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MINNESOTA DENTAL ASSOCIATION®

139TH ANNUAL SCIENTIFIC SESSION

Star of the North Meeting

MINNESOTA DENTAL ASSOCIATION®

More Than a Bloody Prophy: What Can We Do Differently?:

April 28, 2022

Dental Practice Solutions

Decide. Empower. Grow.

Dental Practice Solutions

Decide. Empower. Grow.

Hygiene Department Training, Coaching

Celebrity Smiles® CLUB

Lifetime Whitening System for Patient Growth and Patient Loyalty

nex health

Patient Patient Engagement

Debbie Seidel-Bittke, RDH, BS

Dental Practice Solutions

Decide. Empower. Grow.

April 28, 2022

RESOURCES FOR YOU

Text: (866) 210-9475

Provide:

Your Email

GIFTS

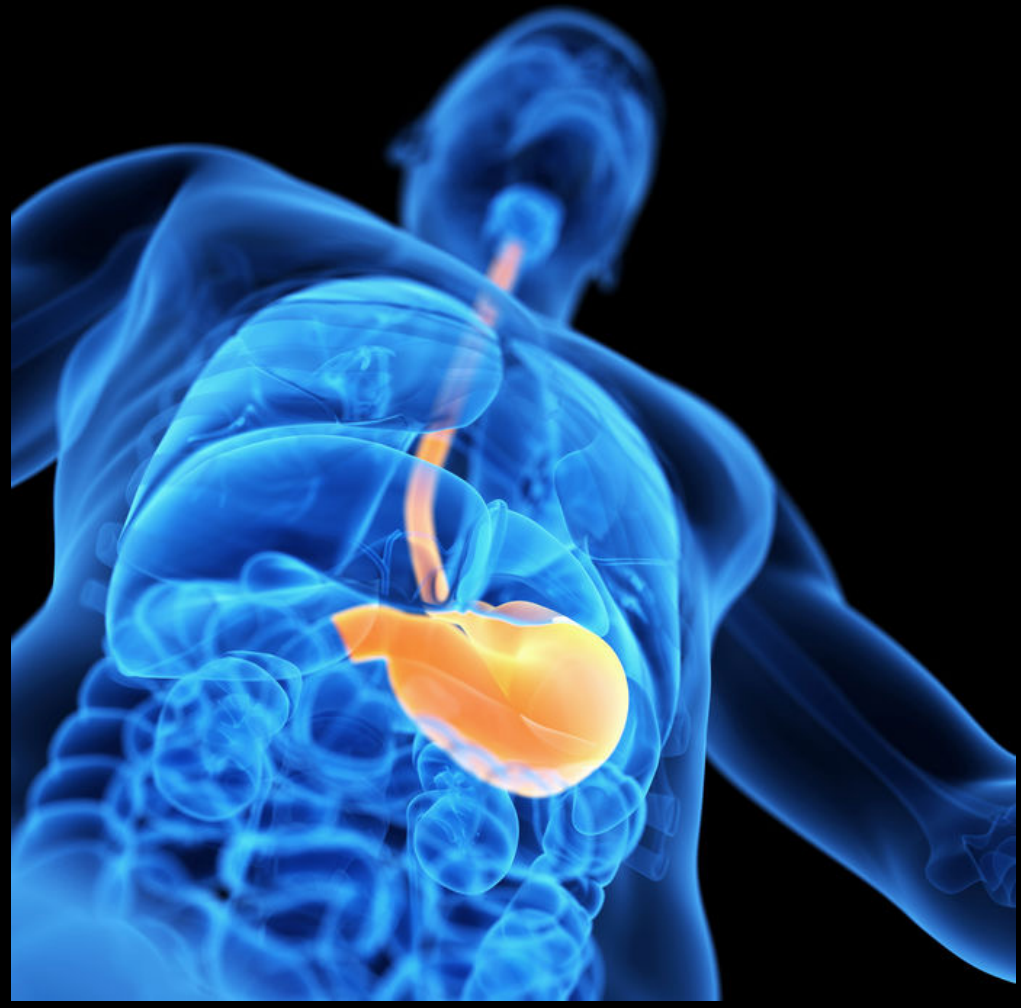
How to Keep in Touch

Website: www.dentalpracticesolutions.com

Business Page:
www.facebook.com/CelebritySmilesClub

Instagram:
https://www.instagram.com/CelebritySmilesClub

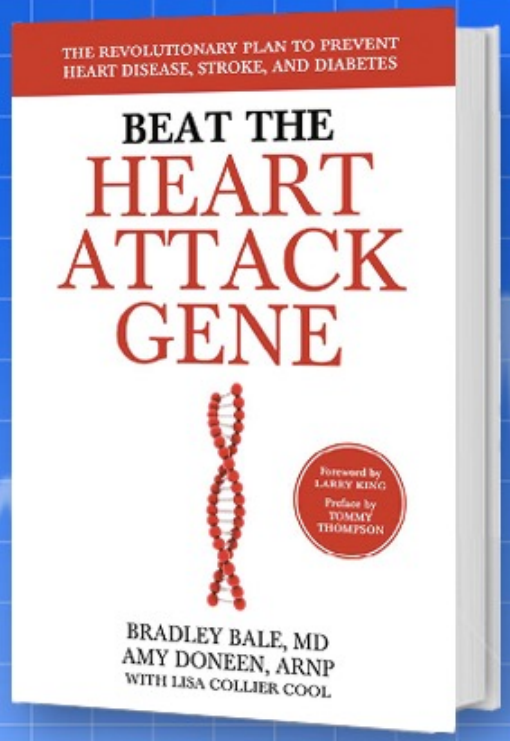
Mouth/Body Connection



Secure | https://www.baledoneen.com

Bale Doneen METHOD.

