and also chronic periodontitis with slight, moderate, and advanced destruction.

Clinical features may include combinations of the following signs and symptoms: edema, erythema, gingival bleeding upon probing, and/or suppuration.
Chronic periodontitis with advanced loss of periodontal support is characterized by a loss of greater than one-third of the supporting periodontal tissues.

Loss of clinical attachment, in the furcation, if present, will exceed Class I (incipient).

Advanced destruction is generally characterized by periodontal probing depths greater than 6 mm with attachment loss greater than 4 mm. Radiographic evidence of bone loss is apparent. Increased tooth mobility may be present. Chronic periodontitis with advanced loss of periodontal supporting tissues may be localized, involving one area of a tooth’s attachment, or more generalized, involving several teeth or the entire dentition.

A patient may simultaneously have areas of health and chronic periodontitis with slight, moderate, and advanced destruction. In certain cases, because of the severity and extent of disease and the age and health of the patient, treatment that is not intended to attain optimal results may be indicated. In these cases, initial therapy may become the end point. This should include timely periodontal maintenance

**Treatment Considerations for Chronic Periodontitis Diagnosis**

**Non-surgical**

1. Initial therapy (SRP)
2. Antimicrobial therapy – adjunct
3. Oral hygiene instructions, reinforcement, evaluate plaque control
4. Remove factors: i.e. over-contoured crowns, overhanging restorations, etc.
5. The important steps to managing the patients with plaque-induced periodontal diseases are based on their post treatment results.

The 1st critical point is for you the clinician to evaluate if you believe the treatment has been successful. Has the clinical short outcome been attained?

The 2nd set of evaluations are repeatedly performed at multiple stages during the maintenance phase of therapy. Is the patient free of recurring disease?

At a single re-occurring evaluation you cannot determine if previously treated periodontitis is recurring. Data collection must occur during multiple maintenance visits.

“The earliest indication that disease is recurring is bleeding upon probing.”
CHRONIC PERIODONTITIS EXAMPLE PATIENT FLOW CHART

- Gross Debridement
  - Ultrasonics w/ antibacterial
  - Topical may be necessary
  - Comprehensive Exam
    - Or
  - FM Periodontal Exam
    - If unable to probe, do at NV

- Perio Therapy/Scale Root Plane (SRP) 2nd quadrant or half-mouth
  - RMH/ Blood Pressure
  - Local Anesthesia
  - Ultrasonics w/ Antimicrobial Rinse, etc.
  - Sub-dose antibiotic (Arestin®)
  - Any Necessary Restorative Work Can be completed on previous area of SRP
  - Sub-dose antibiotic (Arestin®)

  1-2 weeks later

Perio Therapy/Scale Root Plane (SRP) 1st quadrant or half-mouth
  - RMH/ Blood Pressure
  - Local Anesthesia
  - Ultrasonics w/ Antimicrobial Rinse, etc.
  - Sub-dose antibiotic (Arestin®)
  - Post-op Instructions

  1-2 weeks later

Perio Therapy/Scale Root Plane (SRP) 3rd quadrant or half-mouth
  - RMH/ Blood Pressure
  - Local Anesthesia
  - Ultrasonics w/ Antimicrobial Rinse, etc.
  - Sub-dose antibiotic (Arestin®)
  - Any Necessary Restorative Work Can be completed on previous area of SRP
  - Post-op Instructions
Perio Therapy/Scale Root Plane (SRP) 4th quadrant or half-mouth
RMH/ Blood Pressure
Local Anesthesia
Ultrasonics w/ Antimicrobial (Rinse, etc.)
Sub-dose antibiotic (Arestin®) PRN
Post-op Instructions
Any Necessary Restorative Work Can be completed on previous area of SRP

Re-evaluation / 1st Periodontal Maintenance for the life of the dentition
RMH
FM Periodontal Exam
Ultrasonics w/ Antimicrobial (Rinse, etc.)
Sub-dose antibiotic (Arestin®) PRN (As needed)
Post-op Instructions
Any Necessary Restorative Work Can be completed on previous area of SRP
If Active Disease is present consider referral and/or repeat SRP in necessary areas

4-6 weeks
While I was a consultant in a client office this man came in as a new patient. I will call him Mr. John Jones for purposes of this training. The picture above and the specific details of this exact patient have been changed to protect his privacy.

