operatory
TECHNIQUES AND TECHNOLOGY FOR CLINICAL SUCCESS
Dental Practice REPORT
MINDING DENTISTRY'S BUSINESS

## NEED TO KNOW

» The oral-systemic link has taken center stage. A comprehensive risk assessment uncovers a patient's periodontal status by highlighting important medical factors.

HYGIENE

# Perfect PERIO

**Bringing your hygiene department into the 21st century.**

BY LINDA L. MILES, CMC, AND COLLEEN RUTLEDGE, RDH

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Many of today's practice owners have invested hundreds of thousands of dollars in updated facilities and state-of-the-art technology. They've invested in management and leadership courses, developed their business acumen and ensure their clinical assistants' skills stay sharp. When it comes to hygiene, however, too many practices operate a 1980s-style "prophy palace." It's amazing how many dentists have not embraced 21st century hygiene standards.

## NEED TO KNOW

» Today, hygienists know that early periodontal treatment impacts oral health, as well as overall health. They are using ultrasonics to break up biofilm, placing locally applied anti-microbials and embracing host modulation to achieve better clinical outcomes.

## HOW TO…

### Perform a risk assessment

A risk assessment is the only way to properly update a patient's medical history. Whether you ask these questions and document them in the chart, enhance your medical history forms or use a risk-assessment technology, it is essential to obtain this information from each patient. A comprehensive risk assessment uncovers important medical factors that are considered when assessing a patient's periodontal status. Some of these important factors are revealed with questions like:

- Do you use tobacco?
- Do you have diabetes or cardiovascular problems?
- Do you have a family history of diabetes, heart disease, high blood pressure, obesity or high cholesterol?
- Is there a family history of periodontal disease?
- Do you have a heart murmur or artificial replacement of any kind?
- Does your physician or cardiologist require you to take antibiotics prior to dental treatment?
- Are you under stress?
- Can you describe your diet?
- Do you have bleeding or swollen gums, loose or separating teeth or persistent bad breath?
- Women—Are you pregnant, nursing, going through menopause, taking birth control pills or hormone replacement therapy?

In not embracing the new standard of care, patients are not receiving the best care possible, practitioners are at risk for being accused of supervised neglect and productivity is at a standstill.

Some practices fear that patients' insurance does not cover many of the new procedures in full. Other practices may see the time involved for new training and equipment to be an initial loss of productivity.

In many cases, clinicians have simply not stayed current. Some hygienists blame their dentist-employers for not offering to pay for progressive CE courses, association dues, networking opportunities, journals or new equipment. Other hygienists seem satisfied with the status quo. Things appear to be fine on the surface, so why should they change?

The answer lies in this truism: A cleaning isn't just a cleaning anymore. Based on our combined 67 years in dentistry and 29 years in consulting, there have never been as many impressive changes in preventative care as those witnessed in the past five years.

## The systemic link

In the past decade, the link between oral infection and systemic conditions has taken center stage.[1] The dental community can no longer update a patient's medical history without a thorough risk assessment. Comprehensive risk assessment further uncovers a patient's periodontal status by highlighting important medical factors. (See "How to…," left).

Take a moment to think about the typical patient in your practice. It is not uncommon to see conditions such as high blood pressure, cardiovascular disease, diabetes or respiratory disease on a medical history. The effect that periodontal pathogens have on these health conditions, as well as the growing recognition of risk factors, has almost single-handedly changed the focus of hygiene care from esthetic to therapeutic.

## Periodontal disease

Periodontal disease is a prevalent oral-health problem, one that does not distinguish between white-collar and blue-collar neighborhoods, young and old or women and men. Educating your patients is an important, and ongoing, step in fighting periodontal disease. But, as public awareness of this oral health problem increases, practices must be equipped with the necessary information, skills and protocol to serve on the front lines of this epidemic.

The responsibility to diagnose periodontal cases sits squarely on the shoulders of the dental profession. Without diligent incorporation of risk assessment and comprehensive periodontal examination, patients may be hard-pressed to find a dental

practice that offers hygiene services that compliment current research and reflect today's standard of care.

## That was then, this is now

In the not-so-distant past, a hygienist's skill was gauged mainly on the ability to proficiently remove stain—hard and soft deposits. Graduates were actually over-prepared academically for the perfunctory jobs that lie ahead. It wasn't uncommon for doctors to do their own recall, as many dental offices had not yet found value in developing a hygiene department. Appointments were generically slotted 30 minutes, no matter the how "easy" (healthy) or "hard" (periodontally involved) the patient was.