Healthy Hearts, Healthy Practices
A Revolutionary, Comprehensive Plan to Prevent Heart Attacks and Strokes



The Revolutionary Plan to Prevent Heart Disease, Stroke and Diabetes.

LEARN MORE

"This book could save your life"
- Larry King

OVERVIEW

Prophy or Perio

Treatment Options for Prevention

Treatment Options for Disease

OVERVIEW

AAP Classifications

Help Patients Own Their Disease

Prophy or Perio

Treatment Options for Prevention

Treatment Options for Disease

Prevention

Definition: The action of stopping something from happening or arising.

FANDANGO
MOVIECLIPS

Prophylaxis

A preventive procedure for patients who (NOT YET) don’t have periodontal disease, and should only be used with patients who are periodontally healthy.

The procedure includes scaling and polishing of all surfaces at or coronal to the cementoenamel junction (CEJ).

Prophylaxis

Two exceptions include:

- D4355-Full Mouth Debridement to enable Comprehensive Periodontal Evaluation and Diagnosis
- D4341-Periodontal Scaling and Root-Planing, per Quadrant

Disease

Definition: A disorder of structure or function in a human, animal, or plant, especially one that produces specific signs or symptoms or that affects a specific location and is not simply a direct result of physical injury.

1st Step When Treating Gum Disease

D4355 is used to report the procedure performed before the subsequent comprehensive evaluation simply to remove gross deposits from the tooth surface.

Gross Debridement Continued….

D4355 enables a comprehensive oral evaluation and diagnosis on a subsequent visit”.

Gross Debridement Continued….

D4355 Excellent to use before making the appropriate diagnosis and treatment plan.

Periodontal Disease

AKA: *”Gum Disease”*

Periodontal Disease According to the CDC:

Result of infections and inflammation of the gums and bone surrounding the teeth.

Periodontal Disease According to the CDC:

1. The early stage is called Gingivitis.
2. Disease most often found in adults
   - At what age do you consider your patient and “adult”?

Current CDC Data:

1. 47.2% of adults aged 30 years and older
2. Increases with age
- 70.1% of adults 65 yrs of age and older have perio
3. More common in men than women.

(56.4% vs. 38.4%)

4. Those who live below the federal poverty level have 65% higher incidence
- Less than a high school education 66.9%
- Tobacco users have a 64.2% incidence