Mr. Jones was married for about 30 yrs. but was unfortunately going through a divorce. He lost his job and is now living in his car. He has no money. Why did he chose to visit a dental office?

I really do not have an answer but the good news is that he came in to this office and I just happened to be in the office as their consultant that day.

It was ten years, maybe more, since his last dental visit and today he had a diagnosis of localized advanced chronic periodontitis. It was his molars that were affected. He had 5 mm pockets in the molar areas with about six areas of 6mm pocket depths and there were 5mm pockets generalized in the posterior areas of his mouth.

The other areas of his mouth were generalized slight to moderate gingivitis. The hygienist was very concerned about what to say because she knew he was going through a divorce, did not have a job, no money and he was living in his car. He did not have insurance and I really don’t know how he intended to pay for his appointment that day; let alone Phase I Periodontal Therapy.
The hygienist was very uncomfortable talking to him about his active disease condition because she feared she would make him feel even worse than he already did. Last thing the hygienist wanted to do was upset him!

Susan, the hygienist came to me and outside of her treatment room we discussed what she should say to Mr. Jones.

Let me ask you...

**What would you do in this situation?**

Do you tell him only good things because you feel bad for his situation and don’t want him to feel worse? Or will you tell him the truth and hope he can borrow money to pay for Phase I therapy? How do you choose to deliver the message? I love hearing from you so drop me a line and let me know your thoughts.

“Let’s Think About Our Role as a Dental Professional…”

If your over-arching message is “Optimal oral health means a longer and healthier life” what is the correct message to give this man?

What happens if you deliver a message of total health?

How can you leave this man with feeling like you really care?

Patients don’t really care what you know but elegantly communicating that you care about the person in your chair is what will really make the difference. The difference to accept care and routinely return to your office.

What decision do you think Mr. Jones made when the hygienist did decide to tell him the truth?

The hygienist sat knee-to-knee and eye-to-eye while telling Mr. Jones the truth. Susan, the hygienist showed Mr. Jones his digital x-rays on the computer monitor and she pointed out the calculus and areas of bone loss.

Susan also shared Mr. Jones periodontal exam chart. She gave her message to Mr. Jones using words that he would understand and in a way that showed how much she really cared about his total health.

Mr. Jones left his appointment that day and did not schedule for his Phase I Periodontal Therapy appointments. He did not agree that day to schedule for scaling and root planing with Arestin.

But you know what?

Something happened that changed his life forever!
A day or two later he bought a lottery ticket and that weekend he won lottery. I honestly do not remember the exact amount but it was over $100,000.

And he did call back to schedule and pay for Phase I Periodontal Therapy at that dental office.

Great story right?!

Let’s think about this because I hear it all the time in fact, my client- the dentist of Mr. Jones was furious that we decided to tell him about his periodontal condition. The doctor was angry saying “He has enough problems without now telling him he needs over $1,000 in treatment!” This doctor went on and on about how this patient did not deserve to hear the facts about the disease in his mouth! “We would upset him!”

But what IF the office decided to pretend that John Jones had a healthy mouth?

Lucky for him he won the lottery and maybe six months later he would have gone to another dental office. And what if the new dental office now told him the truth about his periodontal disease?

Luckily the hygienist established great rapport with Mr. Jones. She was compassionate and caring and at the same time---she told him the truth.

The entire team had a meeting with doctor and we all (FINALLY) came to the agreement that patients need to hear the truth about their oral condition.

Mr. Jones, shortly after winning the lottery did return soon and months later I am happy to report that he has a healthy mouth. Those 6 mm pockets are a health 4 and 5mms.

He even had Arestin® placed.

Mr. Jones is returning to this office like clock-work; every three months, for his routine periodontal maintenance appointments.

He has a girlfriend now and he is not living in his car.

Good news no matter how you look at this situation!
SCRIPTS FOR TALKING TO HYGIENE PATIENTS

I want to preface this section because I know...we are NOT robots but scripts work! And role-playing to learn what feels comfortable works well!

These scripts are only an example of what you may want to say to a patient. These are the words and phrases that have worked for me and for the majority of our clients over the past 15 years.

