Polish First: The Secret to Hygiene Department Success

I became an oral health detective!

Use our detective skills to look at Polishing First

*Understand the various definitions for cleaning
*Distinguish between health and disease
*Avoid doing undercover perio treatment
*Impact of air polishing on biofilm removal
*Strategies to improve the bottom line of the DH dept

We are all oral health detectives!
Use our detective skills to look at Polishing First

Why is polishing first the secret to dental hygiene department success?

1. Gives patient what they want
2. Gives you more time to gather data

Objectives for today

* Understand the various definitions for cleaning
* Distinguish between health and disease
* Avoid doing undercover perio treatment
* Impact of air polishing on biofilm removal
* Improve the bottom line of the DH department

Definition of a “cleaning”

1. Patient - polishing
2. Insur. Co. - coronal scaling & polishing
3. Dentist - 30 minutes with no discomfort polishing
4. Dental Hygiene School - (list is too long) everything but polishing

DH School definition of a “cleaning” takes about three hours

1. Medical history update
2. Blood pressure
3. Extra oral cancer screening exam
4. Intraoral cancer screening exam
5. Periodontal records
6. Restorative charting
7. DH diagnosis and DH treatment plan
8. Oral hygiene instructions
9. Power scaling
10. Hand instrumentation
11. Polishing = cleaning for the patient
12. etc

Data Gathering

DH Process of Care

DH School definition of a “cleaning” takes about three hours

1. Medical history update
2. Blood pressure
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12. etc

Data Gathering will be easier after polishing
Do you agree with these different definitions of a “cleaning”

1. Patient - polishing
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4. Dental Hygiene School - (list is too long)

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Dental Hygiene Process of Care

- Assess - data collection
- Diagnose - problem identification
- Plan - selection of interventions
- Implement - activate the plan
- Evaluate - measure effectiveness
- Document - record findings

Dental Hygiene Diagnosis

Distinguish between health and disease

You’re good at this

Distinguish between health and disease

Pregnancy is easier - it’s either yes or no
Periodontal Disease - not so easy

Definition of Disease

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It’s not as easy as YES / NO

Definition of Disease

The missing link: Diagnosis

2017 - IDC10 Diagnostic Codes

K05 Gingivitis and Periodontal Diseases

- K05.0 Acute Gingivitis
- K05.1 Chronic Gingivitis
- K05.2 Aggressive Periodontitis
- K05.3 Chronic Periodontitis
- K05.4 Periodontosis - Juvenile Periodontitis
- K05.5 Other periodontal diseases
- K05.6 Periodontal Diseases, unspecified

2017 - IDC10 Diagnostic Codes

K05 Gingivitis and Periodontal Diseases

- K05.00 Acute Gingivitis - plaque induced
- K05.01 Acute Gingivitis - non-plaque induced
- K05.10 Chronic Gingivitis - plaque induced
- K05.11 Chronic Gingivitis - non-plaque induced
2017 - IDC10 Diagnostic Codes

K05 Gingivitis and Periodontal Diseases

K05.0 Acute Gingivitis
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K05.3 Chronic Periodontitis
K05.4 Periodontosis - Juvenile Periodontitis
K05.5 Other periodontal diseases
K05.6 Periodontal Diseases, unspecified

K05.2 Aggressive Periodontitis

K05.21 Aggressive periodontitis, localized
K05.211 Aggressive periodontitis, localized, slight
K05.212 Aggressive periodontitis, localized, moderate
K05.213 Aggressive periodontitis, localized, severe
K05.219 Aggressive periodontitis, localized, unspecified severity
K05.22 Aggressive periodontitis, generalized
K05.221 Aggressive periodontitis, generalized, slight
K05.222 Aggressive periodontitis, generalized, moderate
K05.223 Aggressive periodontitis, generalized, severe
K05.229 Aggressive periodontitis, generalized, unspecified severity

K05.3 Chronic Periodontitis

K05.31 Chronic Periodontitis - localized
K05.311 Chronic periodontitis, localized, slight
K05.312 Chronic periodontitis, localized, moderate
K05.313 Chronic periodontitis, localized, severe
K05.319 Chronic periodontitis, localized, unspecified severity
K05.32 Chronic Periodontitis - generalized
K05.321 Chronic periodontitis, generalized, slight
K05.322 Chronic periodontitis, generalized, moderate
K05.323 Chronic periodontitis, generalized, severe
K05.329 Chronic periodontitis, generalized, unspecified severity

K06.3 Horizontal alveolar bone loss
D4346 Scaling in the presence of 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.