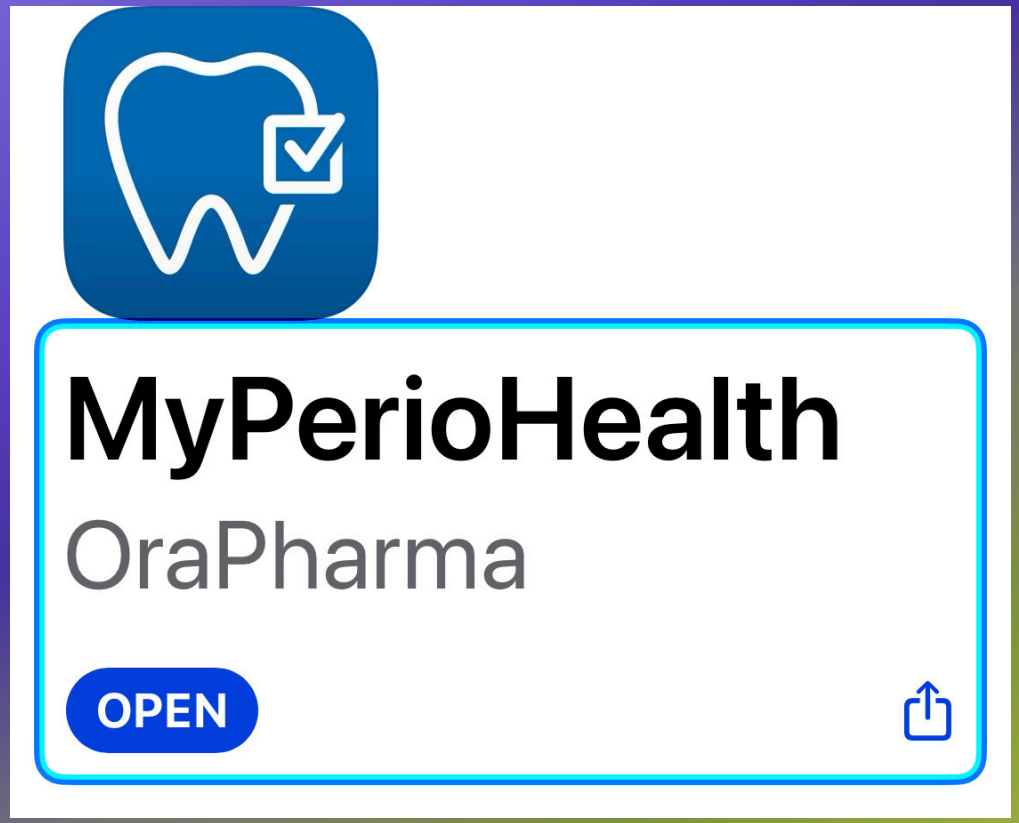
Periodontal Maintenance

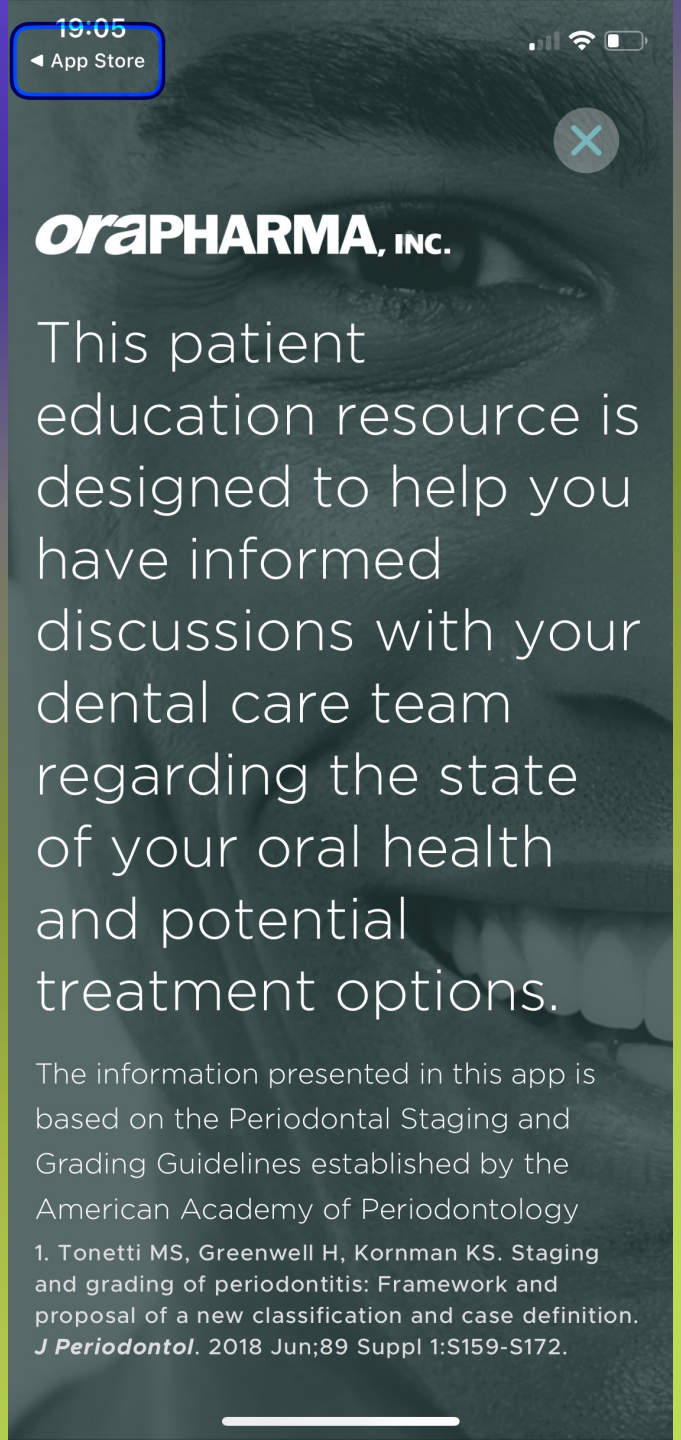
1. Periodontal maintenance is the therapeutic procedure following periodontal therapy.

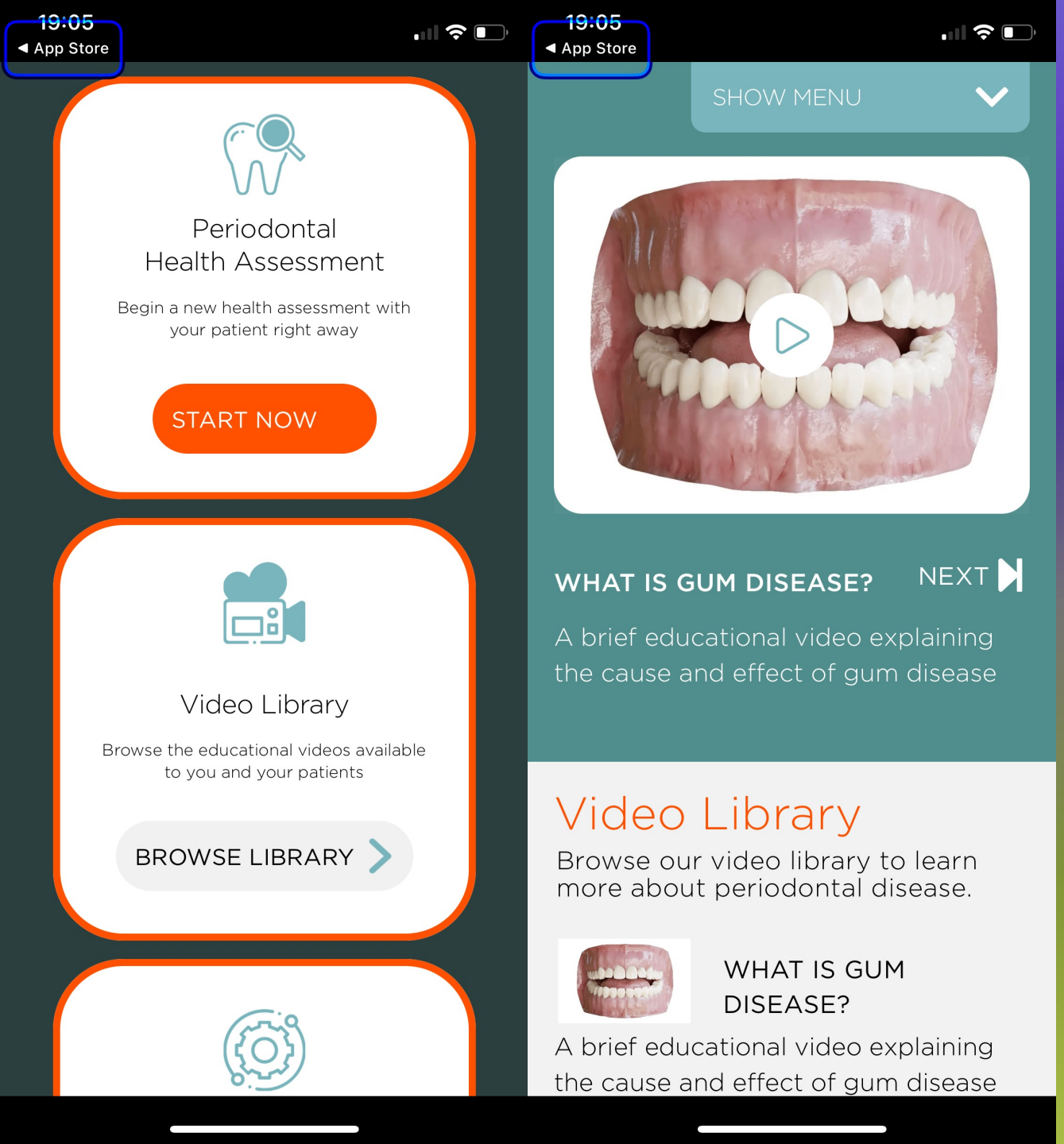
2. follows scaling and root planing, gingival flap surgery (D4240/4241), or osseous surgery (DD4260/4261).