Language like "cleaning," which implies a superficial esthetic procedure, and "recall," a defective product returned in order to ensure public safety, are still commonly used by both patients and the dental community. The latter should be changed to "continuous care" or "preventive care" to reflect the value and purpose of the services rendered.

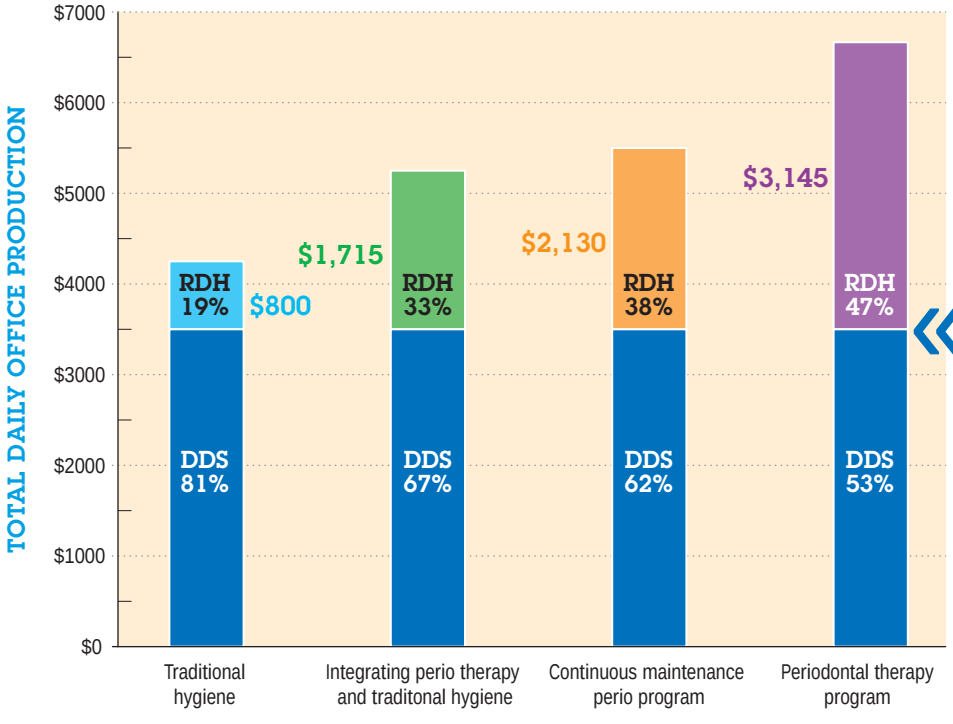
Today, hygienists know that early periodontal treatment impacts oral health, as well as overall health. They are using ultrasonics to break up biofilm, placing locally applied antimicrobials and embracing host modulation to achieve better clinical outcomes.

Although still in a small minority, some hygienists are seriously committing to their careers by personally purchasing equipment, magnification loupes and other products. These trends have created a paradigm shift in hygiene services, elevating willing clinicians to a new level of care based on a comprehensive (medical) model rather than a traditional (mechanical) model.

Dentists can resurrect their hygiene department by first meeting with their local periodontist or a hygiene consultant to write their own perio protocol. Once agreed upon, the entire team in the GPs practice must agree that this is a better level of care, and they must fully support it both verbally and clinically. Open flex-time must be left in the pre-appointed hygiene schedule and filled by the scheduling coordinator 72 hours in advance for this initial perio treatment. The financial coordinator must be able to explain to patients that even though their benefit plan may not cover the entire treatment, it is truly in their best interest to proceed with the treatments, explaining that with patient financing they can make smaller monthly payments with no interest for six to 12 months. Until the dentist and entire team believes in and supports any system, it is doomed for failure.

The No. 1 priority in implementing a comprehensive periodontal program would get to back to the basics and perform full-mouth periodontal

Note: See the purple schedule on the next page for a detailed periodontal program schedule.




DIFFERENT LEVELS OF HYGIENE CARE

TABLE 1

### The IMPACT of periodontal therapy services on daily office production

Hygiene departments can transform from a loss leader to a production leader by embracing a comprehensive periodontal therapy program. Practices offering services based on the trends mentioned in this article see hourly production rates soar, with the average patient producing $400 to $700+.