If you're interested in more information about diagnostic and procedure coding …
How much perio is there?

How many perio patients do you see each day?

How much periodontal disease is there? Prevalence

Depends on who does the measuring and how they do it:
- 20%
- 30-40%
- 50%
- 80%
- 87%

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- 20%
- 30-40%
- 50%
- 80%
- 87%

Prevalence

Depends on who does the measuring and how they do it:
- gingivitis
- periodontitis

Depends on who does the measuring and how they do it:
- 70-80 years
- 40-49 years

Depends on who does the measuring and how they do it:
- people who visit the dentist
- people who don’t visit the dentist

Depends on who does the measuring and how they do it:
- one site of 4mm or more
- bleeding at six sites or more
- define perio - 3mm, 4mm, 6mm
How much periodontal disease is there?

Prevalence

Depends on who does the measuring and how they do it.

- 20%
- 30-40%
- 50%
- 80%
- 87%

probe position

line angle or mid-interproximal

Underestimation of periodontal disease

Partial-mouth probing vs full-mouth probing

1. Ramfjord teeth
2. Only mesial surfaces
3. Selected teeth

CHICAGO—September 21, 2010

The prevalence of periodontal disease in the United States may be significantly higher than originally estimated.

Research suggests that the prevalence of periodontal disease may have been underestimated by as much as 50 percent.

The implication is that more American adults may suffer from moderate to severe gum disease than previously thought.

American Academy of Periodontology

Gingivitis vs Periodontitis

How many of your patients have periodontal disease?

What is Health?

No bleeding

No probing depths over 3mm

Definition of Health
Definition of Health...

A little bit of gingivitis - how much?
A few 4mm pockets - how many?

Health or Disease?

Health or Disease?

Health or Disease?

D1110 - healthy — IN THE PAST
D1110 - localized gingivitis — TODAY
D1110 is primarily a preventive procedure, but can be therapeutic depending on the periodontium’s overall health. It is applicable for patients with generally healthy periodontium where any deposits are removed to control irritational factors, and for patients with localized gingivitis to prevent further progression of the disease.
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<td>Severe</td>
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<tr>
<td>Bloody Prophy Code</td>
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**ADA Guide to Reporting D4346**

10-page document
May 17, 2016
Available on www.ada.org/
Search: D4346

**ADA Guide to Reporting D4346**

- Yes: Debridement D4355
- No: After adequate healing

if present, inflammation is localized
or generalized moderate-severe gingival inflammation
or periodontitis with bone and attachment loss

- Prophylaxis D1110 - D1120
- Scaling in the presence of... D4346
- SRP D4341 - D4342

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<td>D1110 - healthy - prophy fee</td>
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<td>D1110 - localized gingivitis with increased prophy fee</td>
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Dental Hygiene Process of Care

- Assess - data collection
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Write your DH Diagnosis in the chart

Healthy

Gingivitis - localized, generalized; slight, moderate or severe

Periodontitis - localized, generalized; slight, moderate or severe

Write your DH Diagnosis in the chart

Healthy

Gingivitis - localized, generalized; slight, moderate or severe

Periodontitis - localized, generalized; slight, moderate or severe

Objectives for today

* Understand the various definitions for cleaning
* Distinguish between health and disease
* Avoid doing undercover perio treatment
* Impact of air polishing on biofilm removal
* Improve the bottom line of the DH department

Patient scenario

- Two years since last DH visit
- Scheduled for a “cleaning”
- You review medical history
- Not much supragingival calculus
- Probing looks fine
- Begin instrumentation
  - find 4-5mm in interproximals
  - find subgingival calculus
- Now what? It’s no longer a “cleaning”
Probing: Line angle vs interproximal

Probing: Aim toward the mid-interproximal

Probing: Alignment and Calibration

Probing scores can vary 2mm between clinicians

Probe size will add to that difference

Disease starts interproximally
Communicate this fact to patients

Probe brushing and flossing surfaces separately

Numbers 1 to 3 are healthy,
4 and above are not.
Bleeding points are a sign of infection.

