

Heeding the Call and Committing to Periodontal Therapy

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According to current trends it is projected that there will not be enough dentists to care for the population. Besides the decline in dental school graduates the fact that people are living longer and the Baby Boomers are coming into their "Golden Years" has interrupted the delicate dentist to patient ratio.

Today, as dentists retire, fewer are available to assume the challenge of providing oral health care. How will the public find quality oral health care in the future if there aren't dentist to care for them?

Read the opening paragraph again. Think about these staggering statistics in dentistry:

- Since 1990, the number of dentists per 100,000 residents has continued to decline.
- 60 million Americans have some degree of periodontal disease.
- Only 4000 active members of the American Academy of Periodontology.
- Limited availability of baccalaureate and post-graduate dental hygiene programs.
- Diminishing supply of qualified dental and dental hygiene faculty.

According to American Dental Hygienists' Association facts and statistics, by 2020 there will be approximately 52.7 U.S. dentists practicing for every 100,000 residents. In contrast, from 1992-95 to 2001-02, the number of dental hygiene graduates has increased by 25 percent.

Predicting future trends in the practice of dentistry doesn't require a crystal ball. Instead, future trends in clinical practice will be based, in large part, on current facts. Since it appears that there will be a future shortage of adequately trained clinicians (dentists, hygienists and periodontists), the burden for providing periodontal therapy to our patients requires some long-range planning on our part. So, what can we do?

Dental hygienists and general dentists can fill the gap that the coming shortage of manpower and periodontists will create, but dental practices must change and incorporate dental hygiene departments that function as modern business models for the 21st century.

Creating Positive Attitudes about Change

The message that attitude is everything and that being excited about change is essential is probably old and familiar, and has a nagging quality about it. You may have heard it a hundred times or more and you've tried implementing it with only limited success. Today's dentists and their teams face more demanding, skeptical and cost-conscious clients, expanding workloads, increasing malpractice threats and closer scrutiny from third party providers. Only a positive attitude among the entire team together with a commitment toward teamwork can meet the challenges of today's dental practices. How do dentists maintain a team-motivating attitude in the midst of a hectic and stressful environment? The answer is a simple truism:

Treat your fellow team members the way you would like to be treated and make the diagnosis and treatment of periodontal diseases a top priority for all patients, your entire team and yourself.

What Changes Can We Anticipate and Embrace in the Hygiene Department

Focus on the hygiene department as an integral and invaluable part of the dental practice is a fairly new concept that sometimes requires practice management coaching to achieve predetermined goals. For example, if your practice philosophy includes connecting people with vital solutions for reaching a higher level of wellness, a lot of planning goes into your focus and priority areas. Let's say that you and your team decide to team up with a local podiatrist, endocrinologist and optometrist so that you can provide an interdisciplinary approach to comprehensive care of diabetic patients. You and your team then provide ongoing patient education about diabetes prevention and you, in turn, educate various physician's and nurses groups on the oral health care management of diabetic patients with chronic periodontitis. This effort results in increased community ties, promotion of community health and even new patient referrals!

The hygiene department of the future will undoubtedly be instrumental in co-diagnosis, treating early gingival and periodontal infections. Hygienists are ripe for expanding their role in non-surgical periodontal therapy and are no longer interested in the traditional role of 'cleaning lady'. Today's dental hygiene students in some parts of the U.S. are being educated to function as periodontal therapists which includes evidence-based decision making in providing best possible care. Microultrasonic inserts are replacing hand curettes as the debridement instruments of choice. Some dental hygiene students are now learning how to instrument, and hence visualize root surfaces with the aid of real-time endoscope technology.

Today, hygiene departments are evolving beyond the traditional 45 minute solo practitioner model. Sophisticated assisted hygiene teams are functioning to make the department more efficient and productive, allowing more time to focus on providing patient-centered preventative care. Assisted hygiene models offer an

appreciated “added value” component to preventative care by pairing a highly trained dental assistant with a skillful evidence-based hygienist. This model should not be confused with “assembly line” accelerated hygiene programs that tend to focus on production rather than enhancing patient care.

