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Lecture Synopsis:
In our changing economy, here’s what’s certain; a smart, experienced team, a focus on quality care and excellence and an ability to powerfully communicate. 

A well-orchestrated dental hygiene practice built upon strong systems and excellent team communication is a huge contributor to overall dental practice success. 

Do your patients truly value their dental hygiene appointments or do they view as ‘just a cleaning’. Have you ever heard ‘I only want what my insurance covers’? Discover how to create value both in communication and services that will raise the bar and attain loyalty from your patients.

Learning Outcomes:  
- Understand the inner workings of today’s successful dental practices recognizing the contribution of the dental hygiene department as critical  
- Maximize the support of your administrative and clinical teams for one another  
- Provide your patients with information every patient needs to know about ‘their’ oral health, ‘their’ dental benefits and empower them to take responsibility  
- Emerge with administrative and clinical resources to assist you with the day to day challenges that are common to all dental practices

References & Resources:  
Good To Great: Why Some Companies Make the Leap...And Others Don’t by Jim Collins.

The Team Approach to a Successful, Energized Dental Practice
The Dream Practice  
Everyone shows up and on time; patients and team  
New patients referred only by your favourite loyal patients everyday  
100% Fee for Service; no insurance dependency  
Only patients that leave are those you wish to leave  
Your end of the day patient always arrives on time:0)  
You jump out of bed every morning energized and ready to tackle whatever the day throws at you...

Does Your Practice Reflect Changing Paradigms?  
Self-evaluation + Tools = Knowledge Translation (CHANGE)  
PRACTICE REPORT CARD (included in handout)

From Good to Great!  
Responding to a changing economy and changing world  
Understanding the current public perception of dentistry  
Recognizing the synergy of science now meeting the demographic

Creating Value in a Changing World:  
The Practice, The Patient, The Solutions  
1st Generation Dentistry – Emergency based  
2nd Generation Dentistry – Prevention  
3rd Generation Dentistry – Case-Based full mouth ‘makeover’  
4th Generation Dentistry - Oral health and overall health

“It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is the most adaptable to change.” Charles Darwin 1809-1882

A Profession in Transition  
Inside the Numbers: New Research and New Insight on Dentistry in Canada  
“Here’s what we’ve discovered. There is a discrepancy – a significant one – between how patients view the dentistry patient experience and how patients perceive their dentists. While this discrepancy is troubling, it is also a tremendous opportunity for us to educate, inform and increase awareness among Canadians about the importance of oral health and the critical role we play”  

“”This is a critical moment for dentistry and a time for the profession to define its destiny.””

The Patient: Changing Paradigms Affecting the Way We Practice  
Snapshot of Today’s Population: How Healthy are We?
Alzheimer’s Disease:  
Incidence rate for dementia is high in Canada; it affects 1 in 11 adults aged 65+ 
More than 500,000 Canadians have Alzheimer’s disease; a number expected to double within a generation!

References & Resources:  
[www.diabetes.ca](http://www.diabetes.ca)  
[www.heartandstroke.com](http://www.heartandstroke.com)  
[www.hypertension.ca](http://www.hypertension.ca)  
Gender and Health. Collaborative Curriculum Project.

FACT: Inflammation is the Link  
Today’s diseases of influence are linked by the inflammatory pathway  
Periodontal disease is the most common chronic inflammatory disease known to mankind
FACT:
“Research has shown that periodontal disease is associated with several other diseases. For a long time it was thought that bacteria was the factor that linked periodontal disease to other disease in the body; however, more recent research demonstrates that inflammation may be responsible for the association. Therefore, treating inflammation may not only help manage periodontal diseases but may also help with the management of other chronic inflammatory conditions.”

Evidence-Based Clinical Practice Guidelines, JADA 2015
In Favor;
Evidence favors providing this intervention. Either there is a high level of certainty of benefits, but the benefits are balanced with the potential harms, or there is a moderate level of certainty of benefits, and the benefits outweigh the potential for harm.