Learn the important aspects of these scripts, make them your own words. Say what feels comfortable to you and then practice, practice, practice.

Take time to role-play as a team. This is how you will make these scripts feel like “second-nature” and the elegant communication will create more “Yeses” from your patients. It is what will make patients eager to schedule for treatment and routine hygiene appointments, as well as pay for treatment.

Patients who know you care and understand “They Matter” will be the ones who return for the lifetime of your dental practice. These are the patients who don’t let their insurance tell them what dental office they need to go to.

Healthy Patient Script—scheduling patient’s next hygiene appointment

Hygienist Example “Mrs. Smith, Your teeth and gums are very healthy today and I want to be certain they remain healthy. I recommend that you return for your next preventive care appointment in six months. To be certain that you have the day and time that works best for you, I want to reserve Tuesday October 22nd at 11:00am for you. Will this work for your schedule?”

Recommend an appointment day of the week and time that is similar to the one they are there for today.

Many times patients will tell you that they don’t know what they are doing in one month let alone six months so it is recommended that you have some fun with this. Say something like this:

Hygienist Example “Mrs. Smith, I know exactly what you will be doing in six months (Have a big smile on your face ☺)! We really need to schedule this appointment now because I know that you want this particular time of day. If you wait until October to call and schedule this appointment, it may not be available. I understand that sometimes things will come up and you can’t make it so please call us if you find out there is a conflict with this time. Make sure to let us know at least 72 hrs. prior (or say 3 days prior) to your appointment and we are happy to find one that will work better for you.”

Always try to recommend the same day of the week and a similar time as the one they currently the day they are in your office. If there is resistance to scheduling offer a valuable benefit (A Value Add Proposition) to your patient that will overcome the patients challenge to making a next appointment.
Communication During and Before the Data Collection and Diagnosis

Before you begin the periodontal screening exam, always, prior to reclining the patient in the chair, and before you place the patient bib, explain that you will take a small instrument (You can pick up the perio probe to show the patient as you speak about it) and you will slip this between their tooth and gums to check for any unhealthy areas which may indicate gum disease. Explain that healthy gums do not bleed, and that the exam should not be painful.

Explain that a normal range of numbers they may hear are from 1-4mms. Explain that 4mms is the beginning of disease and that anything over 4mms is not healthy.

Tell the patient that you will ask them to listen to the numbers and at the end of the exam you will ask them what is the lowest number they heard you call out. Tell the patient that you will also ask what the highest number that you called out.

Once you have explained the service you will provide, ask the patient if they have any questions before you recline them back in the chair and before you put the bib on the patient.

When patients do have periodontal disease always explain that Periodontal Disease is episodic and that at times during a patient’s life, active disease may re-occur.

This entire communication process (verbal and non-verbal) will help patients to participate in their treatment and it will ease the mind of any patients who may feel anxious. It also gives patients an opportunity to ask questions before you get started. This is part of what we call “Co-Diagnosis”. It is a joint effort between the patient and hygienist.

(If an assistant or other auxiliary is not available to chart look into using a Florida Probe recording device: http://www.floridaprobe.com/goprobe01.htm)

When the patient hears the hygienist call out the numbers and is asked to listen for the numbers that will be called out, patients are more likely to become a partner in their treatment plan. This means they are more likely to accept and pay for treatment.

NOTE At Dental Practice Solutions, we have found it works best for our clients to have a cancellation policy for every New Patient. Each New Patient will sign this policy just as they sign a HIPAA form.

We recommend that you ask for 72 hrs. notice of cancellation and this works very well for offices that are closed on Friday or Monday.
After You Have Completed Treatment Script

Once you have completed the patient’s periodontal screening exam, you will want to sit them up and explain what you see (Do Not say what you have found because there are many patients who will say “I don’t go to the dentist because they always “FIND” something! And, it is helpful if the hygienist and patient look and discover the patient needs together rather than the hygienist just goes on a hunt and find journey alone.) Talk about what you see together: Patient and Hygienist.

Example Sit the patient up in the chair and sit knee-to-knee, eye-to-eye.

Now Ask: “What was the highest # you heard me call out? (Wait for patient’s response) At this point patients may begin to inquire and you can begin the explanation of disease process as you answer their questions.”

