

Healing Time: How just-right hygiene scheduling saves dental patient's lives

The authors believe the dental hygiene appointment should be restructured for the wide variety of health problems presented.

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What is the primary goal of your dental practice? Is it to clean teeth, repair smiles, or serve your patients and improve their lives? When you only see patients as teeth and gums, you do them a grave disservice. The growing body of evidence about how oral health impacts the whole body means that it's actually dangerous to patients if you focus only on their teeth. When you treat the whole person, you increase the quality and length of your patients' lives. But you can't treat the whole person until you change how you schedule appointments and structure your practice.

Why do your patients need a total health focus? These days, a large subset of your patients may see you more often than they see their physicians. As companies offer less generous insurance plans, many Americans rely on urgent care for their medical needs. You may literally be the only constant in their medical care.

Meanwhile, we're learning more about how systemic diseases and oral health issues affect one another. Researchers have established links between oral health problems and diabetes, heart disease, and Alzheimer's. Sleeping problems and breathing problems can also show up in the mouth, and poor sleep can hasten the onset of diabetes, high blood pressure, and heart disease. Even stress and psychological issues can show up in the mouth first. For example, bruxism can be a marker for psychosocial disorders.¹

Your practice is the sweet spot for continuity of care and the ability to diagnose, treat, and make referrals for a variety of health problems. By restructuring your schedule and appointments, you can perform the sorts of screenings that can save lives. Dental marketing experts often preach that patient experience is key. Well, at the most basic level, patient experience is related to patient health. You give your patients a memorable, impressive experience when you send them home healthier than they were when they arrived in your office. It's time to shift your focus to total patient health.

Changing appointment schedules

One of the biggest hurdles many practices face when they shift to a total health perspective is the amount of time devoted to appointments. How long is each hygiene appointment in your practice? Is it 30 minutes, 45 minutes, an hour? If your practice is overscheduled, you aren't ready to make the shift to a total health focus.

An overscheduled and rushed practice doesn't leave time for the level of care required to prevent cardiac complications. Even before the focus on risk assessment, dental hygienists have felt forced to cut corners when faced with the daunting task of performing their jobs on unrealistic schedules. If one is expected to see patients every 30, 40 or even 50 minutes, one might be tempted to skip a step here and there to stay on schedule. Those corners cut and steps skipped represent potential complications for patients.

Plan to shift to a new focus six months before you make the transition. New patients will need 90-minute to two-hour exams to adequately assess and address total body complications related to their oral health risk profiles. Existing patients need one 90-minute or two-hour screening appointment every three years, whenever they've experienced a major change in their health, or when they have a new diagnosis.

Regular appointments should be scheduled for one hour. While shorter appointments may let you squeeze more names in on the ledger each day, they make your office chaotic and leave hygienists in perpetual catch-up mode. Shorter appointments leave no time to provide thorough risk assessment, patient education, and treatment. Ultimately, production suffers. Longer appointments require a leap of faith. My clients who have

taken that leap have reaped the rewards and will never go back to the old way of scheduling.

You may want to experiment with different ways of incorporating longer appointments into your day. Do you want all new patients to be seen at the beginning of the day? Or does it make sense to have one chair reserved for new patients or longer exams with existing patients? What works best depends on your practice, your team, and your rhythms.

Who's doing what?

When you thoroughly screen patients for conditions related to the oral-systemic link, it's important to think about how dental assistants, dental hygienists, and dentists themselves will divide their time (see sidebar). A clear routine makes it easy to serve patients and ensure that each step happens at each appointment.

More time for screening means a more productive practice

At first, it seems like a paradox. I'm telling you that you should see fewer patients every day and that you should do more assessments on those patients. Yet somehow, this translates to a more productive practice. How can that be? There are a few reasons why this level of service ultimately leads to greater productivity for your entire team.

- 1. A less-rushed practice shows patients that you're competent**
- A hectic, rushed practice where the hygiene team is always behind schedule reflects poorly on you and the dentist's skills. Patients who need complicated restorations and other procedures are going to look for a dental practice that seems to function smoothly and whose team is calm and professional.
- 2. A team with time to work has time to spot issues and schedule follow-up** - How many of your patients are currently coming back for more thorough scaling and periodontal procedures? How often are small problems missed until they balloon into major crises? A less frantic schedule lets you spot risk factors and save lives and health.
- 3. A thorough focus on total health and the oral-systemic health link sets you apart and provides real value to all of your patients** - Not many practices have made this switch yet. You

could very well be the first practice in your area to really dive into oral-systemic health. When you focus on minimizing complications from diabetes, osteoporosis, and heart disease, for example, you make yourself a valuable part of your patients' medical health teams and move beyond "commodity dentistry." You can't compete on price, but you can compete on value.

- 4. Patients who trust you with their health will trust you with restorations and cosmetic procedures** - Ultimately, productive dentistry rests on trust. To be a truly productive dentist, you have to be trustworthy. When you take the time to focus on your patients' total wellness, they realize that they're right to trust you with their dental needs and the dental needs of their families and friends.

It's an exciting time to be involved in dentistry. New discoveries change how we view our work, our patients, and our entire branch of medicine. When you make total patient health your goal, you can put these insights to work to improve your patients' smiles and their lives. That's why I say, "We're not just cleaning teeth. We're saving lives."

Author's note: For more on how to improve your hygiene team check out this free whitepaper, "4 Keys to Transform Your Hygiene Department," at ProductiveDentist.com/hygiene-whitepaper. **RDH**

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Reference

1. www.ncbi.nlm.nih.gov/pmc/articles/PMC3081266/

Responsibilities that may be divided between RDH and RDA include:

- Taking full-mouth-series radiographs
- Taking intraoral photos
- Charting existing restorations
- Performing pH tests and presenting caries risk self-assessments for patients to complete
- Collecting plaque biofilm samples and making a microscope slide, or performing bioluminescence test
- Reviewing slide, or discussing ATP scores and findings with patients

Responsibilities of RDH include:

- Reviewing health histories
- Performing head and neck cancer exams
- Obtaining papillary bleeding scores
- Performing periodontal charting (pocket depths, bleeding points, recession, mobility, exudate, attachment loss)
- Educating patients regarding oral and systemic risks
- Reviewing biofilm DNA results and treatment recommendations with patients

Responsibilities that may be divided between RDH and DDS include:

- Evaluating occlusion and TMJ
- Performing caries risk assessments
- Evaluating airway and OSA

Responsibilities of DDS include:

- Reviewing health histories (should be completed by both RDH and DDS)
- Educating patients regarding oral and systemic risks (should be completed by both RDH and DDS)
- Conferring with RDH regarding treatment recommendations (total patient care is a team sport)



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Kathryn Gilliam, BA, RDH, FAAOSH, is a regular contributing author to Today's RDH and many other publications. Kathryn is a proponent of incorporating the latest scientific research on the multiple oral – systemic links into practical clinical protocols. She is a well-recognized speaker, dental practice consultant, and practicing clinician. Kathryn can be reached for comments or questions at Kathryn@PerioLinks.com.