3. Continues for the ***life of the dentition.***

App Store. Free App!







Valuable Patient Assessment/Education Tool

OVERVIEW

Prophy or Perio

Treatment Options for Prevention

Treatment Options for Disease

Gingivitis

Gingivitis Code

Is there a waiting period between completion of a D4346 and delivery of a prophylaxis?

Gingivitis Code

Is this appropriate for a difficult prophy patient?

Gingivitis Code

How do you differentiate this gingivitis procedure (D4346) from the current debridement procedure (D4355)?

Gingivitis Code

What oral evaluation is appropriate before delivery of D4346?

New Gingivitis Code

What procedure is appropriate for patients with localized gingival inflammation (gingivitis)?

New Gingivitis Code

What if the Patients Insurance doesn’t cover D4346?

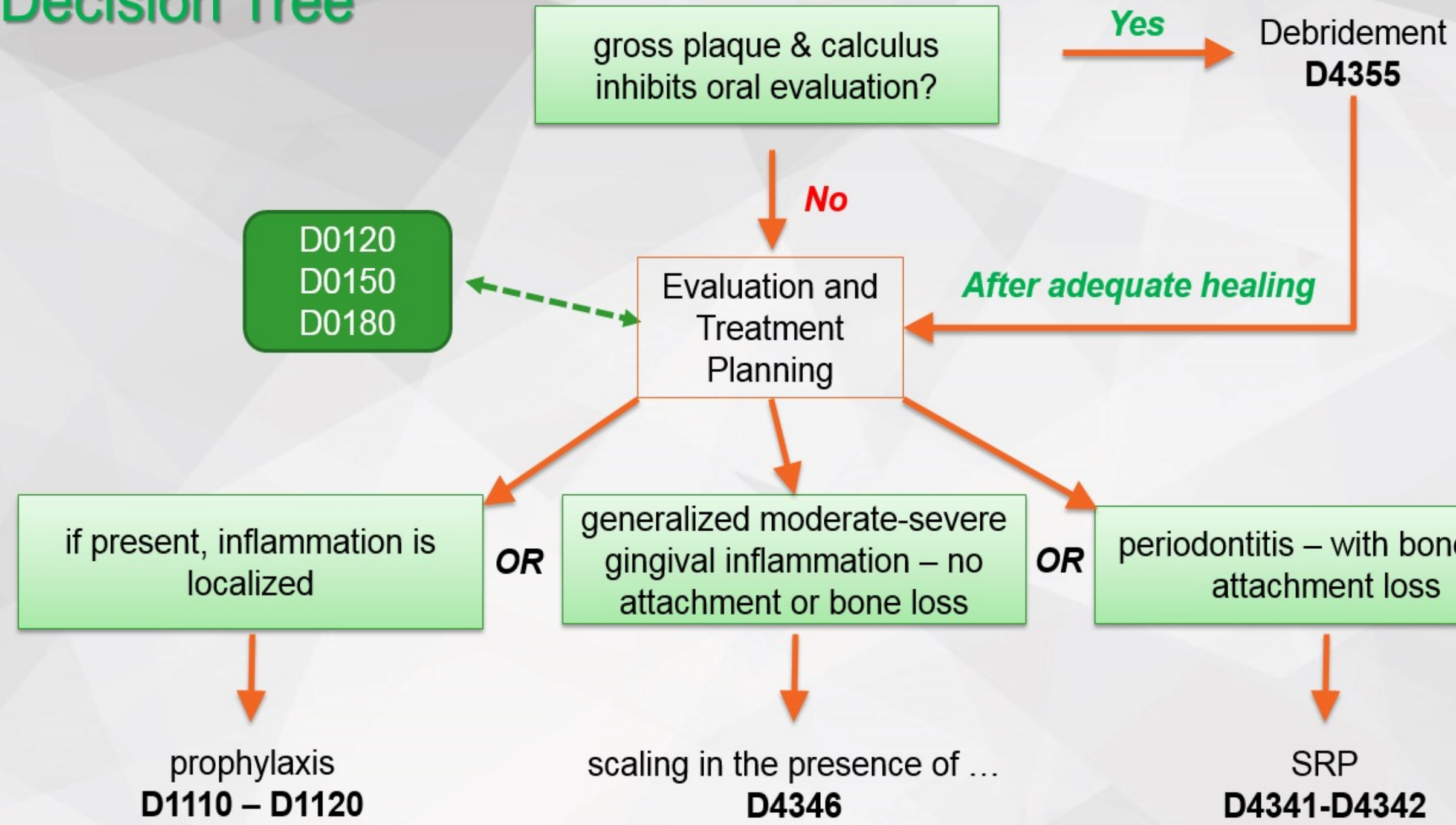
OVERVIEW

Prophy or Perio

Treatment Options for Prevention

Treatment Options for Disease

Decision Tree



OVERVIEW

AAP Classifications

Help Patients Own Their Disease

NIH National Institute on Aging

RESEARCH HIGHLIGHTS

Large study links gum disease with dementia

July 09, 2020

Aging Biology Alzheimer's Disease Biomarkers Chronic Conditions Dementias

The mouth is home to about 700 species of bacteria, including those that can cause periodontal (gum) disease. A recent analysis led by NIA scientists suggests that bacteria that cause gum disease are also associated with the development of Alzheimer's disease and related dementias, especially vascular dementia. The results were reported in the *Journal of Alzheimer's Disease*.

