

Executing The Ultimate Doctor-Patient Hygiene Exam

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What needs refinement with your doctor – patient hygiene exams?

- 1) Always left to the last five minutes of the appointment
- 2) Lack of effective system to notify doctor of need for exam
- 3) Waiting on the doctor for exam causes running over into next patient's appointment *routinely*
- 4) Lack verbal cue from doctor for summary of data collected by hygienist
- 5) Exams take more than 5-7 minutes on average
- 6) Existing patients are seldom asked to return for comprehensive exams or consultations with the doctor
- 7) Use of visuals such as before and after cases, Intraoral pictures, etc.. not used frequently enough during hygiene appointment
- 8) *Clear* diagnosis not always given by doctor
- 9) Diagnostic radiographs (Panoramic, Full Mouth Series) go longer than practice guidelines for routine updating
- 10) Closure is not gained until the patient leaves the treatment room

3 Non-negotiables for every visit:

- 1.
- 2.
- 3.

#1 Build on Healthy Foundations

Patients should receive a comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis.

Journal of Periodontology 2011

www.perio.org

Molecular Aspects of the Pathogenesis of Periodontal Disease by J. Meyle and I Chapple
Periodontology 2000, 2015

Increase in cytokines essentially becomes “metastatic inflammation”

Intervention to remove disease-promoting biofilm is required to drive down inflammation

#2 Screenings Determine Diagnosis, Priorities & Customized Treatment

Data determines diagnosis! In the presence of active disease...”We now know...”

Screenings determine priorities. Learn the art of prioritization. Treatment Plan for the next visit.

PATIENT’S CONCERNS?

1. Health history update / Risk Assessment / Airway
www.lexi.com - Online drug reference for computers/and devices
www.epworthsleepinessscale.com – Assesses daytime sleepiness
www.snorelab.com – Smart phone app for iOS & Android
2. Blood pressure screening
www.omronhealthcare.com - BP wrist cuff
3. Necessary Radiographs (Periapicals / Panoramic / Cone beam CT to diagnose Periapical disease)
4. Oral cancer screening
www.Identafi.net
www.Vizilite.com
www.VELscope.com
www.Sopreventable.com - brush biopsy
www.PeriRx.com - salivary biomarker
5. Restorative / Aesthetic assessment / CAMBRA
www.ada.org / CAMBRA Risk Assessment Form
www.cdafoundation.org / CAMBRA Risk Assessment Form
www.philipsoralhealthcare.com C.A.R.E. risk assessments online
Caries Identification Technology
www.KaVousa.com (DIAGNOdent)
www.CariesID.com
www.AirTechniques.com (Spectra)
www.TheCanarySystem.com
www.CarieScan.com
www.Soprolife.com
6. Periodontal screening / Comprehensive Periodontal Examination
www.FloridaProbe.com
www.dentalrat.com
Salivary Diagnostics
www.OralDNA.com
www.OraVital.com

#3 Work Smarter, Not Harder

“Why 60 Minutes Works” RDH Magazine www.rdhmag.com

Desensitize, As Indicated

www.shieldforceplus.com – Resin based, light-cured desensitizer and shield

Tom’s Rapid Relief Toothpaste with Arginine

www.StevensRX.com – topical anesthetic (prilocaine, tetracaine, and lidocaine)

Reduce Inflammation, As Indicated

www.Periosciences.com – Topical antioxidants

www.Perioprotect.com – Low dose hydrogen peroxide

Repopulate the Oral Cavity With Healthy Bacteria

www.Probiorahealth.com – Oral probiotics

Power-Driven Daily Disease Control

www.Sonicare.com

www.waterpik.com

Guided Biofilm Therapy – Minimally Invasive Biofilm Management with Subgingival Air Polishing & Erythritol PLUS Powder – Efficient, Safe for teeth, implants and restorative materials, Comfortable, Ergonomic, Effective

www.Hu-Friedy.com/biofilm - Clinical Evidence Guide

<http://www.hu-friedy.com/powerrequest> - request Air Flow demo

Simplify with Cassette Instrument Management

www.Hu-Friedy.com

Magnification & Illumination – invest in BOTH!

www.orascoptic.com

www.perioptix.com

www.designsforvision.com

www.denmat.com

Voice-Works Periodontal Charting

www.floridaprobe.com

#4 Communicate Intentionally for Education & Enrollment

Intraoral Technology – Let the pictures speak 1000 words!

www.Acteongroup.com - SoproLife Intraoral Camera/Decay detection/Inflammation

Co-Diagnosis – Patients see what we see / Ownership

Mutual Loop of Influence – Proximity matters

Eliminate Verbal Graffiti - It diminishes your message

Three C's of Effective Communication:

- Confident
- Clear
- Concise

The Power of Words:

- Periodontal Disease / Inflammatory Response
- Periodontal Therapy / Periodontal Debridement
- Permanent Jawbone Damage
- More Secure Restoration
- Restore to Natural Form & Function
- Quantify Severity: Slight, Moderate, or Severe
- Insurance Assistance, Benefit or Reimbursement

Ask Open-Ended Questions To Uncover Objections, Discover Concerns and Create Value

John, what else can I clarify for you?

David, what concerns do you have about this treatment?

B.E.A.T. Common Objections

- Body Language
- Eye Contact
- Agreement Statements
- Tone of Voice

#5 Initiate Restorative & Aesthetic Conversations

Need doesn't sell elective dentistry. Desire does!

