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“Tap Into Your Talent”

Develop Your Skills for Co-Diagnosis and Enrollment

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You already know what to do...

Team Diagnosis

Top hygienists and assistants know that co-diagnosis is crucial to achieving optimal patient confidence and case acceptance. In addition, cooperative diagnosis creates a strong sense of team and an open environment for learning. It allows team members to tap into their talents for observation and stimulates problem solving skills. Achieving a high level of co-diagnosis requires several steps toward creating common treatment philosophies and the discovery of patient needs.

#1-Case Review

The Case Review protocol gives a step-by-step guide to bringing the Doctor and Team in sync with _____ and patient education.

#2- Observe- Take at least one Intra Oral photo on every patient.

A picture is worth a thousand words. Often, when we show patients photos of their mouth, they will notice treatment needs and ask questions without any prompting from the dental provider.

#3-Start with the Obvious.

Start by noticing obvious dental needs. These are the _____, large areas of _____ and large radiolucent areas on radiographs. Also, review treatment that has been previously planned.

#4- Share

Last but not least, hygienists and assistants must share their _____ and the information they gather with the Doctor and patient.

#1-Case Review

Case Review System

These Case Review guidelines are designed to facilitate learning between the Dentist and Hygiene Team. The objective of Case Review time is to expand on the technical knowledge of hygienists and other dental auxiliaries and improve consistency in treatment recommendations between the dentist and hygienist.

Initially, this should consist of two 1 hour sessions in which the doctors and hygienists review the recommended treatment of a few chosen cases.

Doctor's Role:

- Give hygienists _____ to think like a dentist
- Instill _____ in the intelligence and technical knowledge of the hygienist
- Utilize 1-2 cases with complete x-rays, perio chart. A complete treatment plan, intra-oral photos and clinical notes are very helpful.
- Explain what he/she saw during examination and give _____ for the treatment planned
- Give team _____ for ideal examination according to Doctor's preference

Exam Guidelines from Doctor to Team:

- Top 3 Items to look for when viewing X-rays
Alveolar bone quality, interproximal tooth structure, ratio of tooth vs. amalgam, #mm b/t pulp and restoration, periapical lesions, etc.
- Top 3 to look for during Intraoral exam
Tissue health, broken teeth, fractures, fistula, suspicious soft tissue lesions, darkness around restorations, quality of restorative margins, etc.
- If X-rays look like _____, pre-frame patient for treatment
- If Intra-oral photos look like _____, pre-frame patient for treatment

Hygienist's Role:

- Be open to learning and asking questions
- Receive the challenge to think like a dentist as a huge opportunity for growth and to increase level of patient care and education
- Ask yourself
 - *If I were an endodontist/periodontist/prosthodontist what would I see?
 - *If there are any fractures/cavities/wear patterns, on which teeth?
 - *If I see a problem on the right side, is it present on the left also?

Review each Case:

- Review each treatment plan
- Ask yourself
 - *Are there any teeth that are questionable as to what type of restoration is best?
 - *Is there more than one treatment route available to this patient?
 - *What is the most conservative treatment possible?
 - *Are there external factors (health, habits) that affect the success of the treatment plan?
- Have team develop a treatment plan
 - *Hygienists create a treatment plan with the available information
 - *Doctor reviews their mock treatment plan and gives feedback

Scripts:

- “I am here to work with you to discover how to maintain oral health for a lifetime. Should you need treatment, I’ll be happy to talk to you about your options.”
- “As we look at your mouth with the camera, stop me if you see anything that concerns you, and I will do the same.”
- “I’m sure Dr. will be concerned about this too, I will make sure she evaluates this area first.”
- “If Dr. agrees that we need to strengthen this area, and remove the infection, what questions will you have?”
- “If we find areas that need repair, the doctor can upgrade the restorations with newer materials that are long lasting and actually strengthen the tooth.”

#2-Observe

- **Take at least 1 photo on every patient**
- **Be aware of treatment planned**
- **Look at past dental restoration for clues to what's happening**
- **Let the patient help**
- **Be a detective!**

Examination

“Ms. Jones, I am going to take a few photos of your teeth and your smile today. These are part of our clinical charting and it lets you see just what we see.”

“Ms. Jones, this tooth on the lower right here concerns me. I'm sure Dr. Smith will want to see this tooth. I am going to take a photo so you we can all look at this together.”

