Continuing Care for Dental Practice Success

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Introduction

Dental hygienists have the knowledge, skills and professional responsibility to provide oral health promotion and health protection strategies for individuals as well as groups.

The Dental Hygiene Standards of care describe a competent level of dental hygiene care as demonstrated by the critical thinking model known as the process of care. This is noted in various dental hygiene textbooks, the five components of the dental hygiene process of care include assessment, dental hygiene diagnosis, planning, implementation, and evaluation.

The Dental Recare System and the dental hygiene department are the mitochondria of all successful dental practices.

Without patients coming in regularly, the dental business would be erratic and it will essentially become an urgent care dental practice.
MODULE 1: What is Continuing Care?

Definition: ✓

A regular and continuing program of monitoring, evaluation, and therapy that strives to maintain a patient’s optimal dental health by combining diligent self-care with periodic professional treatment.

The American Dental Association (ADA) Code Revision Committee has now reversed a change made to the prophylaxis definition in Current Dental Terminology (CDT)-4, which made it possible to define the procedure as polishing alone.¹

In CDT-4, which went into effect January 1, 2003, the procedure code for a prophylaxis, 01110, was redefined as “scaling and/or polishing procedures to remove coronal plaque, calculus, and stains.” However, during its first meeting held to consider revision requests on February 14, CRC voted unanimously (10-0) to remove the “/or” change from the definition, thereby restoring the CDT-4 wording to that used in CDT-3, which reads “scaling and polishing.”²

Everyone loves that “just from the dentist clean feeling” after having their teeth professionally preformed by a dental hygienist. However, not everyone loves the process to achieve that feeling!

The vision of a Continuing Care appointment should be to inspire your patients to take a personal interest and responsibility in their oral health. Dental hygienists need to take pride and be responsible for providing preventive care recommendations for successful overall optimal health outcome.

Footnotes:
MODULE 2: The Dental Hygienist Duties

Dental Hygienists will:

• Perform oral healthcare and risk assessments that include the review of patients’ health history
• Take and record blood pressure,
• Dental and periodontal charting,
• Oral cancer screening and
• Evaluation of oral disease/health;
• Complete a dental and periodontal health charting that includes a detailed description and evaluation of the gingival and periodontium
• Develop a dental hygiene diagnosis based on the oral health findings
• Expose, process and interpret dental radiographs (X-rays)
• Remove biofilm and calculus from the teeth both coronal and apical and gingival margin using dental instruments
• Apply caries-preventive agents such as fluorides and sealants
• Discuss the association between oral health and systemic health; disease
• Provide patient education on biofilm control and home care protocol by incorporating techniques and products that will become part of an individualized self-care, oral hygiene program
• Counsel and coordinate tobacco cessation programs
• Educate patients on the importance of good nutrition for maintaining optimal oral health

During a monthly team meeting, schedule a time for the dental hygiene department to discuss at what intervals the following assessments are to be completed. Determine how much time is needed to complete each one and write down who can accomplish this within their scope of practice.

<table>
<thead>
<tr>
<th>Task</th>
<th>Time Interval</th>
<th>Auxiliary to Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Med Hx</td>
<td>Every visit</td>
<td>All</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Annually</td>
<td>All</td>
</tr>
<tr>
<td>Oral Cancer Exam</td>
<td>Every visit</td>
<td>RDH, Doctor</td>
</tr>
<tr>
<td>Periodontal Charting</td>
<td>Full chart Annually</td>
<td>RDH, Doctor</td>
</tr>
<tr>
<td>Polish Teeth</td>
<td>As necessary (prophy)</td>
<td>Expanded function DA, RDH</td>
</tr>
<tr>
<td>ETC.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MODULE 3: The Assessments

The assessment is the first step during the preventive care process. The dental hygienist conducts a thorough, individualized assessment of the person with or at risk for oral disease or complications. This process requires ongoing collection and an interpretation of all relevant data.3

1. Patient History:
   a. Collect the history data which includes the patient’s:
      i. Current and past health status
      ii. Age, gender, race, ethnicity
      iii. Pharmacologic considerations (prescription, recreational, over the counter (OTC), herbs)
      iv. Additional considerations (mental health, learning disabilities, phobias, economic status)
      v. Record vital signs and compare with previous readings (blood pressure)
      vi. Consultations with appropriate healthcare providers as indicated.