SRP (no adjuncts)
SRP with Systemic Subantimicrobial-dose Doxycycline

Oral Cancer Screening for Today’s Population

75% of Canadians will be affected
Knowledge is your best defence

HPV-related oropharyngeal cancer has climbed 225% from 1984-2004 while smoking/alcohol related has declined by 50% over the same time period.
If recent incidence trends continue, the annual number of oropharyngeal cancers related to HPV-positive oropharyngeal cancers will surpass annual number of cervical cancers by the year 2020.

Changing Times and Rebranding of Dental Practices
What Defines Your Brand?
1.
2.
3.
How are you marketing this uniqueness?
What are people saying about your practice?
Are your patients truly aware of the services you provide in your practice?

References:
TIME Magazine Article:
http://www.inflammationresearchfoundation.org/inflammation-science/inflammation-details/time-cellular-inflammation-article
www.perio.org/consumer/other-diseases
www.hpvinfo.ca
Aldasouqi S. Diabetes detection in the dental office (DIDDO): A promising emerging opportunity for screening for undiagnosed prediabetes and diabetes.
THE Dream Team: What are their secrets?
*They are innovators who adapt to change!*

**Commonalities in all busy practices**
- Feeling rushed
- Lack of team preparation for the day
- Disorganized
- Lack of communication between clinical and business areas
- Continually trying to convey importance of treatment to patient
- Changing economic times
- Missed appointments and last minute schedule changes

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**The ‘Cabinet Millionaire’ - COE on Patients of Record**

**Who:**
- {New patient to practice}
- Active patient who has never had a COE
- Patient who has not been in the practice for over 2 years
- Existing patient who has not had a COE in over 3 years and meets criteria

**What:**
- Outstanding treatment to be completed
- Periodontal concerns and need for enrollment into active therapy
- Lack of baseline data
- Requirement for radiographs to be updated including PAN or FMS

**When:**
- To be scheduled in conjunction with the next recare appointment if an active patient
- To be scheduled prior to the commencement of ‘cleaning’ if patient is long overdue or never had COE

**Why:**
- Opportunity to reconnect
- Opportunity to evaluate oral health, satisfaction with practice, update complete medical history
- Opportunity to review treatment plan
- Single biggest opportunity to uncover incomplete treatment in any practice

**Importance of Morning Meetings:** (Morning meeting checklist included in handout)

**Yesterday**

**Today**

**Tomorrow**

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**References & Resources:**
- [http://www.cdc.gov/std/hpv/stdfact-hpv.htm](http://www.cdc.gov/std/hpv/stdfact-hpv.htm)
Office Policies that Do Work!
Reinforce what you CAN do for your patients; no one is interested in hearing why you CAN’T
“We can’t do that however here’s what we can do.”
Be creative and resolve a conflict in favour of the patient whenever possible
Rephrase by saying, “In order to be fair and consistent with everyone…”
Your response should start with ‘yes’
Never indicate you’ve had a cancellation rather ‘a change in the schedule and I thought of you immediately…”

Reminder vs. Confirmation Call:
Courtesy reminder rather than ‘confirmation call’
Request of 2 business days’ notice to reschedule a reserved appointment reminder of appointment time reserved exclusively for them.
“Verify reserved appointment time with (name of dental hygienist) for your preventive care appointment/dental hygiene appointment which includes your professional cleaning”

Handling Short Notice Cancellations:
This requires a team effort
“Are you sure there is no way you can make it in for your appointment?”
“Is there any way that we may assist you in keeping your commitment to the time reserved for you?”
“At this late notice, it is impossible to fill the vacancy in our schedule with another patient” (Practice problem)
“What reason may I give the Dr. as to why you are cancelling your reserved appointment with such short notice?” If N/S, have RDH call – reinforce relationship

Answering Machine Message;

Communicating with Impact!
STOP CLEANING TEETH!!
It is a dental hygiene appointment, it is a hygiene therapy appointment, or supportive periodontal hygiene therapy.
It is a Comprehensive Periodontal Therapy- CPT or Active Therapy – AT;
It’s not just a “cleaning”. It is an important part of the patient’s health and healing and it’s essential to educate the patient on the oral health link with systemic health. Help your patients to value the hygiene appointment.
Patients clean their own teeth every day!