Many hygiene departments maintain a *mechanical* model, which focuses on removing calculus, plaque, stain and performing root planing one quarter of the mouth at a time. Treatment plans will commonly segregate each quadrant of therapy by two weeks. In reality, many cases never come to fruition until months later, at which time the initial quadrants are suspected to become re-infected by bacteria from the latter quadrants.

A pilot study published in the Journal of Periodontology in 1996 described the process of “full mouth disinfection” which included scale and root plane (SRP) in all four quadrants, tongue brushing with 1% CHX, mouthrinsing with 0.2% CHX, and pocket irrigation with 1% CHX gel within 24 – 48 hours. The results yielded improved clinical outcomes in chronic periodontitis compared to a traditional approach which treats quadrants at 2-week intervals over period weeks. Subsequent case studies and systematic reviews have encouraged visionary hygiene departments to implement a model for treating patients within these parameters, resulting in better outcomes, higher quality of service and increased production.

Futurist hygiene departments devote a separate day in the hygiene schedule to spotlight non-surgical periodontal cases. Although longer appointments are necessary, proper use of ultrasonics increases efficiency, rendering one or two one and a half hour appointments rather than four one hour appointments. The incorporation of locally applied antimicrobials, during initial therapy as well as maintenance, enhances clinical outcomes and substantially augments the services and profitability of the hygiene department.

Practices offering services based on current research and trends in periodontal therapy see hourly production rates soar from \$90 - \$120 to \$150 - \$400, with the average patient producing \$ 400 - \$700+. Embracing this model, hygiene departments can flourish into indispensable channels of both quality and profitability.

Where Do We Begin?

The lead clinician who will execute and monitor the periodontal care plan under the supervision of the dentist is the **periodontal therapist**. *The periodontal therapist is **not** a new auxiliary but is a dental hygienist/clinician who incorporates non-surgical periodontal therapy into her/his daily practice and who works as part of an effective hygiene team. This team includes the attending dentist.* In demonstrating competence, the periodontal therapist and attending dentist **must** possess a thorough understanding of responsible client management that includes:

1. Comprehensive medical, psychosocial, periodontal and dental examination and documentation. Thorough diagnosis and prognosis by an attending dentist is of paramount importance.
2. Optimal and alternative treatment planning based on client risk assessment.
3. Expertise in case presentation, parts of which are practiced and monitored by the entire dental team.
4. Referral to a periodontist for surgical intervention and highly specialized treatment according to a given set of guidelines.
5. Monitoring periodontal maintenance intervals with the general dentist and alternating maintenance with the periodontist.
6. Ongoing effective communication skills with the general dentist and periodontist including regular written periodontal client status reports.
7. Advanced treatment planning skills in a variety of areas including client assessment, implementation and evaluation procedures. Root access and instrumentation with a special emphasis on microendoscopic visualization, advanced instrumentation with ultrasonic precision thin instruments and periodontal files are achieved at a mastery level of competence. Meticulous scaling and root planing are the norm and periodontal therapists can recognize unresolved disease and inadequate calculus removal.
8. Daily production and analysis of dental hygiene division statistical data.

9. Evidence-based practice standards that seek to integrate clinical competency with the evidence obtained from rigorous, systematic research.

Dental Teams That Embrace Workplace Change

Each passing day, new careers, opportunities, and fortunes are created by people who don't just survive change, they embrace it.

Is your team prepared for workplace change? Do you, as a leader of the team, have the personal and workplace skill sets that are required for successful change? Can you clearly state why your workplace changes are occurring and how you, yourself can further those changes?

Being 'change-ready' means more than just 'being on board' with change. Change readiness is a thoughtful combination of continuous learning, thought/feeling management, skillful collaboration, and strategic risk-taking.

Vince Lombardi, the late coach of the Green Bay Packers, excelled at motivating his players in professional football. Before practice, he insisted that players look in the mirror and ask themselves: "Am I looking at the person who is helping me or one who is holding me back?" When you look in the mirror, do you see the kind of person who can create a motivated, productive, satisfying and secure work environment for a periodontal therapist and for the entire dental team? Can you create a new goal of creating a profitable dental hygiene division of the practice? If Vince Lombardi were here today, his advice would undoubtedly go something like this: grab the bull by the horns and work that indomitable team spirit. Go team!