Ultimate Hygiene Exam

Creating synergy within the dental team takes a strong commitment to consistent, outstanding service. This commitment is best carried out when step-by-step protocols are in place for every procedure. The Ultimate Exam enables the provider to collect all the data necessary to inform patient and Doctor of current oral health conditions and needed treatment. **Examination must be completed before picking up a scaler!**

- **Medical History Review**
 - Comprehensive Medical History Form
 - Blood pressure screening
 - Medications and supplements
 - Pre-Medication
 - Recent surgeries and/or new diagnoses
- **Patient questions and concerns**
 - Cosmetic evaluation-shade guide analysis
 - Breath Analysis
 - Discomfort
- **Radiographs**
 - Decay
 - Periodontal involvement/bone loss
- **Intra and Extra Oral Cancer screening**
- **Periodontal Exam**
 - Includes 6-point probing, bleeding exam, recording furcation, recession
- **General intraoral observation**
 - Calculus detection
 - Decay examination using Diagnodent
 - Evaluation of existing restorations
 - Oral Hygiene Evaluation
 - Occlusal Analysis
- **Intra Oral Photos or Flash Mouth Tour**
 - Immediate dental needs
 - Condition of existing restorations
 - Periodontal conditions and home care review
 - Review of completed treatment

*Pick out 2 things you can add to your exam

AAP Periodontal Disease Classification, 1999 Annals of Perio

Class 0 Tissue Pockets	Healthy Healthy pink tissue with stippling. No inflammation or bleeding on probing 1-3mm, no bone loss, no mobility
Class I Tissue Pockets	Gingival Disease Inflamed, red, swollen tissue that bleeds upon probing and exploring. Exudate may be present 1-3mm, no bone loss. More than 14 types of gingivitis.
Class II Chronic Periodontitis (formerly Adult Periodontitis) Bleeding, swelling, redness, suppuration May be localized or generalized	Slight-Moderate Loss of Periodontal Support Loss of up to 1/3 of supporting periodontal tissues. If furcation involvement, no more than Class I. Probing depth up to 6mm with CAL up to 4mm. Radiographic evidence of bone loss and increased mobility may be present. Advanced Loss of Periodontal Support Loss of greater than 1/3 of supporting periodontal tissues. If furcation involvement, may exceed Class I. Probing depth will exceed 6mm with CAL \geq 5mm. Radiographic bone loss is evident. Mobility may be present.
Class III Aggressive Periodontal Disease	Rapid rate of progression. Often appears in individuals who otherwise appear healthy. Amounts of microbial deposits may be inconsistent with severity of disease. Disease may be self-arresting.
Class IV Periodontitis as a Manifestation of Systemic Disease	Periodontal disease caused by or worsened by various systemic diseases. There is evidence of several systemic conditions that may cause destruction of supporting periodontal structures.
Class V Necrotizing Periodontal Disease	Acute infection of gingiva that has progressed to include attachment loss. May include ulceration and necrosis of papilla, bright red, painful gingival that bleeds.

AAP website (www.perio.org) retrieved July 6, 2004.

Based on “Development of a Classification System for Perio Diseases & Conditions” by Gary Armitage, Dec 1999

Also based on Parameters on Chronic Periodontitis with Advanced Loss of Periodontal Support and Parameters on Chronic Periodontitis with Slight-Moderate Loss of Periodontal Support both by the AAP 2000

Perio Classifications

Type I Gingivitis

Bleeding easily on probing and/or exploring on 15+ sites

Periodontal probing measurements up to 3mm

___ bone loss evident on radiographs

Treatment: Therapeutic Scaling followed by Prophy

Type II Beginning Perio Disease

Bleeding easily on probing and exploring

Periodontal probing measurements up to and including ____mm

_____ bone loss evident on radiographs

No furcation involvement

Treatment: Localized scaling and root planing

Type II Moderate Perio Disease

Bleeding easily on probing and exploring

Periodontal probing measurements up to and including ____mm

_____ bone loss evident on radiographs

Possible Class I furcation involvement

Treatment: Scaling and root planing with antibiotic therapy

Type II Advanced Perio Disease

Bleeding easily on probing and exploring

Periodontal probing measurements greater than __mm

_____ bone loss evident on radiographs

Possible Class I, II, III furcation involvement

Possible mobility

Possible suppuration

Treatment: Scaling and root planing with antibiotic therapy

Periodontal Disease Stats from AAP

We estimate that at least 35% of the dentate U.S. adults aged 30 to 90 have Periodontitis, with 21.8% having a mild form and 12.6% having a moderate or severe form.

Based on results of a new study published in the *Journal of Periodontology*, about one in seven 26-year-olds already has _____ - _____ periodontal disease, a major cause of tooth loss in adults.

#3-Start with the obvious

Obvious dental needs

- **Missing teeth**
- **Broken teeth/restorations**
- **Black/gray tooth structure around old fillings**
- **Perio disease**
- **Decay**
- **Severe wear/abfraction**
- **Severe erosion**
- **Abscess**
- **Discolored anterior crowns, bonding, fillings**
- **Dark, dull enamel**

#4-Share

Doctor-Hygiene Exam

Hygienist: “Dr. Smith, we completed Ms. Jones’ exam today and I found several areas of moderate periodontal infection. We cleaned the healthy areas but the areas with infection will need periodontal therapy to stop the bone loss and clear the active infection. Here are the periodontal readings and x-rays, would you please confirm what we found and your recommendations for therapy.”