Tell the patient
• Determine PHI
• (periodontal health index)
  – # of pockets over # of bleeding points
  – Goal = 0/0
  – Provides bottomline number for DDS & patient

Pregnant 34 year old told she needed surgery

Female, 34 years old

PHI
36/61
8/8
1/3
1/2

Undercover periodontal therapy
providing instrumentation without telling the patient and without charging for it

Avoid doing undercover periodontal therapy
1. Polish First
2. Track Treatment Provided
3. Diagnose

Track treatment provided
1. Medical history update
2. Blood pressure
3. Extra oral cancer screening exam
4. Intraoral cancer screening exam
5. Periodontal records
6. Restorative charting
7. Oral hygiene instructions
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9. Hand instrumentation
10. Polishing
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Be sure patient gets itemized list

Avoid doing undercover periodontal therapy

Polish first
Track procedures
Diagnose - what is health and what is disease

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Air Polishing with Glycine
Removal of subgingival biofilm
80% less abrasive, safe & comfortable

The researcher behind glycine powder

Dr. Thomas Flemmig
He was intrigued by the effects of sodium bicarbonate on subgingival biofilm, but a gentler powder was needed.
Scientific evidence shows it is safe, effective and 3 times faster than rubber cup polishing.

Despite the evidence, DH schools still favor rubber cup polishing.

**Air Polishing with Glycine**

First two studies: standard nozzle significantly lower bacterial counts compared to hand instruments.

First two studies: patients preferred air polishing with glycine over hand instruments - more gentle and comfortable.

**How long per surface?**

First guess, 5 seconds per surface = 9 minutes for full mouth.

More research, that can now be cut to 2.5 seconds per surface.

**Compared to Power Scaler**

Air polisher is more effective for biofilm removal than a power scaler.

Power scaler tip needs to overlap each stroke.

Air polisher reaches a broader area.
**Air Polishing with Glycine**

- Subgingival polishing
- Reaches 9mm
- Safe on root surfaces
- Effective biofilm removal

**Incidence of air emphysema with air polishing is 1 in 666,666**

- Very Safe

**Glycine powder is 5 times less abrasive than sodium bicarbonate**

- 30 publications showing safety

**How will glycine powder be used?**

- Polishing first to remove biofilm.
- Then easier to remove subgingival calculus

**EMS - Electro Medical Systems**

- Distributed by Hu-Friedy

- Tabletop Model
  - Air Flow Master Piezon

- Portable Handy
  - 3.0 Premium
Aceton Satelec

Air-n-Go Easy

Air Max

Prophy Max

Air Polishing Powders

Classic Comfort - Sodium Bicarbonate 40 microns

Air polishing with glycine powder is widely accepted in Europe.

May be harder to break the habits of American RDHs

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Is air polishing with glycine something you’d like to try?

It’s the future!
Improve the bottom line of the DH department

1. Polishing first frees up more time to diagnose
2. Accurate treatment planning for periodontal therapy
3. Listening to patients; happy patients refer

Use our detective skills to look at Polishing First

Why is polishing first the secret to dental hygiene department success?

1. Gives patient what they want
2. Gives you more time to gather data
It's listening to patients and giving them what they want.

Definition of a “cleaning”

Patients want the polishing

Do we know what our patients want?

Do we ask them?

Do we even have time to ask?

1. Medical history update
2. Blood pressure
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12. etc

Polishing first, gives the patient what they want and gives you time to diagnose

Do you ever feel like a science professor talking to your patients?

The story just gets longer and longer

…and you never have enough time to educate…
Do you see patients like this…

After repeated OHI

How were we taught to educate patients about oral health?

The Fire Hose Approach

My older brother Tim

Dental hygiene visits every 3 months
7 years = 28 visits

Education $\neq$ behavior change
No More Lectures!