Gum disease results from infection of the oral tissues holding teeth in place. Bleeding gums, loose teeth, and even tooth loss are the main effects of this disease. Bacteria and the inflammatory molecules they make can travel from infections in the mouth through the bloodstream to the brain. Previous lab studies have suggested that this is one mechanism influencing the cascade of events that leads to dementia, but large studies with people have not been conducted to confirm this relationship.

The NIA Intramural Research Program team used nationally representative, publicly available data from the National Health and Nutrition Examination Survey (NHANES), a large population study performed by the CDC's National Center for Health Statistics. The team examined whether gum disease and infections with oral bacteria were linked to dementia diagnoses and deaths using restricted data linkages with Medicare records and the National Death Index. The team compared different age groups at baseline, with up to 26 years of follow-up, for more than 6,000 participants.

The NHANES participants had received a dental exam for signs of gum disease. In addition, the participants received blood tests for antibodies against causative bacteria. The team analyzed antibodies against 19 oral bacteria for an association with the diagnosis of Alzheimer's, diagnosis of any kind of dementia, and death from Alzheimer's. Of these 19, *Porphyromonas gingivalis* is the most common culprit of gum disease. In fact, a recent study suggests that plaques of beta-amyloid protein, a major hallmark of Alzheimer's disease, may be produced as a response to this infection.

The analysis revealed that older adults with signs of gum disease and mouth infections at baseline were more likely to develop Alzheimer's during the study period. Among those 65 years or older, both Alzheimer's diagnoses and deaths were associated with antibodies against the oral bacterium *P. gingivalis,* which can cluster with other bacteria such as *Campylobacter rectus* and *Prevotella melaninogenica* to further increase those risks.

Deaths associated with antibodies against the oral bacterium *P. gingivalis,* which can cluster with other bacteria such as *Campylobacter rectus* and *Prevotella melaninogenica* to further increase those risks.

AAP Classifications

New AAP Codes

- Recategorization of various forms of periodontitis
- Development of a novel staging and grading system for periodontitis
- Inaugural classification for peri-implant diseases and conditions

AAP Classifications

- The four categories of periodontitis staging are

  Stage I to most severe Stage IV.

STAGE

	Periodontitis	Stage I	Stage II	Stage III	Stage IV
Severity	Interdental CAL *(at site of greatest loss)*	1 – 2 mm	3 – 4 mm	≥5 mm	≥5 mm
	RBL	Coronal third (<15%)	Coronal third (15% - 33%)	Extending to middle third of root and beyond	Extending to middle third of root and beyond
	Tooth loss *(due to periodontitis)*	No tooth loss		≤4 teeth	≥5 teeth
Complexity	**Local**	• Max. probing depth ≤4 mm • Mostly horizontal bone loss	• Max. probing depth ≤5 mm • Mostly horizontal bone loss	In addition to Stage II complexity: • Probing depths ≥6 mm • Vertical bone loss ≥3 mm • Furcation involvement Class II or III • Moderate ridge defects	In addition to Stage III complexity: • Need for complex rehabilitation due to: - Masticatory dysfunction - Secondary occlusal trauma (tooth mobility degree ≥2) - Severe ridge defects ~ Bite collapse, drifting, flaring - < 20 remaining teeth (10 opposing pairs)
Extent and Distribution	**Add to stage as descriptor**	For each stage, describe extent as: • Localized (<30% of teeth involved); • Generalized; or • Molar/incisor pattern			

GRADE

	Progression		Grade A: Slow rate	Grade B: Moderate rate	Grade C: Rapid rate
Primary Criteria *Whenever available, direct evidence should be used.*	Direct evidence of progression	Radiographic bone loss or CAL	No loss over 5 years	<2 mm over 5 years	≥2 mm over 5 years
	Indirect evidence of progression	% of bone loss / age	<0.25	0.25 to 1.0	>1.0
		Case phenotype	Heavy biofilm deposits with low levels of destruction	Destruction commensurate with biofilm deposits	Destruction exceeds expectations given biofilm destruction deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease
Grade Modifiers	Risk factors	Smoking	Non-smoker	<10 cigarettes/day	≥10 cigarettes/day
		Diabetes	Normoglycemic/no diagnosis of diabetes	HbA1c <7.0% in patients with diabetes	HbA1c ≥7.0% in patients with diabetes

AAP Classifications

Stage I

AAP Classifications

- **Stage II**

AAP Classifications

Stage III

AAP Classifications

Stage IV

AAP Classifications

- **Peri-Implant Diseases and Conditions:**

1. Peri-Implant Health
2. Peri-Implant Mucositis
3. Peri-Implantitis
4. Peri-Implant soft and hard deficiencies

AAP Classifications

- **Definition of Peri Implant Health:**

AAP Classifications

- **Peri-Implant Mucositis:**

AAP Classifications

- **Peri-Implantitis:**

AAP Classifications

- **Peri-Implant soft and hard deficiencies:**

AAP Classifications

- **How to use this information:**

1. Why Use the new AAP Guidelines?

2. How Does This Help Our Patients?

3. How Do These Guidelines Help Patients Get Insurance to Pay?

- What do you do so insurance will pay?