Doctor: “Yes, it looks like there is moderate periodontal disease in the lower molar area. I’m glad that the infection is still localized.” “Ms. Jones, the treatment that Jane has recommended for you is exactly what I would do if I were you. It is the most conservative treatment for this stage of gum disease. The non-surgical therapy is very effective at treating the infection and stopping bone loss. Jane will give you all the details on your treatment. Jane, would you please see that we find a time for Ms. Jones to be seen for the perio therapy as soon as possible?”

Below are several tools that are essential for an effective Doctor/Hygiene exam:

- Utilize PREP
- Discuss periodontal health
- Discuss intra-oral photos with patient and doctor
- Utilize Co-Diagnosis techniques, Case Review

Each exam begins with a Doctor/Patient greeting followed by a request from the Doctor for more information. The following sequence works well to support the patient relationship as well as present potential treatment needs:

PREP

Prompt- Doctor _____ the hygienist to give details on patient needs

Review- _____ patient needs, concerns and findings of the hygiene assessment

Elevate- _____ the patient by praising them for some positive action

Prime- _____ the patient to hear the _____ and treatment plan by referring to current dental needs, intra-oral photos, etc

***Call for Doctor exam as soon as you complete all steps of the hygiene exam.**

Share your observations, photos, x-rays, charting with the patient

Hygienist: “Ms. Jones, how long has this tooth been broken? I am very concerned about this area.”

Ms. Jones: “Well, I noticed it about a week ago”. “What can we do about it?”

Hygienist: “In similar cases, Dr. Smith has recommended a crown to strengthen the tooth and keep it from breaking further.” “He will make that call when he examines the tooth.”

OR

Hygienist: “Ms. Jones, I am very concerned about this tooth on the upper right. The old metal filling looks like it is beginning to break and the tooth is very dark around the filling.” “I notice the same tooth on the other side has a crown, tell me what happened there”

Ms. Jones: “Oh, I remember that. I was eating one day and the tooth just broke off. I went to my dentist and she fixed it with a crown. She said I was close to needing a root canal but I got lucky. It has felt fine since then.”

Hygienist: “Well, I’m afraid this one is about to break too. There is always a chance when a tooth breaks that it could split right into the nerve and then you lose the tooth. I bet Dr. B is going to want to fix this right away before it breaks. Would you like that?”

“I’m sure Dr. B will want to see a picture of this tooth and a close up x-ray so I’m going to do that now. This way you can see the tooth close up too.”

Hygiene Co-Diagnosis System

- Complete Ultimate Hygiene Exam checklist through perio charting
- Take intra-oral photographs
 - If patient has healthy gums, take photos of next restorative priority (area of concern)
 - Before taking photos, consult the treatment plan
 - Examine area that is next on the treatment plan
 - If this area still appears to be top priority for treatment, focus on this area
 - If another area has become more urgent, focus on that area
 - If there is not treatment on plan, determine the section that you feel is most in need of treatment
 - Share with patient the following:
 - “I’m concerned about this upper right area, these teeth have very large, old, metal fillings and the teeth look very gray. That is often a sign of decay under the old fillings. I’m going to take a photo of this area so you can see what I see and I know Dr. B is going to want to see this up close.”
 - Take a photo of the area of concern-take a photo of the entire quad
- Place the photo on the patient monitor
 - Using zoom function, bring areas in question up close
 - Leave the image on the screen for the remainder of appt if possible
 - Wait a moment to see what the patient says about the photo
- Share with the patient what you see on the photo
 - Do not discuss solutions until you have thoroughly discussed the problem-preferably not until patient asks about treatment/solution
 - Share photos of other patients’ teeth with similar problems. Include photos of the prep and finished restoration
- Proceed with hygiene treatment-call Doctor for exam

- Doctor-Hygiene Exam
 - Share with Doctor your findings and bring attention to the photo
 - “I noticed this area as I was doing my exam. I’m concerned about the gray around the old, metal filling
 - Doctor confirms treatment and urges patient to complete treatment
 - Discuss consequences of no treatment
 - Use CAESY or other patient education system
 - This step can be done at any point after hygiene exam is complete
- Place recommended treatment in treatment plan
- Print treatment plan
 - Let admin team know that plan is being printed
- Admin team to complete detailed financial arrangements
- Walk patient to administrative team
 - “Dr. B said it is important that we find a time very soon for Ms. Jones to return for this treatment. It will take 2 hours to complete this treatment”
 - Admin presents financial options and schedules restorative treatment
 - If the patient chooses not to schedule at that moment, be sure they are scheduled for their preventive/periodic maintenance visit to keep them in the recare loop
 - If patient says they do not want to have treatment at that time, place them on a call list and ask their permission to follow-up in 2-3 weeks

Add \$100k to your hygiene department next year AND \$300k to your practice!

