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
   - Online drug reference for computers/and devices
   - Assess daytime sleepiness
   - Smart phone app for iOS & Android

2. Blood pressure screening
   - BP wrist cuff

3. Necessary Radiographs (Periapicals / Panoramic / Cone beam CT to diagnose Periapical disease)

4. Oral cancer screening
   - Brush biopsy
   - Salivary biomarker

5. Restorative / Aesthetic assessment / CAMBRA
   - CAMBRA Risk Assessment Form
   - C.A.R.E. risk assessments online

6. Periodontal screening / Comprehensive Periodontal Examination
   - Salivary Diagnostics
#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

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
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.orascopict.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.Caesy.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.