OVERVIEW

AAP Classifications

Help Patients Own Their Disease

HYGIENISTS GOAL FOR PATIENT CARE

Principles of Patient Care

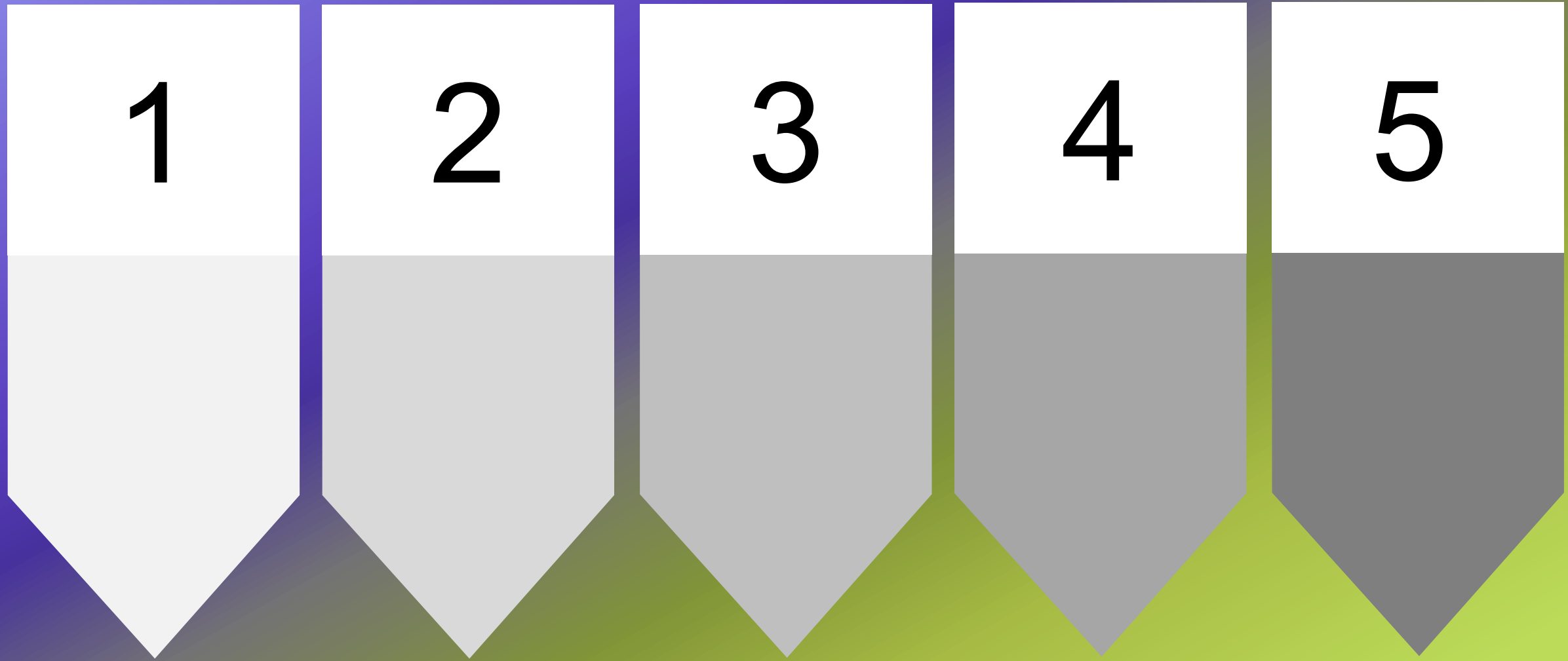
1. Modify Risk Factors

2. Complete debridement site-by-site

3. Reduce bacterial load

4. Sustained Disease Remission

5 Point Philosophy of Care for Patients



5 Point Philosophy of Patient Care

1

Individualized & customized patient treatment

a. Each patient will have a different treatment plan
b. Review the AAP Guidelines

5 Point Philosophy of Patient Care

2

Open-ended treatment planning

5 Point Philosophy of Patient Care

3

Repetitive therapy

5 Point Philosophy of Patient Care

4

All-encompassing therapy

5 Point Philosophy of Patient Care

5

A closely monitored system to ensure disease remission

New Gingivitis Code

D4346: scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.

Treating the Patient with Disease

Case Study

PATIENT

Patient Profile: Patient is a 48-year old White Caucasian male, 5’9” and weighs 175 lbs. He is employed at an industrial warehouse.

Chief Complaint: “Tartar builds up on my bridge and my gums bleed when I brush. You will have a difficult time cleaning my teeth.”

DENTAL HISTORY

Dental History: Patient was diagnosed with periodontal disease and teeth #23-26 were extracted and replaced with a fixed bridge 4 years ago. He does not follow recommended recare appointment intervals.

Medical History

Medical History: The patient has recently been under the care of a physician for a right shoulder injury. He was diagnosed with Hepatitis A over 30 years ago.

He has an occasional outbreak of genital herpes. His current medications include: (Enalapril maleate) Vasotec®, (Valsartan) Diovan®, (Paroxetine hydrochloride) Paxil®, (Lorazepam) Ativan®, (Valacyclovir hydrochloride) Valtrex®, 81 mg daily aspirin and (Naproxen) Aleve® as needed. His blood pressure was recorded at 155/98.

Patient Values

Patient Values:

His health and saving money

Patient Objection:

Patient Can’t afford co-pays

MORE INFORMATION

Extraoral Examination:

- Assessment reported all within normal limits.

Supplemental Information:

- Patient reports sensitivity to cold water and air.
- Patient rinses daily with a phenol rinse.

Oral Hygiene: Behaviors

Oral Hygiene Behaviors:

- He demonstrated a fast “scrub” motion technique.
- Patient remarked he flosses daily yet does not floss the bridge area.
- He sometimes will brush two times daily using a hard bristled toothbrush.