Discovery (*Do you see...?*)

Develop Curiosity (*Did you know...?*)

Desire (*Do you want...?*)

Benefits prior to symptoms:

Less _____

Less _____

Smile Analysis – see sample in handout

Technology to Increase Case Acceptance

www.Orasphere.com

www.Caesys.com

www.Curveed.com

#6 Notify the Doctor for the Exam Prior to Initiating Treatment

Time Management for Treatment Enrollment: Sample 60-minute appointment
Data Collection: ~ 10 minutes
Communication / Enrollment: ~ 15 minutes
(NOTIFY THE DOCTOR PRIOR TO INSTRUMENTATION)
Preventive Prophylaxis / Stable Periodontal Maintenance / Exam: ~35 minutes

**If disease is not stable or procedure is not preventive in nature – a new diagnosis is needed!*

www.vengapaging.com Venga Interoffice Communication System
www.bluenotesoftware.com Computer software
www.comliteinfo.com Wireless Light Communication
www.customearpiece.com Black Diamond Radio

Identify Candidates for Comprehensive Re-examinations/Consultations

Time Management Support
Clinical Assistant support
Back-up support when doctor “reeled into” conversations – *what is your plan?*
Dental hygienists, own it!

Doctors – Mentor Your RDH!

RDH See Things Through Your Doctor’s Eyes!

#7 Develop a “Triangle of Communication” for the Synopsis and Diagnosis

Doctor gives dental hygienist a cue for synopsis of findings/discussion

RDH Verbal synopsis:

Data collected from screenings that is significant to report

Discussion of potential treatment (Restorative, Aesthetic, Perio.)

Response from the patient related to proposed treatment

DDS - Clear diagnosis and direction for timing

Sample synopsis of Dental Hygienists’ findings using DDR: Data, Diagnosis & Response:

“Susan is a great patient and asked some really good questions! Today her blood pressure was slightly elevated even after 2 readings and I have recommended she check this again within 24 hrs. Both parents have a history of hypertension and she is due for a physical next month anyway. Her periodontal screening revealed evidence of localized periodontal disease with light to moderate bleeding and 4 – 5 mm pockets localized around the posterior teeth. We identified the need for 2 appointments of nonsurgical therapy to reduce the inflammatory response. Susan is concerned about keeping her teeth and staying healthy and wants to treat this disease right away. Restoratively, she does have evidence of

occlusal wear, and early abfraction lesions as you can see from the intraoral pictures. I explained the benefit of re-enameling the incisal edges of the lower anterior teeth and the possibility of an occlusal guard to protect the teeth from further wear. Her Mallampati score was 1 and her Epworth Sleepiness Score was 4. She does have some questions for the administrative team about insurance, but is interested in protecting her teeth, because she has started to notice how worn her dad's teeth appear. Susan recently purchased some OTC whitening strips, and will begin using after this visit. We took a shade analysis today and will monitor her results over the next couple of months. Susan, is there anything else?"

Concept #8 Gain Closure in the Treatment Room

Time, Money, Fear - *three biggest objections*

Decisions based solely on insurance will always fall sort of optimal care and often fall short of the least costly, most conservative, least time consuming, least invasive and least painful method to treat dental and periodontal diseases.

Five Principles of Closing by Philip Faris

1. People make decisions for their reasons, not yours
2. People must trust you and believe in what you say
3. People buy when the benefit outweighs the cost (time, money, effort)
4. People won't act until they are emotionally ready
5. Use trial closes to manage commitment throughout the process

To close, you must ask!

"So, Susan provided we answer the questions you have for the administrative team, are you ready to get started, right away?"

Your Top 3 Priorities to Create The Ultimate Doctor Patient Hygiene Exam:

1. _____
2. _____
3. _____

*We are what we repeatedly do. Excellence then, is not an act, but a habit.
Aristotle*

SMILE ANALYSIS

WHEN I SEE A PICTURE OF MYSELF, THE FIRST THING I NOTICE ABOUT MY SMILE:

SOMETHING I OFTEN NOTICE ABOUT OTHER SMILES I CONSIDER ATTRACTIVE

PLEASE MARK AN X BY ANY STATEMENT YOU AGREE WITH.

___ I WISH MY TEETH WERE WHITER.

___ I WISH I HAD A BIGGER SMILE.

___ SOME OF MY TEETH ARE TOO SMALL.

___ SOME OF MY TEETH ARE TOO LARGE.

___ I WISH MY TEETH WERE STRAIGHTER.

___ MY GUMS SHOW TOO MUCH WHEN I SMILE.

___ I THINK THERE IS TOO MUCH SPACE BETWEEN SOME OF MY TEETH.

___ BECAUSE I AM NOT TOTALLY PLEASED WITH MY SMILE, I SOMETIMES HESITATE TO SMILE.

___ I HAVE OFTEN WISHED I COULD CHANGE SOME OF THE FEATURES OF MY SMILE.

___ I AM CONCERNED OVER WHAT THE END RESULT MIGHT LOOK IF I CHANGE MY SMILE.

___ I AM CONCERNED ABOUT THE COSTS RELATED TO ENHANCING MY SMILE.

___ I KNOW I NEED TO DO A BETTER JOB PROTECTING THE HEALTH OF MY SMILE.

___ I AM NOT REALLY SURE ABOUT ALL OF THE OPTIONS AVAILABLE TO ENHANCE MY SMILE.