Periodontal Disease Patient Script

When you have found areas that are 4mms, bleeding on probing, etc., etc., this is a great time to slightly recline the patient and use the intraoral camera as you take some photos and explain what you “see” in their mouth. Your conversation will sound something like this:

Hygienist Example “Mr. Smith, Today we see these areas where the pockets around your gums are inflamed and the measurements are 3-6mms. “

You will say the correct measurement number - mm’s - that you have found in their mouth) “Anything above 4mm’s indicates that you have inflammation and disease.”

(Show the patient intra-oral photos as you talk about what you see)

Hygienist Example “We call this periodontal disease. Doctor and I recommend that you return to have four appointments where we will remove bacteria under your gums along with the plaque and calculus. You may
also know this word as tartar. This procedure is called scaling and root planing. You will need to schedule four appointments to complete this procedure.”

(Some patients may only need 1 appointment for SRP because they have only a couple of areas which are over 4mms. There will be some patients who will need more than 6 appts for scaling and root planing so you will say the correct # of appts)

Hygienist Example “Scaling and root planing is also known periodontal therapy. This is a non-surgical procedure and I will schedule four appointments approximately one week apart and work on a quadrant of your teeth where the gums are affected. When you return for this therapy I will give you anesthetic in the area where I work on. This means you will be numb in that one area for a few hours as this can be painful without using anesthetic and I want you to be comfortable during the procedure.”

“During these appointments I will use an ultrasonic scaler to remove biofilm, the plaque and calculus. I will place a sub-dose of an antibiotic called Arestin. Arestin is similar to an antibiotic but it is in a very small amount. Antibiotics are taken if you are sick and the doctor gives you a prescription for Tetracycline that will be about 250 mg 2 times a day or more and what I will place under your gums is only 1mg of a Tetracycline powder. This is easily placed under your gums in the areas affected by the disease and pockets which are 5mms or greater. Because Arestin is such a low dose of Tetracycline, it will only work on the area of your gums where I place it. It is not called an antibiotic because it is such a low dose and it doesn’t go into your body or work as an antibiotic works inside your body when you are sick. Arestin only works in the site of your gums where I place it. It will help in healing of your gums and reattaching these microscopic fibers that hold your gums in place. I also recommend that you begin taking these micro-nutrients, they are daily supplements specifically used to decrease inflammation and reverse the disease process. We have scientific research that shows if you can decrease the inflammation inside your mouth that your body will be healthier and you can prevent other diseases in the future such as heart disease, rheumatoid arthritis, various cancers, prostate cancer, pancreatic cancer, etc., even Alzheimer’s and other diseases. That is very good news for you wouldn’t you agree? As you know vitamin C can help with the healing process so I recommend that you take at least 1,000 mg of Vitamin C during this process, at least while the periodontal disease is in an active stage and you are going through the therapeutic treatment. If you have a multi-vitamin, this is great to take as well and especially Vitamin C helps in healing of your gums. Your gums may feel sore for a day or two but nothing that you will need more than a couple of Motrin or Ibuprofen every six hours for about two days. I will also suggest that you rinse with some warm salt water to help with the healing.”

“After the scaling and root planing has been completed, I will see you back for an appointment which is similar to a medical post-operative appointment. These future appointments where we re-evaluate the health of your gums are called Periodontal Maintenance.” (You may also call this or say to the patient: or we also call this periodontal maintenance)

Hygienist Example “At this periodontal maintenance appointment, I will check to make sure that the disease is under control. Our goal is for you to have healthy gums. We don’t want the disease to be present after we do the scaling and root planing. At this periodontal maintenance appointment, I will assess if you are able to maintain the disease on your own and how long you can go in between your future dental hygiene
appointments. It is possible that some patients need to be referred to a specialist called a periodontist. We hope this is not the case but doctor and I will re-evaluate to see if you need more treatment or after the periodontal therapy we hope to maintain the health of your gums with frequent periodontal maintenance appointments here with me.”