1. Pump up Perio
2. Supportive Products (CariFree, Oxyfresh, Sonicare, MI paste, Arestin)
3. The magic of comprehensive care-Restorative Co-diagnosis

Dr. B- Michigan

17-18 days of hygiene/month

15 NP/mth

850-1000 active patients

12% perio

\$293,000 annual hyg production

\$1200-1400/day

\$150-180/hour

Projections

50% of new patients receive at least 2 quads of perio therapy: \$16,000

10% of existing patients (in recare) receive at least 2 quads of perio therapy: \$28,000

Convert these perio patients from 6month prophyl to

3-4month perio maintenance program: \$38,000

50% of adult patients (in recare) receive in-office fluoride therapy: \$23,000

Hygiene does 2 fluoride appliances per week @ \$256: \$25,000

Place an average of 1 site (5mm+) of local antibiotic

in each quad of perio at \$30/site: \$11,000

Total Production Increase in 12 months: \$145,000

Working the Hygiene Annuity

Add \$380k per year to practice production

- Sync your treatment philosophy
- Dip into the annuity-enrolling from **existing** treatment plans
- Using technology- photography, Diagnodent, CAESY, VelScope
- Use your trackers-Treatment Presented and Treatment Accepted
- 3:1 ratio Restorative Treatment Presented Goal: \$6000/day
Schedule \$2000/day

Where To Go

Home care products

- Oxyfresh Power Rinse, Healing Gel, Fluoride toothpaste
(www.oxyfreshdental.com)
- Sonicare
(www sonicare.com)
- Fluoridex 5000 with sensitivity relief 1.1% Neutral Sodium Fluoride
(www.discusdental.com)
- Prevident 1.1% (5000ppm) Neutral Sodium Fluoride gel by Colgate
(www.colgateprofessional.com) Available through most dental distributors,
great for fluoride trays

Locally Delivered Antibiotics

- Arestin
(www.arestin.com)

Polishing Paste/Powder

- ProphyWhiz Air Polisher by KaVo
(www.kavo.com)
- Prophy Pearls by KaVo
(www.kavo.com)
- CPR paste
(www.iccare.net)

These can be ordered through most dental distributors

Topical Anesthetic

- Oraqix
(www.oraqix.com)
Oraqix is ordered through your Arestin rep
- Triple Topical Gel (Lidocaine, Prilocaine, Tetracaine) 30gms
John Hollis Pharmacy 615-327-3234

Fluoride-Remineralization

- Vanish 5.5% NSF white varnish by Omnii
(www.omniipharma.com)
- MI Paste
(www.gcamerica.com)

Designer Lab Coats

- Luxury Lab Coats (www.luxurylabcoats.com)

Technology

- Diagnodent by KaVo
(www.kavo.com)
Sold by Patterson and Schein
- CAESY Education Systems by Patterson Dental
(www.caesy.com)
- PerioPal
(www.periopall.com)
Voice-activated probing system
- Voice Recorder by Olympus
Available at Best Buy, Office Max, Radio Shack

Instruments

- PerioWise Probes by Premier
(www.premusa.com)
- HuFriedy CP-8 Color Coded probe
- FSI Slim Line Cavitron tips by Dentsply
Sold by most dental distributors
- Protégé heavy duty ultrasonic tip by Discus
(www.discusdental.com)
- 1.2ml irrigation syringe and micro-tips by Ultradent
(www.ultradent.com)
- 3-6-9-12 Periodontal probe by Hu-Friedy
Sold by most dental distributors

Radio Communication

- Motorola TalkAbout T5720
- Motorola TalkAbout T6510
- RadioShack Headsets
Radios found at RadioShack, Office Depot, Office Max

Digital Photography

- Cannon EOS with intra-oral lens
(www.photomed.net)
- Ring flash
(www.photomed.net)
- Intra-oral mirrors

(www.photomed.net)

These tools are also sold by many dental distributors

- Photo cards and card reader
Available at Best Buy, Office Max

Comfort Products/Resources

- Aihu
(www.aihu.net)
- Soothe Rx
(www.omniipharma.com)
- Viroxyn
(www.viroxyn.com)
- Rincinol
(www.sunstarbutler.com)
- Debacterol
(Dental Distributor)
- Aphasol
(www.discusdental.com)
- DOCS-Dental Organization for Conscious Sedation
(www.sedationdocs.com)