2. Comprehensive Clinical Evaluation
   a. Complete a thorough examination of the head and neck and oral cavity including an oral cancer screening, evaluation of trauma and a tempromandibular joint (TMJ) assessment.
   b. Evaluate for further diagnostics including radiographs.
   c. A comprehensive periodontal evaluation that will include the following:
      i. Full mouth periodontal charting:
         ■ Probing depths
         ■ Bleeding points
         ■ Suppuration
         ■ Mucogingival relationships/defects
         ■ Recession
         ■ Attachment level/attachment loss
      d. Presence, degree and distribution of plaque and calculus
      e. Gingival health/disease
      f. Bone height/bone loss
      g. Mobility and fremitus
      h. Presence, location and extent of furcation involvement

3. Comprehensive hard tissue evaluation that includes charting of existing conditions and oral habits
   a. Demineralization
   b. Caries
MODULE 3: Continued

d. Sealants
e. Existing restorations and potential needs
f. Anomalies
g. Occlusion
h. Fixed and removable prosthesis
   i. Missing teeth

4. Risk Assessment

Risk Assessment is a qualitative and quantitative evaluation gathered from the assessment process to identify any risks to general and oral health. This data provides the clinician with the information to develop and design strategies for preventing or limiting disease and promoting overall health.

Examples of factors that should be evaluated to determine the level of risk (extremely high, high, moderate, low):

   a. Fluoride exposure
   b. Tobacco exposure including smoking, smokeless/spit tobacco and second hand smoke
   c. Nutrition history and dietary practices
   d. Systemic diseases/conditions (diabetes, cardiovascular disease, autoimmune diseases, etc.)
   e. Prescriptions and over-the-counter medications, and complementary therapies and practices (fluoride, herbs, vitamins and other supplements, daily aspirin, etc.)
   f. Salivary function and xerostomia
   g. Age and gender
   h. Genetics and family history
      i. Habits and life style
      j. Cultural issues
      k. Substance abuse (recreational drugs, alcohol)
      l. Eating disorders
      m. Piercing and body modifications
      n. Oral habits (citrus, acids, toothpicks, lip/cheek biting)
      o. Sports and recreation
   j. Physical disabilities
   k. Psychological and social considerations
      i. Domestic violence
      ii. Physical, emotional, or sexual abuse
      iii. Behavioral
MODULE 3: continued

iv. Psychiatric
v. Special needs
vi. Literacy
vii. Economic
viii. Stress
ix. Neglect

During the dental hygiene appointment, the hygienist will at various intervals, assess the information afore mentioned.

Module Three follows the recommendations of the ADHA Standard of Care.

For more information, refer to: www.adha.org

Utilizing these assessments means you will have at least four profit centers within the dental hygiene department. These profit centers are: Non-Surgical Periodontal treatment, Caries Risk Assessment, Same Day Services, and Home Care Products. When these assessments are utilized at the appropriate intervals, you will add value to your prevent care, patient services. When patients understand the importance of regular preventive care they are certain to know you care enough to provide the highest level of care. When patients understand the relationship between oral health and systemic health, they will begin to feel urgency about returning for their preventive care appointment.
To avoid patients falling off the schedule and their regular maintenance it is very important to pre-schedule close to 100% of all dental hygiene appointments.

Do not allow patients to call back to schedule their next dental appointment of any kind. This is one reason for attrition in the dental hygiene department.

**Example:**

"Mr. Jones, today we found six areas with pocket depths that are not within normal limits. They used to measure 3mms and today we noticed that these areas measure 4mms. With good homecare and regular preventive maintenance, we can prevent these areas from future progression of the disease. What we found today is called gingivitis and it is the beginning of periodontal disease. When we treat periodontal disease, the patient needs to return for what is called scaling and root planing. This can be very costly but we have found this disease at an early stage in your mouth and it can be reversed with good homecare and regular hygiene appointments. Once you have periodontal disease, you will always need to come back for regular periodontal maintenance appointments. Not only can this be costly and time consuming to treat but it can contribute to other diseases such as high blood pressure, heart disease, diabetes, etc. I am able to see you in three months to re-evaluate your mouth and make certain your oral health has returned to within normal limits. I can see you on Monday October 6th at 10:00am. Does this work for you?"

There is no perfect recare system but when we make every attempt to have patients schedule their future appointments rather than call back to schedule, you will find a close to perfect recare system is in place.