“At these maintenance appointments, I will re-measure the pockets to be certain they are within normal limits. Any areas that still measure 5mm’s or greater I will scale and root plane these areas and re-assess about 4-6 weeks later and I may shorten the intervals of appointments until the disease is under control. We may also reapply the antimicrobial agent called Arestin. There may be times that the disease returns. I’m sure that you know people who have high blood pressure, high cholesterol or Diabetes, right? Well, this disease is similar, in fact, it is all related to these diseases because they are all inflammatory diseases and this is why we will also evaluate the disease at frequent intervals. Just like people who have high blood pressure, high cholesterol or Diabetes, etc., they see their doctor to make sure the disease is under control, I will do the same thing with your gums to be certain they remain healthy for the rest of your life.”

“Periodontal disease is episodic which means that is can, at times, return to active disease. If you have the flu your gums are also affected. If you have a lot of stress in your life, your gums will be affected. If you do not return for frequent intervals for me to maintain the health of your gums, the disease can re-occur due to the bacteria and biofilm in your oral cavity (or say your mouth). I know this is a lot of information for you and I want to ask what questions you have for me.”

Future Appointments

Always emphasize to patient: “Frequent Maintenance is mandatory because Periodontal Disease is episodic.”

Hygienist Example “The periodontal maintenance appointment will continue indefinitely during your lifetime and will occur every 90 or 120 days (You can also say 3 or 4 months.). When we can keep the bacteria, plaque and calculus levels low, you are more likely to have healthier gums. We know that inflammatory diseases are episodic and they can easily return so I will need to see you on a routine basis for the rest of your life. This is very important. If you are sick your gums get sick. If you are stressed, your gums will also be affected. At this point in our time, I want to find the times that work best for you for your next appointments of this treatment. We usually see our patients for periodontal therapy later in the morning and early afternoon. I can reserve Tuesday April 23rd at 12pm, Tuesday April 30th at 12:00pm, Tuesday May 6th, 12:00pm and Tuesday May 14th at 12:00pm. For your 1st of the Scaling and Root planning appts when I will re-assess the health of your gums. We want to be sure the disease is no longer active.

I can see you on Tuesday June 4, 2011 at 9:00am or I have a 2:00 that afternoon. Will the 11 am work for you or do you need the 2:00 appointment?”

(As mentioned above: Time permitting; you may have the front office schedule these appointments.)
NOTES

If the patient has a medical history which indicates risk factors for periodontal disease, you will always discuss and stress that healthy gums will create a healthier body. Healthy gums mean that you will live a longer, healthier life.

Use visual aids, intra-oral camera, brochures, videos, posters, etc. to explain as necessary

Always send patients home with at least a brochure explaining periodontal disease, Arestin®, etc. As the personality of each patient indicates, (For example a teacher, university professor or engineer) you may want to go through the brochure with the patient, even highlighting or underlining specific words or pictures that are specific to the patient. There will be many patients who do not want to know all of the details, they just want you to tell them what they need to do and they will do it!

At each appointment review oral hygiene, post-op instructions as well as perio disease process, stressing frequent maintenance appts. Tell patients what they need to do at home. Show them how to do it and then actually have the patient complete the home-care before they leave that day. This is self-efficacy and it will increase the likelihood of patients following through with your recommendations.

Know Your Patient’s Personality Type: Seek to Understand

Use the DISC profile or Myers Briggs personality profiles to understand the various types of patients and how to communicate with them individually. Learn how to overcome their objections before they become an objection.

Contact our office for more information about DISC training. We help teams understand each other and in-return they understand the various personality types of their patients. This increases case acceptance.

Periodontal Maintenance Appointment: What if Active Perio Disease Returns?

You will ask patients to listen for the highest and lowest numbers you call out during the periodontal exam and ask patients to listen and report what they hear back to you. Sit the patient up in the chair and talk them then knee-to-knee and eye-to-eye.

Hygienist Example “Mrs. Smith, Today, as you heard, you have some areas where the pockets are inflamed and the measurements were 5-6mms which is above normal limits. There are two areas of bleeding: one was on your upper right near the very last molar and the other area was between the lower front two teeth. It appears that the disease process is active once again”. (Use the intra-oral camera to take photos of the bleeding areas and show the patient while you explain your findings.)