They work for some, but not everyone

Our values are not our patient’s values

Behavior change comes from within

Behavior change is not controlled by the clinician

The Righting Reflex

Clinicians want to fix things

Lecturing
Educating
Scolding
Do Not Work!
Behavior change is difficult
doesn’t anyone like change

- Motivation comes from within
- Education alone doesn’t guarantee change
- The patient is in charge of behavior change

When the patient is ready,
they will make the desired
behavior change

We need to figure out
how ready they are

Ask questions
Listen to the patient

Find out what they are currently doing and
what changes they are willing to make

OARS Technique

- Open questions
- Affirmation
- Reflective listening
- Summarizing

Be a detective

OARS Technique

- What are your patients’
  values?
- What level of oral health do
  they want?
- What are they doing now?
- What are they willing to do?
Open Questions

- Ask questions without an obvious answer
  - Who, What, When
  - Where, Why, How

- Ask questions without an obvious answer
  - “Have you been flossing?” Not open. You already know the answer.

Open Questions

- Ask questions without an obvious answer
  Instead ask:
  “What do you do to clean between your teeth?”

Let’s try it now

- Silently connect with the person next to you
- Decide who will ask the question first
- Ask: “What do you do to clean between your teeth”

OARS Technique

- Open questions
- Affirmation
- Reflective listening
- Summarizing
For Example

- “What do you do to clean between your teeth?”
- Patient reply - “I floss but it only lasts for about a week after seeing you.”

Reflect on this…

- “I floss but it only lasts for about a week after seeing you.”
- What do you wonder about this patient?
  - They mean well and try at first
  - Something gets in their way - ask what
  - Would a tool other than floss work better

Affirmation and question

- It seems you’re committed to cleaning between your teeth, but something gets in your way.
- Can you tell me more about that?

Can you tell me more about that?

If you forget and ask a yes-no question, follow-up with this question.

Can you tell me more about why you think that?

If the patient voices a value or goal different from yours, ask this question.
Can you tell me more about that?

• If you need time to think of another question, ask this question and listen.

OARS Technique

• Open questions
• Affirmation
• Reflective listening
• Summarizing

Summarizing

• Will feel strange to do this
• Pulls together the entire conversation
• Shows respect to the patient that you were listening
• Creates a call to action based on the patient’s willingness to make a change

• The expert in the room is the patient
• They are the expert in behavior change in their life
• Show them respect for that

Let’s try it now

• Silently re-connect with the person next to you
• Decide who will ask the question first
• Ask this question: “What do you hope to get out of this particular program today?”
• Reflect on their answer and make an affirming statement with reflection

Clinician - Patient Interaction

• We as clinicians often do all the talking
• We easily assume position of expert
• Patient is generally passive, listening and watching
• Clinician - Patient Interaction

Let’s change that and give the patient an active role

On a scale of 1-10, how healthy is your mouth?

If the answer is 6, our natural instinct is to want them move to 7

Instead, ask them why they are not a 5. What moved them from 5 to 6?

• Using OARS to facilitate behavior change

• Rewarding
• Reduces stress
• More likely to achieve behavior change

Two additional steps

• Thank the patient for being there

• Ask permission before doing or saying anything

• Ask permission before doing or saying anything

If you feel compelled to “educate” the patient, first ask permission. “Do I have your permission to share two things you can do to prevent gum disease?” or “Are you interested in hearing two things you can do to prevent gum disease?”
Two additional steps

- Ask permission before doing or saying anything
- If you feel compelled to “educate” the patient, first ask permission. “Do I have your permission to share ways to prevent gum disease?” or “Are you interested in hearing two things you can do to prevent gum disease?”
- “Are you interested in hearing two things you can do to have fresher breath?”

For some, this is intuitive

For others, it will take time to learn, it will be frustrating

Reflect on what type of questions you generally ask and
Have fun asking open questions while you are here.

Open questions:

1. What are you doing to clean between your teeth?
2. On a scale of 1-10, how healthy is your mouth today?
3. On a scale of 1-10, how healthy do you want to be?
4. Please tell me more about why you think that.

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For more information, read this book
OARS Technique

- Open questions
- Affirmation
- Reflective listening
- Summarizing

Thank you!