Stop the Peri-go-Round: Problem Solving Strategies to Help Patients Own Their Infection and Say Yes to Treatment

June 17th, 2017
STOP the Peri-Go-Round!

Who am I?
Dental Hygienist
I inspire out of the box thinking!

Thank You!

Agenda
Perio protocol?
Watch and Wait or REGEnerate?
Engaging clients & overcoming objections

A dirty word!

Agenda

Why do I need you?
Periodontal disease is the most common chronic inflammatory condition in people worldwide. Over ½!
Is recession a...

GUM disease
or
BONE disease

*Case Type-0*
- Clinically healthy
- No CAL or bone loss
- No BOP

*Case Type-1*
- Early/chronic gingivitis
- No CAL or bone loss
- ≤4mm pseudo pockets possible

Perio Disease Case Types-AAP 2014

1110

Edie Gibson, RDH MS
**NEW codes**

**D4346**

- Scaling in presence of generalized moderate or severe gingival inflammation
- Full mouth after oral eval

**NEW codes**

**D4346**

- It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, moderate-severe BOP

**NEW codes**

**D4346**

- The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces

**NEW codes**

**D4346**

- Should **not** be reported in conjunction with prophylaxis, SRP, or debridement procedures

**NEW codes**

**D4346**

- When there is generalized, moderate, or severe gingival inflammation in the absence of periodontitis.

**NEW codes**

**D6081**

- Scaling and debridement in presence of inflammation or mucositis of single implant
- Cleaning of surface without flap

**NEW code?**

**D4346**

- **NO BONE LOSS**
Case Type - III
- Moderate/chronic perio
- BOP; 3-4mm CAL; ≤ 6 bone loss
- Early furc’s; redness; suppuration

Case Type - IV
- Advanced perio
- Severe CAL ≥ 6 mm; ≥ 7mm bone loss
- Advanced furc’s; redness; suppuration

Case Type - V
- X-ray; > 30% bone loss; aggressive perio
- Recurrent disease; fails to respond to tx

PT classification simplified
- Health
  - 1110
- No bleeding upon probing
- No loss of attachment
- Pocket depths < 3mm
- No bone loss

Case Type - III
- Moderate/chronic perio
- BOP; 3-4mm CAL; ≤ 6 bone loss
- Early furc’s; redness; suppuration
- SEE SPECIALIST: REGENERATION TX!

Case Type - IV
- Advanced perio
- Severe CAL ≥ 6 mm; ≥ 7mm bone loss
- Advanced furc’s; redness; suppuration
- SEE SPECIALIST: REGENERATION TX!

Case Type - V
- Refractory perio
- BOP; ≥ 7mm bone loss; pt < 30 yrs. old
- Advanced furc’s; redness; suppuration
- SEE SPECIALIST

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PT classification simplified

**Gingivitis**
4346
Generalized inflammation
Moderate-severe BOP
Generalized suprabony pockets
No bone loss

**Disease**
4341/4342
BOP, changes in 3C’s
Loss of attachment
Pocket depths > 4-5mm
Bone loss

**Maintenance**
4910
Possible BOP
History of attachment loss
Gen. 1-3mm; isolated 4-5mm+
History of bone loss

**Miller Recession Classification**

**I**
*no IP bone loss

**II**
*at or past MGJ

**III**
*into MGJ

**IV**

Agenda

Perio past and present
Watch and Wait or REGENerate?