“I want to be certain your gums remain healthy and these pockets do not become deeper due to the inflammation and infection in your gums. I recommend that you return for one appointment of periodontal therapy.-(Or the appropriate # if more scaling and root planing is indicated. This next appointment may be only a re-evaluation because there are only 1 or 2 areas of 5mms but it is possible the patient has systemic
challenges that will indicate more scaling than you originally anticipated. Or they may be overdue for their periodontal maintenance appointment and need only one more re-evaluation or periodontal maintenance to get back on track so 4-6 weeks is fine”

(Each patient will be treated on a case by case basis to remove the bacteria causing the infection which has re-occurred) I will also place the Arestin in those pockets with active disease.

Hygienist Conversation Continued: Next, I will have your return 4-6 weeks after this next appointment and I will re-evaluate these areas and determines how long you can go in between your periodontal maintenance appointments. If these areas do not look healthier and are not less than 6mms, doctor will most likely want to refer you to a periodontist for an evaluation because you have a stage of periodontal disease where you can lose your teeth and we all want to prevent tooth loss --right?”

Wait for the patient to agree with you. Get their buy-in on this therapeutic – preventive process.

Hygienist Conversation Continued: “In the meantime, it is very important to focus on brushing at least two times a day. It is very important to go to bed with clean teeth. You want to floss in these problem areas. Are you taking your nutritional supplements daily? These are all things that will definitely reduce the inflammation and help to eliminate the infection. To be certain that you have a day and time that works best for you, I will reserve Thursday April 19th at 12:00 Noon for you. Will this work for your schedule?”

NOTES

If a patient has 6mms or greater pocket depths, you will always inform them about the possibility of visiting a periodontist. Some patients will refuse to see a periodontist and you must have a specific protocol for these types of patients.

Will you continue to see patients for routine care with their periodontal disease is not managed properly?

Will you decide to do more scaling and root planing with Arestin®?

This is one area you will want to discuss as a team and understand this is part of your philosophy of care for the periodontal patient.

Most computer software will allow you to print out the patient’s perio exam and you can highlight the areas of concern and mark left of right, upper or lower teeth so they know the areas to focus on at home. For patients with perio disease or moderate to high risk for caries always recommend a power toothbrush and explain how the research www.cochrane.org shows this will prevent periodontal disease and tooth decay. Also recommend any other adjunctive homecare needed at this time. Always reinforce at hygiene appointments.
Many times insurance companies do not have all the information necessary to make a decision about reimbursement and therefore information is passed for weeks at a time, between dental practice and insurance company, allowing for months to lapse before payment is finally received.

Many times the clinician does not have all the information necessary to make a sound decision for treatment, etc. This can feel so frustrating when you never saw the patient and do not have all the important facts about this patient.

Documentation in the patients’ record is critically important in defending a malpractice lawsuit. Juries place great weight on what information is and is not in the medical record and when that information was entered. Let’s talk about some good charting practices, the critical times to chart, mistakes to avoid, charting in the electronic document record, and tips to improve documentation.

The dental record is both a medical and a legal document. Recording and communicating information pertinent to the patient’s condition is important for patient care, but in the event of a bad outcome, it is
equally important legally as evidence of the care received. A thorough and accurate medical record is evidence that the dental professionals provided appropriate care and this can be strong evidence that the dentist and their team complied with the standard of care. Once a lawsuit is filed, a patient’s memories will frequently change but records do not. Accordingly, juries place great weight on what is in the record, because it reflects the facts of the patient’s condition at the time treatment was rendered, before a claim was filed.

Good patient records either rebut or bolster disputed testimony between dentist and patient concerning what and when something happened. No matter how good a dentist may be as a witness, juries tend to believe that he or she is simply “covering up” for a mistake if the dentist testifies to something that is not in the patients’ record. On the other hand, juries place great weight on events that are charted at the time they happened.

EXAMPLE OF MANY OFFICES DOCUMENTATION
EXAMPLE OF A PERIODONTAL EXAM CHART USED IN MANY OFFICES TODAY

Not a complete FM periodontal chart. May not hold up in a court of law. Recession, furcation, mobility, etc. is most likely present in the patients mouth but not documented.
Notice the full mouth periodontal record. Everything you will need to support a perio diagnosis is where it should be.
For Legal Purposes and Reimbursement by Insurance Company

Be Sure to Include:

1. Current full mouth x-rays
2. Full mouth periodontal chart notes
3. AAP Perio Classification with written diagnosis

USE SOAP TO LEGALLY DOCUMENT

What is the SOAP Method?