When a patient responds with a challenge to the time the auxiliary has suggested communicate something like this to your patient:

**Example:**

"Mr. Jones, we have found that it works best when we have scheduled an appointment for you. I know that you are a pilot and your schedule changes but please allow me to schedule a tentative appointment and when you find out your schedule please call to reschedule if you find this appointment doesn’t work for you. Does his make sense to you?“ (Wait for the patient to respond.)
Continuing Care for Dental Practice Success

MODULE 5: The Unscheduled Dental Hygiene Patient

Problems will arise when you continue to allow patients to *not schedule a next appointment*.

The dental hygiene department is what will drive profits in your dental business. The success of your dental hygiene department depends upon patients pre-appointing all future appointments and understanding the value prevention will bring to their overall health. These are the patients that when pre-appointed for their dental hygiene appointments will continue to return for preventive, restorative and aesthetic procedures.

Your patients need to understand the value of the dental hygiene appointment. The communication regarding the science behind the oral health/systemic health link and the importance of preventing disease begins at the first dental appointment. This is valuable information that needs to be continually communicated at all future dental hygiene appointments.

What occurs when patients do not understand the value of a preventive and patient centered dental appointment? Here is a list of the negative aspects when you do not pre-appoint for all future dental (hygiene) appointments:

- Your active patient base will decrease
- Patients will cancel last minute
- Patients will fail an appointment
- Time and thousands of dollars are spent capturing patients who fell through the cracks
- Patients’ health will decline
- Patient rapport can be lost
- Bottom line - - Net profits will decline
MODULE 6: Message to Your Patient

The hope and goal of this eBook is that all your patients schedule and attend their dental appointments; every time and on time. Not every patient will accept your request to pre-appoint his or her next dental visit.

We have trained our patients that we will call to confirm their next appointment. Ultimately, patients need to take responsibility for their oral health and their various types of appointments. How many healthcare providers call to confirm an appointment? Have you known of a chiropractor to call and confirm an appointment? What about your nail salon or massage therapist? How many of these businesses call to confirm an appointment?

When you update your patient records also update how your patient would like you to contact them.

How many of your patients use their home phone or have a home phone? We are in an age of technology. With various types of electronic systems, we can get a quick message to our patients. Here is a list of various ways to contact a patient. Find out what your patient prefers and what will work best for your dental business.

POSTCARD OR LETTER

If you choose to send a postcard make, every attempt to have your patient write their own name and address on this postcard. We all receive junk mail in our mailbox and postcards can very easily get lost in between these papers. Having the patient write their own name on the postcard will provide mental recognition of their own writing.

If a patient forgets their dental appointment of when you have patients on a list of patients who need a dental appointment the best way to contact your patients are by a personal phone call. Leave a post card as a last resort.

EMAIL

Most people today, have at least one email address.

Find out if your patient wants you to send an email to them. If they are open to accepting emails from your dental practice, make certain you know which email address to send a message to.

Email is a great way to tell patients about an upcoming appointment and you can also email them with a thank you or special message regarding their birthday, holiday events, open houses, etc., your dental office may want to send a message about.

TEXT MESSAGES

Always ask your patient if they will accept text messages from your dental office.
Many people don’t wish to receive text messages. Some people pay per text message and don’t want to incur this expense.

Text messages can also be a great way to relay a message about an upcoming appointment in your dental office.

**Patient Messaging Services:**

**Smile Reminder** - [http://www.smilereminder.com/home.do](http://www.smilereminder.com/home.do)

Patient Messaging Software Suite - Smile Reminder is the market leader in patient messaging and provides an ALL-inclusive suite of personalized patient communication tools.

**Sesame Communications** - [http://help.sesamecommunications.com/?q=whatsnew](http://help.sesamecommunications.com/?q=whatsnew)

- Text Messages
- Emails
- In addition, more!


- Text Messages
- Emails
- Allows you to build online reputation
- Enhances your website optimization
- Increases exposure for new patients
MODULE 7: Message Content

Make every message, verbal or written, short and to the point.

It is very important to add value to why the appointment is important for your patient.

Understand each patient’s personality type. Many patients respond well to humor and others respond to a tone that shows concern or even compassion.

Always be sincere in your tone and in the words you use when speaking with patients.

Re-enforce the risks for the patient should they decide to forgo scheduling an appointment for their dental needs: Preventive, restorative and even aesthetics.

1. Communicate health concerns and risks:
   - Heart disease
   - Hyperlipidemia
   - Diabetes
   - Chrons Disease
   - Parkinson’s disease
   - Alzheimer’s
   - Rheumatoid Arthritis
   - Breast Cancer
   Go to www.perio.org for resources on the oral health/systemic health link.

