



# Practice Transitions Made Perfect™

## Newsletter Article Reprint

### THE TITANIUM rEVOLUTION

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Recently, a successful periodontist posed an interesting dilemma. "While my practice revenues have been increasing, my hygiene department has steadily declined." Looking at his practice procedures, it was apparent that his production had grown by placement of implants and graft procedures. The thought then occurred; conventional periodontal therapy has gradually disappeared. The cure for periodontal disease is titanium! Within one week of that discussion the following story was related not once, but twice!

A patient came to our practice as a new patient. He was 41 years of age, well groomed and very articulate. He brought his most recent radiographs with him that day, which unfortunately, consisted of only four bitewing X-rays. His previous dentist had never taken a panoramic or full set of intraoral films. After going over his medical history and taking a full set of radiographs, the hygienist explained that she would be performing a full periodontal charting. She gave him a description of what she would be doing, and what numbers he should be listening for and more importantly the amount of bleeding with probing. He was curious about the periodontal charting and informed her that he had never had one performed on him before!

His oral hygiene was fairly good, and nothing looked alarming visually when she started the exam, her probe dropped into a deep pocket. She called out the number "nine" to the assistant recording the findings. The patient's eyebrows shot up. It was apparent there was a deep bony defect in this area. She knew that the doctor would recommend a referral to a periodontist for a surgical evaluation of this area, so she began prepping him for that recommendation by explaining what the periodontist might recommend. And then the patient asked the question, "Can you explain to me how in nine years that I've been seeing my other dentist every six months, no one has ever performed that screening test or taken that sort of X-ray to find this problem?"

The truth is, there really isn't a legitimate excuse that she could offer this man. She really couldn't explain why. Was he angry? Sure he was! Faced with potentially thousands of dollars in treatment to try to save his teeth, he had every right to be bitter about not being diagnosed at an earlier, less expensive stage of disease.

Patients put their faith in us as professionals every time they take a seat in our chair. They trust us to do the right thing, and keep up on recent research as well as diagnostic and treatment recommendations in our field. They assume that if they had periodontal disease, they would have been told about it. Right? How many of your patients receive a "routine prophylaxis" while never having their periodontal condition evaluated? They are told that everything looks fine, and are then scheduled for another "prophylaxis" in six months. It's an endless cycle of neglect. So what does that mean to us as dental professionals? It means that our practices and hygiene departments need to shift the focus from "cleaning teeth" to evaluating levels of disease. We are actually on the front line of diagnosing a problem that has a profound impact on a patient's total health.

So are we as a profession stepping up to meet this challenge and shoulder this important new responsibility? Can you imagine your physician never taking your blood pressure to check for hypertension? Of course not! We expect our physicians to keep up with new research and treatment trends in health care. We should expect no less of ourselves in providing dental care for our patients.

We urge all of you to take a hard look at your hygiene department. Work together with your office team to find a way to make sure the patients have regular periodontal screenings performed. Find a periodontist who shares your philosophy of patient care, attend appropriate continuing education, and adjust your appointment schedule times, to allow periodontal chartings and diagnosis. Develop a written protocol for how your office will handle your patients' periodontal screening and treatment. Work on coming up with consistent diagnosis dialogue and patient education tools when presenting your findings. Are there regular periodontal chartings in the patients' records? Are there notations about "watching" inflammation or pockets in our patient's mouths? If so, these are clear signals that we aren't living up to our legal and ethical obligation. The cure for periodontal disease is not always titanium!

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