Bleeding Index: 45%

Plaque Free Score: 30%

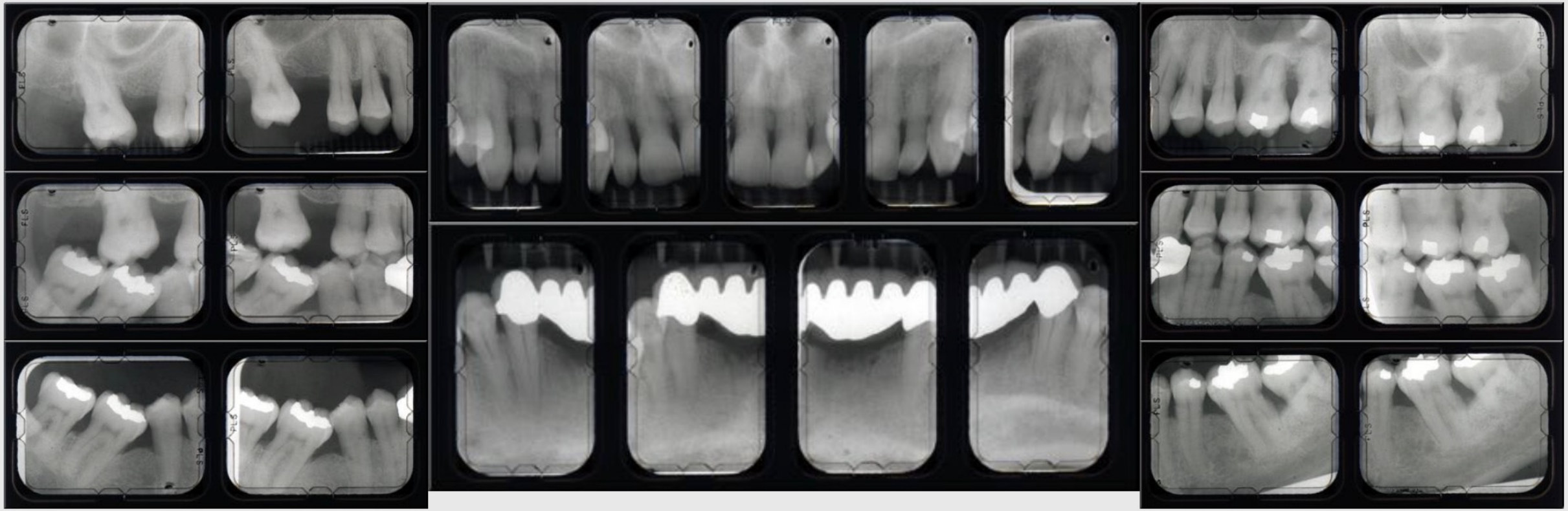
Social History and Background

Social History: Tobacco use for 15 years and quit about 5 years ago.

Background:

Patient is scheduled for a routine preventive care hygiene appointment, FMX and Comp Exam.

FMX

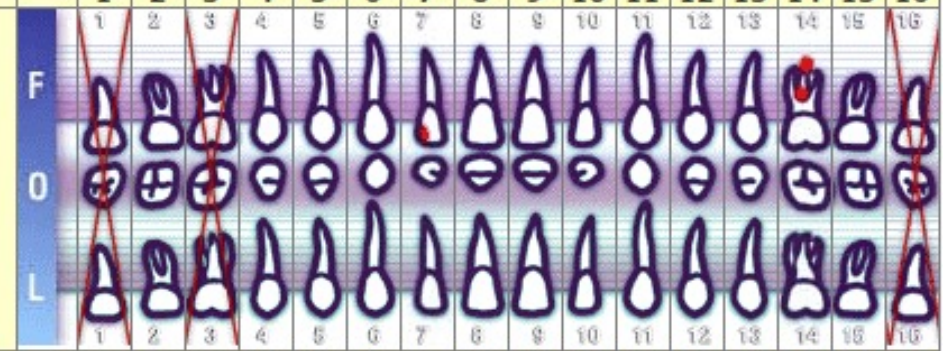


Intra-Oral Images

red = pathology
V = Class I furcation
∇ = Class II furcation
▼ = Class III furcation
I, II, III = mobility

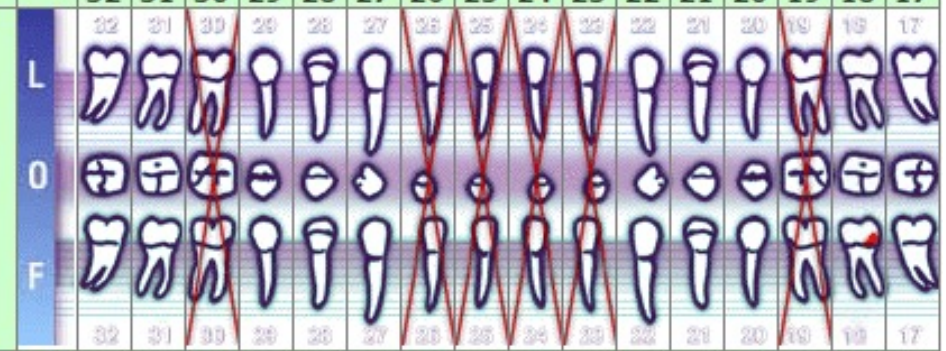
Patient Name: Case 4

Date		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	3	X		X													X
	2	X		X													X
Sept.	1	X	434	X	334	434	434	424	424	424	424	446	544	445	445	644	X
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16



Date		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Sept.	1	X	675	X	434	434	424	424	423	324	425	544	436	446	446	546	X
	2	X		X													X
	3	X		X													X

Date		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
	3			X				X	X	X	X				X		
	2			X				X	X	X	X				X		
Sept.	1	545	423	X	433	344	433	X	X	X	X	214	444	434	X	664	665
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17



Date		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Sept.	1	444	434	X	444	434	432	X	X	X	X	234	434	334	X	645	555
	2			X				X	X	X	X				X		
	3			X				X	X	X	X				X		

YOUR TURN…….

What other information do you need?

What is your treatment plan?

What is your gingival description?

YOUR TURN…….

What is your Stage/Grade AAP Classification for this patient?