References:
“Does my insurance cover this?”
“Let’s take you out the front and we’ll send a predetermination to see what is covered.”
Business team does research on behalf of the subscriber
Revising of codes as a good will measure
Offer to investigate and work within dental benefit coverage always backfires not to mention consuming hours of your time
Ideal Response:
“We will be glad to assist you in any way we can by providing your dental benefits company with a predetermination of the necessary treatment required so that you may receive the maximum benefit available from the plan your employer has chosen for you.”

Do you know what your dental benefits were designed for?
Tell me about the dental benefit package your employee has chosen for you?
“Dental benefits were designed to assist a relatively healthy, disease free mouth having had regular professional care and requiring minimal maintenance. The level of active disease and infection will not be fully assisted your dental benefit coverage, however your benefits will certainly help reduce your fee.”

“My insurance says I’m not covered” or “My insurance company doesn’t approve the treatment plan.”
“The required treatment that the dentist/dental hygienist proposed appears to not be a benefit available to you under the plan your employer has chosen for you. Often your benefits will assist you in reducing the total fee. We have several financial arrangements to assist you in having the dentistry done that you require.”
“Dental benefit companies cannot ‘approve’ what treatment each individual needs. Their job is to inform you of the plan that your employer has chosen for you.”

“Why doesn’t my insurance cover all of my treatment?”
“Even though you have dental benefit assistance, some procedures may not be covered. Your level of benefit assistance is determined by the policy your employer has chosen for you. It’s based on a group benefit plan and doesn’t take your individual needs into consideration. The patient normally handles a portion of the cost of the treatment.”
Last resort;
“Our practice endeavours to works as closely as possible with your dental benefit coverage, however your needs at this time will exceed your benefits in order to get your mouth back on track to a healthy situation.”
KEY response;
“Can you check with my insurance to see what’s covered?”

“Due to the restrictions imposed upon us by the Privacy Act in order to protect your privacy, we are no longer able to make inquiries to most dental benefits provider on your behalf. That is a private contract between you, our employer and your provider. We will be happy to assist you in submitting a predetermination along with any x-rays or diagnostic information to your dental benefit provider to enable you to get the maximum benefit from the plan your employer has chosen for you.”

“May I have your permission to send in a pre-determination to assist you with obtaining the maximum benefit from the plan your employer has chosen for you.”

Empowering Communication:

The Four Agreements
1. Be Impeccable With Your Word
   Speak with integrity
   Say only what you mean
2. Don’t Take Anything Personally
   What others do and say is a projection of their reality
   When you realize this, you won’t be the victim of needless suffering
3. Don’t Make Assumptions
   Find the courage to ask questions
   Communicate with others as clearly as you can to avoid miscommunication and drama
4. Always Do Your Best
   Your best is going to change from moment to moment
   It will be different when you are healthy as opposed to being unwell
   Under any circumstance, simply do your best

The Secret

“There are no accidents or coincidences in this world. Nothing is by chance. Everything you're experiencing is a direct result of where you're focusing your energy, attention and consciousness.”

Like attracts like (laws of attraction; positive thinking can create life changing results)

Practice Resources:
1. Medical History Update Form (included in handout)
2. www.oralsystemiclink.pro www.oralsystemiclink.net
3. Oral Cancer Awareness Patient and Clinical Resources
   Oral Cancer Fact Sheet www.dentalhygienecanada.ca
   Booklet www.cdha.ca/oralcancer
4. ‘Be Part of the Change’ http://oralcancer.org/support-ocf/rdh/
5. CDC HPV Oropharyngeal Fact Sheet
7. Periodontal Treatment Planning Sheet (included in handout)
8. Morning Meeting Checklist (included in handout)
9. Oral Cancer Screening Consent Form (included in handout)
Communicating the Oral/Overall Health Message

- Do your patients understand the link between their mouth and their body and how it directly applies to them as an individual?
- Do you ask > 3 questions when doing a medical history update?
- Do you take BP at the dental hygiene appointment?
- Do you have printed material on the oral systemic link?