Butler Perio-Implant Protocol ©2015
**Repair vs. Regeneration**

**Repair**
- Healing after periodontal therapy
- Inflammation resolved
- Long junctional epithelial recession may result

**Regeneration**
- Enamel Matrix Proteins (EMPs)
- Block the down growth of long junctional epithelium (GTR)

**Where do EMP’s come from?**
- Hammarström L, J Clin Periodontol (1997); 24: 658 and 669

**Biologically**
- Mimic the natural process of periodontal development [EMP]
EMPs- Amelogenins

EMPs at work-hours

EMPs at work-weeks

EMPs at work

EMPs at work-days

EMPs at work-months

EMPs at work-seconds

EMPs at work-weeks

EMPs at work-months
EMPs at work - year
New alveolar bone

EMPs at work - 1+ year
REGEneration complete

Agenda
Perio past and present
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Practice Philosophy

Define your practice
BMW 328i

Define your practice
Ford Pinto

Define your practice
Tesla

Perception
It's not what you look at
It's what you see
Patient expectations

Motivation?

Want!

Need

Quality of life

Esthetics

Simplified treatment

Belief

Perception

Wants

Needs

Emotional

Rational

Patient expectations

Decisions

Belief

Personal experience

Who we are

Choices

Air Polishers

Air Polishers

Acteon Air-N-GO

PERIO

nozzle

Hy-Frady/EMS

Air Polishers

Hu-Friedy/EMS

Air-Flow Handy Perio®

Hu-Friedy/EMS

Air-Flow Master Piezon®

Hu-Friedy/EMS

Air Polishers

Acteon Air-N-GO

PERIO

nozzle

Hu-Friedy/EMS

Acteon Air-N-GO

PERIO

nozzle

Courtesy of Dr. E. Normand
Edie Gibson, RDH MS

- gently, activate tip
  5 seconds per site

CloSYS
Lichen Planus
4 weeks

Ultrasonic tips

Home care

CloSYS
Home Oral Health Care

RDH
Relief for Patients with Chemo Mouth Sores.

*Recommended by leading cancer centers and chemotherapy drug makers to help ease the side effects of oral mouth sores.*
Dynamic guided surgery

Successful Case Presentation
Treatment Acceptance Simplified

1. Build the relationship
- List the services you provide for your patients
- What makes your services special?
- What added value benefits do you provide that makes your practice unique?
- What do you do that goes beyond the expected?
- Make sure that every aspect of your practice projects the image you want your patients and your potential patients to see.

Go!

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Go!

6 simple steps
- Build the relationship
- Establish the need
- Educate and motivate
- ASK for commitment
- Make FA
- Schedule!

Hygienist role as Educator
- Think comprehensively
- Inform patients of restorative needs
- Inform patient of perio health
- Plant seeds for future harvest
- Turn needs into desires

Hygiene checklist
- Build relationships through patient ed.
- Inform pts. of perio status & needed br.
- Educate about perio disease
- Plan pts. presentations in morning huddle
- Involve pts. in their evaluations
- Give option of seeing specialist
- Use IO camera
- Use power words
- Evaluate perio tx acceptance rate
2. Establish the need
*Involve the patient!*

3. Educate and motivate
*Organize your presentation*
*Use of visual aids (technology)*
*re-educate and motivate!*

“Patients are more inclined to accept treatment when they comprehend that they have been diagnosed with disease.” 2015

Darlene Swigart, RDH, BS
JoAnn Gurenlian, RDH, PhD

4. ASK for commitment
*Perceived needs and wants*
*Uncover barriers*

Handling Objections
Four insights about objections:
- identify objections by asking ???
- objections are requests for more info
- objections mean interest
- objections are necessary to close
Handling Objections

Step ONE-
Hear the objection
don’t interrupt!
encourage expression
show concern, empathize
VALIDATE!

Step TWO-
Actively listen
reflect and restate
clarify, reinforce
move forward

Step THREE-
Reinforce the importance of objection
don’t disagree
don’t argue
don’t talk down

Step FOUR-
confirm answer
get patient involved
ask questions
wait for response

Step SIX-
move forward
change direction of conversation
move towards commitment and close
Handling Objections

Step SEVEN:
CLOSE!
ASK!

Summary
hear
answer
offer solutions
CLOSE!

for success
Identify cases early

for success
educate your clients

for success
establish a perio and regenerative protocol

Keep in touch with me...
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