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
any 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 acu-
men 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.

In not embracing the new stan-
dard of care, patients are not receiv-
ing 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 sim-
ply not stayed current. Some hygien-
ists blame their dentist-employers
for not offering to pay for progres-
sive 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 sur-
f ace, so why should they change?
The answer lies in this truism: A

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 impres-
sive 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. Compre-
hensive risk assessment further
uncovers a patient’s periodontal sta-
tus by highlighting important med-
ical 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, cardio-
vascular disease, diabetes or respira-
tory 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-hand-
edly 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-col-
lar and blue-collar neighborhoods,
young and old or women and men.
Educating your patients is an impor-
tant, and ongoing, step in fighting
periodontal disease. But, as public
awareness of this oral health prob-
lem increases, practices must be
equipped with the necessary infor-
mation, 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

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 essen-
tial 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 dis-
  ease?
• 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 treat-
ment?
• 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?
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 GP’s 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

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

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<th>Time</th>
<th>Insurance Code</th>
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<th>Production Per Patient</th>
<th>Perio Classification</th>
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<td>Moderate Peri</td>
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### Production Summary

#### Daily Total

- **$3,445**

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<tr>
<th>Avg/Per Hour</th>
<th><strong>$459</strong></th>
<th>Avg/Per Patient</th>
<th><strong>$574</strong></th>
<th>Avg/Per Week</th>
<th><strong>$17,225</strong></th>
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</table>

### Scheduling Guidelines

- The more periodontally involved, the earlier the appointment.

#### 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: 4-6 mm Quadrants (4) - Atridox and/or Arestin | **1 Hours** |
| Full Mouth Debridement: Generalized inflammation / infection in all quadrants | **1 Hours** |
Hygienists at their best

Oral health is a vital component in total body health. 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” 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.

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+ (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.

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].

Send comments or opinions about this column to practice@advanstar.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.

Colleen Rutledge, RDH, is a hygiene coach, national speaker, practicing dental hygienist and owner of Perio-Therapeutics & Beyond, a consulting firm focusing on teaching hands-on contemporary periodontal therapeutics. She can be reached at 267-241-5833. Visit her Web site at www.perioandbeyond.com. For a complimentary hygiene department analysis: colleen@perioandbeyond.com.

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REFERENCES