List your appointments in order of importance as well as follow-up appointments:

What is your communication? Write out what you will say to this patient below:

YOUR TURN…….

Write out the R2R.

EX: inflammation generalized = more serious health problems due to high BP. Benefit: longer-healthier life. Save money vs. implants, etc.

RESOURCES FOR YOU

Text: (866) 210-9475

Provide:

Your Email

Only text your info one time!

OVERVIEW

AAP Classifications

Help Patients Own Their Disease

Tell Patients What They Need

- Say this…..

- Not that!

Hygiene Packages

A. <u>Healthy Patients</u>: no disease, no pockets, no bleeding.

1 Visit
D01110
Fee: $____

Hygiene Department Various Care Plans

B. **Gingivitis Patients**: inflammation, plaque, calculus, bleeding, no pockets over 3mm with Light to Moderate Gingivitis and no bone loss.
1-2 hours

D4346 Gingivitis Code
And if 2nd Appointment D01110
Fee: $____
Coded Patient" NOT a Prophy Patient

Hygiene Department Various Care Plans

C. **Slight-Moderate Periodontitis:** inflammation, plaque, light- heavy subgingival and supra-gingival calculus, bleeding, erythematous tissue, recession, 5+mm pockets.

60 mins-6-One hour Appointments
D4355, D4341 and/or D4342 Plus D4910 Plus 4981 and D4999 Laser Code.
1st SRP Appointment Bill Code: D0180
Fee: $____

Hygiene Department Various Care Plans

D. **Advanced Periodontitis:** inflammation, plaque, Moderate - tenacious heavy subgingival and supragingival calculus, bleeding, erythematous tissue, recession, advanced mobility, suppuration, perio-endo lesions, 5-7+mm pocketing.

60 mins-6-One hour Appointments
D4355, D4341, D4910 Plus when indicated: 4981 and D4999 Laser Code.
1st SRP Appointment Bill Code: D0180
Fee: $____

Hygiene Department Various Care Plans

E. **Localized Periodontitis (1-3 teeth)**: inflammation, plaque, tenacious heavy calculus, bleeding, spongy erythematous tissue, recession, advanced mobility, suppuration, perio-endo lesions, 5-7+mm pocketing.

D4355, D4342 Plus D4910 Plus 4981 and D4999 Laser Code.
1st SRP Appointment Bill Code: D0180
Fee: $____

Our Communication with Patients

Engage

fully occupied or having your full attention.

Back to
School

S quarely face person

O = use **O**pen posture

L ean toward the patient

E = use **E**ye contact

R elax and keep it natural

Common words stimulated through the brain's association process

Good, bad, it, that, them, we, okay, they, fine, great, not bad.

Curiosity

is a quality related to **inquisitive** thinking such as exploration, investigation, and learning, evident by observation in humans and other animals.

Curiosity

does not include

“WHY”

questions

Curiosity

“Tell me more about…”

“What are your thoughts about…”

“I am thinking…What are your thoughts?”

“I think this is what you mean…
Am I on the right track thinking this?”

“I think you are…Is the right?”

“Please tell me more about…so I am sure to understand.”

7 Point Patient Communication

1. Listen (rapport)
2. Begins with hygienist and patient (all about the patient)
3. Continues during hygiene/patient/doctor exam
4. Doctor continues communication of the message
5. Hygienist uses the words (Disease or Health + Patients Value) when scheduling patients next hygiene appointment
6. Hygienist communicates this same message to front office during hand out
7. Front office refers back to the key communication points

* R2R comes from here.

R 2 R

Dental Practice Solutions

Decide. Empower. Grow.

Reason to Return

1. Know patient’s motivators
2. Understand patients value

   - Aesthetics, etc.

3. Know what patient objections may be
   - ex. Money, time, fear, etc.
4. Know the benefit's to the patient when the do complete treatment
   - ex. Longer, healthier life, save the tooth, enhance their smile, etc.

WHY USE AN R2R?

Where Do We Write the R2R?

1. The Hygienists AND Dental Assistants will always write a short R2R in the clinical notes.

2. If patient restorative care is now completed the DA's bring down the R2R from last hygiene appointment.

3. R2R is always the last line of template for e-notes in clinical record.

When Do You Use R2R?

1. When patient does not want to schedule restorative care, front office knows the patients VALUE and the WHY (benefit) it's imperative the patients schedules ASAP
   - Front office uses the VALUE words and attaches the benefit
2. When a patient calls to "Change" Or Cancel their appointment LAST MINUTE:
   - The person answering the call with look at the R2R found in clinical notes.

When Do You Use R2R?

1. Hygienist with Patient
2. Hygienist to Doctor during hygiene patient exam
3. Doctor to patient after their exam
4. Hygienist to patient at end of appointment…ESPECIALLY when scheduling the patients NV
5. Hygienist to front office when handing off patient

Who Can Will R2R?

- 1. Hygienists
- Doctor
- DA’s
- Front Office

Example of an R2R

- **Example 1:**

$, Hole in tooth, May need tooth pulled or expensive root canal. Tooth pulled + implant is 2Xs $ for restoration.

- **Example 2:**

Fear, Inflam, Infec, HIGH BP, less appointments in the future if returns for treatment scheduled. Could cause other Med problems and require doctor, hospital visits.

OVERVIEW

Prophy or Perio

Treatment Options for Prevention

Treatment Options for Disease

OVERVIEW

AAP Classifications

Help Patients Own Their Disease

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Q & A

Your Next Steps

Dental Practice Solutions
Decide. Empower. Grow.
Thank You!!!!

RESOURCES FOR YOU

Text: (866) 210-9475

Provide:

Your Email

Please Support the Exhibitors who make this meeting possible

Exhibit Floor Hours:

Thursday: 10 am – 6 pm

Friday: 9 am – 5 pm

Thank you for attending!

Please join us next year...

Star of the North Meeting
April 27 - 29, 2023