Periodontal Therapy Program

- Do you offer soft-deposit de-plaquing (6 – 8 week interval for those medically compromised?)
- Does your practice treat ‘host response’ as per the 2015 JADA evidence based guidelines related to non-surgical periodontal treatment for chronic periodontitis?
- Do you offer comprehensive, preventive care?

Oral Cancer Screening

- Are you performing a complete head and neck examination including an oral cancer screening at least 1x/year on all adult patients?
- Does your clinical team use magnification (loupes) and a light source?
- Are you using any adjunctive screening techniques such as VELscope?
- Are your patients aware of the fast growing sexually transmitted oral cancer profile?
- Do you have any printed material on the new profile for oral cancer?
- Is there updated information on the link between HPV and oral cancer on your website?

Practice Scheduling

- Do you perform a comprehensive oral examination on patients once every 3 – 5 years?
- Do you have a Treatment Coordinator who will review NP or COE hygiene treatment plans with the patient?
- Do you have a dedicated Hygiene Coordinator?
- Do you provide a Periodontal Treatment outline including fees, time and procedures to each new patient or patient of record enrolled in active therapy?
- Is your percentage of periodontal maintenance 60% or higher?
- Do you pre-appoint 85% or more of your hygiene patients and does your schedule reflect this?
- Do you send out a courtesy reminder call 2 weeks in advance for those who are pre-booked?
- Is your downtime less than 5%?
- Do you start the day off with a morning meeting?

Cancellation Strategies

- Are all team members consistent in their messaging?
- Do you have a system for keeping track of history of missed appointments and short notice cancellations?
- Do you verify reserved appointments 48 hours or 2 business days in advance?
- Do you charge a rescheduling fee? If so, when?
- Do you make personal contact with the courtesy reminder when at all possible?
- Do you provide a courtesy reminder call 2 weeks in advance for those who are pre-booked?
- Do you have a ‘short call list’ with > 25 patients listed on it?
- Is your cancellation policy stated on your answering machine?
Recent research indicates a strong relationship between the mouth and the body. Since we now know how closely they are related, we are going to be asking you some questions about your family history and your overall health that we may not have asked you about before. This additional information will assist us in providing the best possible care to maintain your oral health and overall wellness.

Any changes in your health since your last dental visit? □ Yes □ No  If yes, please list:

What medications are you taking? __________________________________________

Any changes in medication dosage or medications? □ Yes □ No  If yes, please list:

What over the counter or ‘herbal/natural’ supplements are you taking on a regular basis? Please list:

Are you taking any bisphosphonates in the past or presently? □ Yes □ No  If yes, please provide details:

Do you have a persistent sore throat, hoarseness, ear ache or feeling of something being caught in your throat? □ Yes □ No  If yes, please provide details:

Have you had any surgery or been hospitalized since your last visit? □ Yes □ No  If yes, please explain:

Are you being treated for any medical problem presently? □ Yes □ No  If yes, please explain:

Have you ever taken antibiotics prior to having your teeth cleaned or before dental work? □ Yes □ No  If yes, please explain:

Any allergies to drugs, food, metal or latex? □ Yes □ No  If yes, please list:

History of illness or disease in family?
If yes, please explain:

Have you been diagnosed with diabetes? □ Type I □ Type II □ Pre-diabetes
□ Diet-controlled □ Medication controlled  Under control: □ Yes □ No

Have you had any heart problems or a knee, hip or prosthetic joint replacement? □ Yes □ No  If yes, provide details:

Have you had a bone mineral density test? □ Yes □ No  Results: ________________________________

Have you been diagnosed with osteoarthritis or rheumatoid arthritis? □ Yes □ No
Have you experienced increased joint pain or decrease in mobility? □ Yes □ No

Female patients; Are you pregnant? □ Yes □ No

On a scale of 1 to 10 (10 being highest), how would you rate your general health at this time? _______________________