S: Subjective
O: Objective
A: Assessment
P: Plan

EXAMPLE OF LEGAL DOCUMENTATION

Subjective

Patient Info: 55 year old female professional

CHIEF COMPLAINT

“I want straighter, whiter teeth.”

Mrs. Honor stated that her parents could not afford an orthodontist when she was a child and now at the age of 55 she would like straight teeth. Her work environment is such that whiter teeth will build stronger rapport with people she meets.

OBJECTIVE

Ms. Honor describes her health as excellent

Medication: 125 mg Estrogen replacement

BP: 120/60
OCE: Negative

FM Perio exam: chronic localized slight periodontitis

(#’s 19-21) with generalized slight gingivitis

Caries: #19 Cl V

**ASSESSMENT**

Root caries on (lower left 1st molar) #19

Pocket Depths measured 5-6mms Teeth

(Lower left quadrant) #19-21 all other probings < 4mms

**PLAN**

Full mouth x-rays were completed today and doctor provided a comprehensive exam. Gross debridement was also completed today.

NV: Patient will return for scaling and root planing of # 19-21 w/ local anesthesia and Arestin in 2 areas. Doctor will also see the patient after the hygiene appt to complete # 19 Class V composite filling.

Patient will return for a PM (Perio re-eval) 4-6 weeks after SRP completed and scaling/polishing of all other areas.

**TEMPLATE FOR YOUR COMPUTER SOFTWARE**
Most computer software allows you to set up a template and each provider can fill-in the blank spaces. You should be able to customize this to save you time and get the documentation streamlined so no one misses the important information written in the patients’ electronic record.

Documentation in the patients’ record is critically important in defending a malpractice lawsuit. Juries place great weight on what information is and is not in the medical record and when that information was entered. Let’s talk about some good charting practices, the critical times to chart, mistakes to avoid, charting in the electronic document record, and tips to improve documentation.

The dental record is both a medical and a legal document. Recording and communicating information pertinent to the patient’s condition is important for patient care, but in the event of a bad outcome, it is equally important legally as evidence of the care your patient received. A thorough and accurate medical–dental record is evidence that the dental professional(s) provided appropriate care. This can be strong evidence that the dentist and their team complied with the standard of care.

Once a lawsuit is filed, a patient’s memories will frequently change but records do not. Accordingly, juries place great weight on what is in the record, because it reflects the facts of the patient’s condition at the time treatment was rendered, before a claim was filed.

Think about this next time you are documenting in a patients’ legal record:

Does your documentation support the treatment you provided the patient?

What the documentation completed prior to the patient leaving your office?

If it’s not in the patients’ record then it never happened. You can’t say you did that treatment, you can’t say that you completed the treatment.

Document so that no question will ever go unanswered and this means documenting your notes before the patient leaves your office.

Your patient document must read like a story. It will have a beginning, middle and an end to everything that occurred while the patient was in your dental office as a patient.

Think of it like this: Yes, you only have 24 hrs. in your day, but are you satisfied if you write a check for in excess of six-figures all because you left how much local anesthesia you injected that day? The time you will take to document thoroughly will be spent well and this can very well put a halt to any type of legal action taken against you or the provider for that patient.

Tempted to cut corners to save a few minutes of time?

Think about the consequences next time you want to save a minute or two; maybe it’s just a few seconds to write that last sentence.

Defending yourself is priceless!
Debbie Seidel-Bittke, RDH, BS is founder of: Dental Practice Solutions, a consulting and coaching business that serves dental practices globally to increase profits through services and systems in their dental hygiene department.

Dental Practice Solutions is able to work with various departments in your dental practice to create sustainable profitability and a harmonious environment for the dental team and patients.

Debbie has spoken at most of the Dental Conferences throughout the United States and Canada. She is available to speak at workshops, study clubs, etc...

For more information contact her at:

888-816-1511 / 503-970-1122 or

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- Do You Feel Like You Are Running on a Treadmill?
- Do You Have Many Patients (Over 20%) Who Have Outstanding Treatment Plans?
- Are Your Collections Less Than 98%?

If you answered “YES” to any of the above questions please take a moment to schedule your 30 minute Discovery Call (A $500 Value)

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Prior to your call we will send you a short and confidential questionnaire to prepare for our call.

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