Dental hygiene practice: Is there a new model?

By Shirley Gutkowski, RDH, BSDH, FACE

You’ve been learning about all the new products and risk assessment tools in lectures, articles in magazines and on the Internet, Saliva tests have evolved from simple litmus paper evaluating the oral pH to tests that measure the periodontal pathogens and whether the patient has an HPV infection.

Encouragement from thought leaders has dental hygienists taking blood pressure, perio charting, saliva testing and even taking blood samples for periodontal therapy management.

Testing occlusion, checking for signs of sleep apnea, joint vibration analysis, oxygenation of the blood, carries manifestation and engaging in small talk are all good dental hygiene practice, but when do you get to scale and polish? The bread and butter of dental hygiene appointments can’t go away, can it?

The framework of dental hygiene is changing. Dr. Fons thought having someone around who could clean the teeth, often, would be a great adjunct to a dental practice. That idea evolved to someone who could educate and clean the teeth then to someone who could do some diagnostics, educate and clean the teeth.

The cleaning alone in Dr. Fons’ time took the better part of an hour. Adding these other processes into the dental hygiene appointment is just getting crazy, right? How is a dedicated dental hygienist going to get everything done without resorting to heroic efforts?

How is a dedicated dental hygienist going to get everything done without resorting to heroic efforts? A new position in the dental office, called a Risk Factor Manager (RFM), may be the answer to alleviate the time crunch during dental hygiene appointments. (Image/Provided by Shirley Gutkowski)

Fourth ‘Pros in the Profession’ winner

Crest® Oral-B® announced its recognition of RDH Linda Maciel of Hudson, N.H., as the recipient of the fourth Pros in the Profession award for registered dental hygienists who go above and beyond the call of duty.

Throughout her 11 years of practice, Maciel has established a screening protocol to detect early signs of oral cancer and has developed a passion for educating members of her community about the many factors that affect oral hygiene.

“I’m honored that Crest Oral-B chose me,” said Maciel. “I feel very fortunate to love what I do on a daily basis. Making a difference in patients’ lives is rewarding, and providing the most comprehensive care is a high priority of mine.”

Maciel has a strong relationship with each of her patients and considers this to be a key part of her role as an RDH. Her focus during patients’ checkups is screening for oral cancer. Through this process, Maciel has caught basal-cell carcinoma and detected early signs of thyroid cancer.

Additionally, she has inspired people to quit harmful habits such as chewing tobacco and smoking cigarettes. Patients and her colleagues appreciate Maciel’s sharp eye and attention to detail.

“Linda’s oral cancer exam is a signature service to her patients and she regards this service as the most important aspect of her job,” said Dr. Cara Coleman, a dentist at Merrimack Smiles, who nominated Maciel for this award. “Her patients and their families appreciate how they benefit from her pursuit of knowledge.”

Maciel realizes that oral health goes beyond the dentist’s office so she extends her passion for dental care to the public through education. She frequently works with new mothers, educating them about the importance of good oral hygiene for their children. Maciel also volunteers with her office at community events and works to promote having a healthy mouth by discussing the links between periodontal health and systemic concerns. With this honor, Maciel will join previous Pros in the Profession winners Ann Benson, Trudy Meinberg and Mary Lynne Murray-Ryder on a VIP all-expense-paid trip to ADHA’s 88th Annual Session in Nashville.

In addition, she will receive a $1,500 monetary prize, a pampering spa experience, an award and recognition at major conferences and in dental trade publications throughout the year, plus an exclusive trip to P&G headquarters.

To learn more about the Pros in the Profession program and winners, please visit www.prosintheprofession.com.
Whose choice is it anyway?

Let’s imagine you went to your doctor for an annual checkup. Nothing was wrong, you just needed to have a once over. While the doctor was checking you out, he noticed a mole on your back that looked a little strange … you know, the infamous, “suspicious mole.” For me, that saying always conjures up a vision of a mole in a trench coat with only its eyes sticking out above the collar.