How would you rate your level of stress presently? □ Low □ Moderate □ High

On a scale of 1 to 10 (10 being highest), how closely related is the health of your mouth to your overall health in your opinion? ______________________
Our findings today reveal the presence of an active bacterial infection in your mouth referred to as Periodontal Disease and is classified as follows:

- Gingivitis
- Early Periodontal Disease
- Moderate Periodontal Disease
- Advanced Periodontal Disease

Periodontal Disease has different stages which are often silent and painless, however if left untreated will involve further destruction of bone support and teeth. Science also confirms that untreated oral inflammation may be associated with many diseases such as diabetes, heart disease, stroke, Alzheimer’s and some cancers.

In keeping with our practice’s philosophy of dedication to prevention and early diagnosis of periodontal disease, we recommend the following course of non-surgical therapy to eliminate infection and oral inflammation:

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<thead>
<tr>
<th>Proposed Treatment</th>
<th>Procedure</th>
<th>Time</th>
<th>Fee</th>
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<tbody>
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<td>First Visit</td>
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<tr>
<td>Second Visit</td>
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<td>Third Visit</td>
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<td>Fourth Visit</td>
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<td>Evaluation</td>
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<td>Maintenance Interval</td>
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</tbody>
</table>

Informed Consent:
I have been advised that I have an active infection in my mouth. If I choose to decline treatment I understand that the infection will continue to be active and that destruction to soft tissues and bone support is unpredictable. If I choose to accept treatment I understand that treatment outcomes may be affected by genetics, risk factors, the completion of my treatment, home care and adherence to the maintenance interval suggested. I further understand that a non-surgical approach to the infection has been suggested at this time.

☐ I accept the recommended treatment ___________________________ ____________________

Patient Signature

DDS/RDH

☐ I decline the recommended treatment ___________________________ ____________________

Patient Signature

DDS/RDH
Morning Meeting Quick Guide

YESTERDAY
- Review of previous day
- Follow up ‘care calls’

TODAY
- Outstanding restorative
- Outstanding hygiene
- Unconfirmed patients
- Emergency patients
- Outstanding and proposed dentistry
- Need for PCOE
- New patients and vacancy scheduling
- Receipt of lab cases
- Changes in patient status
- Periodontal evaluations required
- Patients who are candidates for laser bacterial reduction
- Patients who are candidates for oral cancer screening and VELscope
- Patients who need to take prophylactic antibiotics

TOMORROW
- Openings in the schedule for the next day
- *This 10 minute preparation time, can help to eliminate 90% of the pitfalls of scheduling a successful day.*
THE RISK FACTORS FOR ORAL CANCER HAVE CHANGED.
What you can do to reduce your risk...

What has changed?
75% of Canadians will have a HPV (Human Papillomavirus) in their lifetime. The virus is fueling an escalation in sexually transmitted oral and oropharyngeal (back of throat) cancers. The symptoms are subtle and often overlooked. They include recurrent tonsil infections that are not responding to antibiotics, pain in one ear, feeling as though something is caught in the throat, change in speech, hoarseness and other subtle symptoms that shouldn’t be ignored.

What can you do?
Know the risk factors and the subtle often life-saving symptoms.
Perform an oral cancer screening examination on yourself regularly.
Have an oral cancer screening done at the dental office including additional screening devices if available.
Seek medical advice regarding the HPV vaccination.

Who’s at risk?
As with most cancers, age is the primary risk factor for oral cancer. Tobacco and alcohol still play a large role in determining risk, however this new profile is targeting a younger age group particularly males.

What are we doing?
Our practice has recently incorporated an additional screening device, VELscope Vx to aid in discovering what may not have been visible with our conventional oral cancer screening exam. VELscope can literally see beneath the surface to where abnormal tissue first starts to develop. Early discovery or pre-cancerous tissue can save lives. Your mouth can hide a secret.

The VELscope exam will be offered to you on an annual basis. The fee for this enhanced examination is $XX.XX

Yes, I agree to having the VELscope exam done.  

Date: ______________________________  Date: ______________________________

Signature: __________________________  Signature: _________________________