# Periodontal Therapy Program

| Time | | Insurance Code | Treatment Plan | Itemized Cost | Production Per Patient | Perio Classification |
|---|---|---|---|---|---|---|
| 8:00 | **Patient One** | | | | | |
| 8:10 | | | | | | |
| 8:20 | | 4341 | UL Perio Therapy | $200 | | Severe Perio |
| 8:30 | | 4341 | LL Perio Therapy | $200 | | 4-9 mm pockets |
| 8:40 | | 4381 | 1 Atridox | $150 | | |
| 8:50 | | | | | | |
| 9:00 | | | | | | |
| 9:10 | | | | | | |
| 9:20 | | | | | | |
| 9:30 | | | | | | |
| 9:40 | | | Sub Total | | $550 | |
| 9:50 | | | | | | |
| 10:00 | **Patient Two** | | | | | |
| 10:10 | | | | | | |
| 10:20 | | 4341 | UL Perio Therapy | $200 | | Moderate Perio |
| 10:30 | | 4341 | LL Perio Therapy | $200 | | 4-7 mm pockets |
| 10:40 | | 4381 | 1 Atridox | $150 | | |
| 10:50 | | | | | | |
| 11:00 | | | | | | |
| 11:10 | | | Sub Total | | $550 | |
| 11:20 | | | | | | |
| 11:30 | **Patient Three** | | | | | |
| 11:40 | | 4341 | UL Perio Therapy | $200 | | |
| 11:50 | | 4341 | LL Perio Therapy | $200 | | Early Perio |
| 12:00 | | 4341 | UR Perio Therapy | $200 | | 4-5 mm pockets |
| 12:10 | | 4341 | LR Perio Therapy | $200 | | |
| | | 4381 | 1 Atridox or 5 | $150 | | |
| 12:20 | | | Periochip/Arestin | | | |
| | | | Sub Total | | $950 | |
| 12:30 | **Lunch** | | | | | |
| 1:00 | | | | | | |
| 1:30 | **Patient Four** | | | | | |
| 1:40 | | 4341 | UL Perio Therapy | $200 | | Early Perio |
| 1:50 | | 4341 | LL Perio Therapy | $200 | | 4-5 mm pockets |
| 2:00 | | 4341 | UR Perio Therapy | $200 | | |
| 2:10 | | 4341 | LR Perio Therapy | $200 | | |
| | | 4381 | 1 Atridox or 5 | $150 | | |
| 2:20 | | | Periochip/Arestin | | | |
| | | | Sub Total | | $950 | |
| 2:30 | **Patient Five** | | | | | |
| 2:40 | | | | | | |
| 2:50 | | 4355 | Full Mouth Debridement | $135 | | Gingivitis with |
| 3:00 | | | | | | isolated pockets |
| 3:10 | | | Sub Total | | $135 | not exceeding 4 mm |
| 3:20 | | | | | | |
| 3:30 | **Patient Six** | | | | | |
| 3:40 | | | | | | |
| 3:50 | | 0150 | New Patient Comp. Exam | $65 | | New Patient |
| 4:00 | | 0210 | Full Series Radiographs | $110 | | (overdue for |
| 4:10 | | 4355 | Full Mouth Debridement | $135 | | preventative care) |
| 4:20 | | | | | | No pockets exceeding |
| 4:30 | | | | | | 4 mm |
| 4:40 | | | | | | |
| 4:50 | | | Sub Total | | $310 | |
| 5:00 | | | | | | |

**Production Summary** **Daily Total** **$3,445**

*Note: Averages based on a 5 day Periodontal Therapy Program*

| Avg/Per Hour | Avg/Per Patient | Avg/Per Week |
|---|---|---|
| $459 | $574 | $17,225 |

*Scheduling Guidelines: The more periodontally involved; the earlier the appointment.*

| Periodontal Classification | Description | Time |
|---|---|---|
| Severe Periodontal Disease: | 4-9 mm Quadrants (2) - Atridox and/or Arestin | 2 Hours |
| Moderate Periodontal Disease: | 4-7 mm Quadrants (2) - Atridox and/or Arestin | 1.5 Hours |
| Early Periodontal Disease: | 4-5 mm Quadrants (4) - Atridox and/or Arestin | 1 Hours |
| Full Mouth Debridement: | Generalized inflammaion / infection in all quadrants | 1 Hours |

charting (six readings on each tooth) on every adult patient. With this information, practices can diagnose and manage periodontal patients.

## Hygienists at their best

Oral health is a vital component in total body health.[3] Progressive hygienists are well aware of this and have risen to the challenge!

These 21st century hygienists are seminar junkies. They have the latest equipment necessary to deliver the highest quality of care to each patient. They make informed investments, which lets their dentists know they are truly committed to being the best.

They subscribe to several dental/medical journals, research endless Web sites, join Internet hygiene communities and form networks to keep themselves well informed. They write articles, give lectures and form strong relationships with dental companies to learn more about the latest materials, services and equipment.

They are great team players. They share information and enthusiasm with their co-workers and employers. They love setting the stage for case acceptance with their polished communication skills and easily increase case acceptance.