The doctor recommended you have the mole removed and biopsied, but you were getting ready to go on vacation and didn’t really want to deal with a bandage over the excision site. Also, you were not sure if your insurance was going to cover the procedure, and quite frankly, you were not at all that concerned about the mole. You mentioned these things to your doctor and he said, “OK, well we really should do this, but the decision is up to you.”

Do you think your physician agonized over the fact you opted not to have the procedure done? Do you think he was saying to himself, “Well, if she can go on vacation, I don’t understand why she was worried about the cost of this procedure.” Do you think that for one minute the doctor thought about not telling you about the mole he felt needed to be removed? Seems absurd doesn’t it? But yet, this scenario takes place every day in dental offices.

I hear my colleagues complain that patients will only “do what their insurance will pay for.” I hear them talking about other things they know the patient spends money on. Even worse, I have heard about hygienists not discussing patients oral conditions because, “the patient will not do anything about it anyway.”

When I was in dental hygiene school, never once was I taught to consider a patient’s insurance coverage when reporting my findings. I was never taught to judge patients if they opted not to accept recommended therapies. I am not sure at what point all of this became OK in our profession.

We need to remember it is our responsibility to inform patients about their oral situation and just because we tell them does not mean they need to do anything about it. Remember something called informed consent? Patients need to be advised of their situation, informed of the recommended treatment and what the expected outcome is, what the risks of treatment are and what the risk of no treatment is. Nowhere in informed consent does it say the patient must chose to do something.

Dental professionals need to operate more like medical professionals: the patient decides what is right for them and we honor their wishes because it is not our decision to make.

Best Regards,

Angie Stone, RDH, BS

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Taking blood pressure, saliva and occlusion testing, checking for signs of sleep apnea, joint vibration analysis and engaging in small talk … how is a dedicated dental hygienist going to get everything done in the standard appointment time? (Photo/Provided by Shirley Gutkoski)

Perio charting and scaling and polishing are the bread and butter of dental hygiene appointments, but how does one fit in all of the other diagnostics expected during a hygiene appointment? (Photo/Provided by Angie Stone)
The benefit to this RFM model at this time in health care is a boon.
Synchronizing new research is nearly impossible in the current dental practice model. Having a RFM on the team will make it a little easier as this person could also be tasked with monthly reporting of new findings during the team meetings.

Keeping up with the advances in health care is everyone’s job in a small practice, which often turns out to have been “nobody’s job.” Having one person researching, considering and reporting on all of the changes, as well as having a total focus on managing patient risks while collecting diagnostic data, is a win for everyone in the office.

Hold up to the scrutiny of medical records. Actual diagnosis, not just treatment plans, will be part of the insurance model of payment as well.

We won’t be able to be paid for periodontal therapy without a diagnosis of periodontal therapy and lab proof of an inflammatory response and pathogens. The current model of dental hygiene as a part of dentistry doesn’t allow time for this level of data gathering.

We also know that there are many interrelationships between oral and systemic health. Patients don’t know all there is to know about the links, and we don’t expect them to. However, we do know that it sure would be nice to have that data.

For instance, if we have patients present with periodontal disease and they do not know they have diabetes, or if they do know, it’s important to us. An interoperable electronic health record would allow us to go into their health records and find out before treating diabetes as if it were periodontal disease. A RFM would have time to locate that information and share it with the dentist before the patient sees the dental hygienist.

Here’s an example: There’s a new correlation between obstructive sleep apnea (OSA) and periodontal disease. Having access to a patient’s health record could allow a dental practitioner to encourage that patient to have treatment for his/her OSA, which will allow the periodontal condition to improve.

About the author

Shirley Gutkowski, RDH, BSDH, FACE is an international speaker and award-winning writer. She travels to speak on Minimal Intervention Dental Hygiene. Her work is also in nursing journals. She is co-creator of Adopt A Nursing Home, a board member and Fellow of ACE and a member of the World Congress of Minimally Invasive Dentistry. Gutkowski is also co-director of CareerFusion, a retreat for clinicians interested in evolving their clinical career. You may contact her at crosslinkpresent@aol.com.