2. Communicate concerns regarding the patient’s periodontal status

3. Communicate caries risk (CAMBRA)

Go to http://www.jdentaled.org/cgi/reprint/71/5/595 for more information regarding recommendations for patients at moderate to extremely high risk for caries.
A plan for how and when to contact your patients needs to be in place.

There may not be a perfect time to contact a patient. People are very busy. The dental appointment needs to be a primary concern to the patient. This value needs to be added at the dental hygiene appointment. If your patient is new to your office, this will be the time to begin communicating and possibly changing this current value for your patient.

When contacting dental hygiene patients, there should be a specific auxiliary who is responsible for this important task. Days each week and specific times should be scheduled and added to the office computer secretary. Many dental software systems have what is called the Office Secretary. You can schedule a pop-up for a time to begin this task, each day, each week and every month throughout the year.

Always run a monthly report to track what types of patients are outstanding for dental hygiene appointments, non-surgical treatment, periodontal maintenance and even restorative treatment that has not be scheduled.

Write down at what intervals for the various types of appointments you will send a post card, letter, email, or text message. Always begin contacting overdue patients or unscheduled patients personally, which is by a personal phone call at a number you know where they can be contacted.

When you create a schedule listing how to contact patients with one through five, eventually, your patient will receive the message that means something or the timing of your message will be perfect for a positive response.
Your Dental Hygiene Department is no longer considered a loss leader. The Continuing Care System is only one area that you need to keep well oiled.

When your patients return regularly for non-surgical preventive therapy by the dental hygienist, you will have a thriving dental business. Without regular preventive appointments in the dental hygiene department, you will essentially have an urgent care or emergency care dental business.

Here are some money saving tips to keep your patients entering the front door of your dental practice and your practice profitable:

1. **Take charge**
   
   One of your valuable team members need to be held accountable for patient follow-up. This task should be completed each day. The size and current success of your dental practice will dictate how much time will be spent on follow up.

2. **Timing is important**
   
   Many dental offices offer evening and weekend appointments. This is a perfect time to call patients and schedule missed or overdue patient appointments. Most patients will answer their phones and schedule if you call them when they are not busy at work, participating in family activities, etc.

3. **Call the most current overdue patients first**
   
   Calling your current continuing care patients is the easy part. When patients drop off the hygiene or doctor’s schedule, getting patients to return for an appointment can become tedious and very time consuming. This is where communication is one extremely important system to have in place. Patient retention and reactivation efforts are critical for you dental business to thrive and survive indefinitely.

4. **Call before you write a letter or send an email**
   
   How many times have patients told you “I’ll call you when I know my schedule”?

   Do you believe that calling the patient later to schedule the appointment may create anger and they won’t return for future appointments? If this is true, then this patient was never really a patient. This is very similar to a friend who gets offended very easily. A real friend will accept you through the good and the bad.

   It never hurts to call someone you care about and ask, “How are you doing?”

5. **Encourage patients to pre-book their next dental appointment**
   
   The dental auxiliary who just participated in the patients treatment and the same person who knows and understands the patients’ needs, is the best person to schedule the next appointment.
6. Track your results

Just as in real estate, they say “Location. Location. Location”, in dentistry we need to “Track results. Track results. Track results.”

If you don’t track your results you will not know where you stand in the order of success or failure - what works and doesn’t work.

**IMPORTANT:**

Have a clearly defined Continuing Care strategy in place. This is just one area of success that will bring profitability to your dental business for many years to come.

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The customized client curriculum and proven advice is from years of hands-on experience. Ms. Seidel-Bittke, has personally worked in clinical practice, years before she ever began as a coach and consultant.

Ms. Seidel-Bittke, has also proven herself as an educator. She worked for many years as a dental hygienist and as an assistant professor at the University of Southern California, in the dental hygiene department and taught practice management to the senior dental students.

In 2007, Ms Seidel-Bittke, authored the accreditation for a new dental hygiene program in Portland, Oregon. She also assisted in writing much of the CAMBRA protocols and initial evaluation forms alongside 3M ESPE.

Her list of speaking engagements is impressive, including repeat appearances at many of the following:

- Chicago Midwinter Meeting
- Yankee Dental Congress
- California Dental Association
- Rocky Mountain Dental Conference
- Holiday Dental Conference
- Pacific Dental Conference
- Oregon Dental Association
- Wisconsin Dental Association
- New Mexico Dental Hygienists’ Association
- Kansas Dental Hygienists’ Association

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