They portray their practice as one committed to comprehensive oral health and not just a "teeth-cleaning palace." They realize that going through the motions of "prophy palace-ing" and the eight patients per day routine is a thing of the past and to be discarded, just like those polyester uniforms of the 80s.

### NEED TO KNOW

» Dentists can resurrect their hygiene department by developing a team-created perio protocol that incorporates all aspects of the practice, including clinically, administrative, educational and financial.

## From loss leader to production leader

Hygiene departments can easily transform from a loss leader, producing $600 to $800 daily, to a production leader, achieving $3,000-plus daily production, by embracing a comprehensive periodontal therapy program. Practices offering services based on the trends mentioned in this article see hourly production rates soar from $90 to $120 to $150 to $400, with the average patient producing $400 to $700+.[4] (See Table 1, page 39).

Comprehensive perio programs offer much more than a prophy. Hygiene departments that are well developed include the majority of services with codes in the 4000-range. (See Table 2, left). In addition to periodontal services, a productive hygiene department will offer oral-cancer screenings, occlusal guard therapy, sealants, tooth whitening, orthodontic alignment and more.

Illustrated best on the periodontal therapy program schedule in Table 1, a separate day devoted solely to periodontal cases results in the highest quality of services with production equaling that of an associate dentist. The graph depicts the financial impact periodontal therapy services have on daily office production. (Note: RDH production based on Table 1 and $3,500 daily production/dentist)

## An uphill battle

Dental offices have an ethical obligation to provide the best care for their patients. All too often, dental practices cling to old beliefs, such as the hygiene department is a loss leader.

### SOUND OFF

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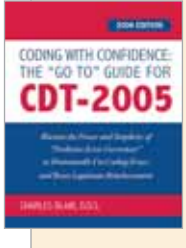
### TABLE 2

## What about the codes?

When assessing periodontal therapeutic services, consider the chart below. If the following codes are not frequently cited in each month's hygiene summary report, your practice is not keeping pace with today's standard of care:




**0180**—Comprehensive periodontal evaluation
**0150**— Comprehensive oral evaluation
**4910**—Periodontal maintenance
**4341**—Periodontal scaling / RP four or more teeth
**4342**—Periodontal scaling / RP one to three teeth
**4381**—Locally applied antimicrobial
**4355**—Full mouth debridement
**0210**—Intraoral complete series of radiographs

There are several references available to help you with coding. We recommend *Coding with Confidence: The "Go-To" Guide for CDT-2005* by Charles Blair, DDS [**www.drcharlesblair.com**]; *Cross-Walking: A Guide Through the Crosswalk of Dental to Medical Coding* by Marianne Harper [**www.artofpracticemanagement.com**]; and *Insurance Solutions*, a bimonthly newsletter published by American Dental Support LLC [**www.dental-ins-solutions.com**].

Here are the top 10 reasons practices won't take hygiene services to the next level. Keep in mind, these are actual reasons from real dentists we have consulted with.

**10.** "My hygienist doesn't have the skills to assess and/or perform periodontal therapies."

**9.** "This is a general practice. Periodontists should be concerned about the gums."

**8.** "We refer all our perio when the pockets get deep enough."

**7.** "We are in an affluent neighborhood. Patients have high dental IQs and don't require treatment."

**6.** "Our longstanding patients had perio in the past, and have already gone through treatment."

**5.** "Only a surge of new patients will provide us with periodontally involved patients."

**4.** "We would rather ignore the perio. If we diagnose it now, we could get sued!" (Note: This is true supervised neglect, and the No. 1 cause of loss of license in dentistry today. We have found this attitude alive in well in several practices we've consulted.)

**3.** "We don't record periodontal readings on all the teeth. When the patients have perio, we'll know."

**2.** "Our patients don't like us talking to them about perio."

**1.** "Our patients don't have any periodontal problems."

## Supervised neglect

The number one lawsuit in dentistry today is supervised neglect. Without consistent documentation, including a six-point periodontal charting and current full series of radiographs, you are dead in the water if a patient's complaint initiates an internal audit.

Future lawsuits will undoubtedly come from undiagnosed patients who go elsewhere for treatment due to a geographic move or for a dental emergency when your office is closed, and then discover they have a perio problem. Don't fool yourself by thinking this can't happen to you. It only takes one patient to become dissatisfied and file an official complaint.

## Call to action

General dentists and dental hygienists play an important role in assessing and managing early to moderate periodontal disease. Following this lead will not only better serve patients, but will allow hygiene departments to flourish into indispensable channels of both quality and profitability. ■

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4. Miles, L., Rutledge, C., RDH, Consulting experience, 2000–2005.

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