

# Recognize Your Part in Periodontal Care

A preliminary study in the October 2003 *Journal of Periodontology* compared the level of referrals general dentists made to periodontists in 1980 to the level of referrals general dentists made to periodontists in 2000. The article, "Periodontal Referral Patterns, 1980 vs 2000: A Preliminary Study," reveals a trend that is concerning.



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"Given the increased knowledge of periodontal diseases over the past 2 decades, one would anticipate an improvement toward earlier diagnosis, treatment, and/or referral for treatment of periodontal diseases," the article notes. "However, based on the findings from this study, this does not seem to be the case." Trends that have occurred over the past 20 years include the following:

- Increase in the mean age of the patient at the time of initial periodontal examination
- Increase in the percentage of periodontal case type IV patients
- Overall decrease in the number of periodontal case type III patients
- Increase in the mean number of teeth missing per patient at the time of initial periodontal examination
- Increase in the mean number of teeth scheduled for extraction per periodontal treatment plan
- Increase in the mean periodontal case type

## SHARED RESPONSIBILITY

The authors cite a number of possibilities for the trends, including delayed diagnosis of periodontal disease, inappropriate treatment or lack of treatment, lack of recognition of the severity of disease,

and delayed referral or timely referral for treatment. In addition, the authors emphasize an important, yet widely ignored, concept: "The parameters of care and responsibilities inherent in diagnosis and treatment of periodontal diseases do not differ for general practitioners and specialists."

General practices that seek to be credible providers of comprehensive periodontal care must have clinicians who are serious about making evidence-based decisions regarding treatment plans; these clinicians must have expert technical skills because they will be held to the same standard of care as periodontists.

## PERIODONTAL EDITORIAL

Also appearing in the October 2003 *Journal of Periodontology* was a guest editorial by Drs. McGuire and Scheyer, "A Referral-based Periodontal Practice—Yesterday, Today, and Tomorrow," which discussed the article's preliminary findings. The following is

an issue raised by the authors:

"Today, it is not uncommon for general dentists to proclaim that they can identify and treat all their patients' periodontal needs. Since 1980, practice management seminars have been encouraging general practitioners to partake in soft tissue management (STM) protocols, and nonsurgical treatment is looked upon as a much more important income center in the business model of today's general practice than it was 20 years ago. Many may delay their referrals to maintain their revenue stream with STM programs."

I wish I could argue otherwise. Many general

practices that claim they can take care of all their patients' periodontal needs neglect to follow well-recognized parameters of care. Although many of the STM courses that began in the 1980s were limited in terms of advancing scientific evidence, these courses did raise awareness of periodontal disease. Unfortunately, these courses focused more on the potential for greater revenue streams from the hygiene department than the clinical side of periodontal therapy.

Consequently, the message regarding standards of care for nonsurgical periodontal therapy became compromised. Sadly, some dental practices do delay referrals to specialists to maintain a certain revenue stream, which is a mistake in terms of patient retention. Ironically, general practices that are committed to striving for excellence in periodontal care and not focusing on profits from periodontal procedures are the practices that have become very profitable. The authors also make the following comment:

"Many of today's referring doctors have STM programs that have not created strict guidelines for outcome assessment and they have not delivered definitive periodontal therapy."

When it comes to assessing outcomes of periodontal care rendered, many general practices lack strict guidelines. These practices fail to properly record clinical data at baseline and maintenance intervals. General practices that do properly track specific periodontal data are in a very small minority. *The good news:* A growing number of hygienists who practice as periodontal therapists are adept in documenting baseline and subsequent periodontal data. These hygienists are able to intercept trends toward disease activity because they have precise data on which to base their outcome assessments. ●

# Create a Successful Working Environment

Trust, loyalty, security, appreciation, and opportunity for growth are factors that play a tremendous role in the success of attracting and retaining a valuable team and a solid business foundation. Communication is another fundamental component. Consider incorporating the following communication tools in your practice to create a supportive working environment:

**Establish clear expectations.** Figure out what you expect from your team members as well as yourself. Then make these expectations clear. These may include specific job descriptions, specific assigned tasks, attitudes, or individual working hours if they are different than the practice's policy.

Also, figure out what you expect when it comes to the overall standards and policies of your practice. Standards and policies include practice office hours, standards of care and treatment protocol, general job descriptions, operating proce-

dures, emergency plans, hiring and dismissal information, and vacation/sick leave planning and policy.

**Be approachable.** Encourage team members to share their ideas. Of course, this does not mean that you have to agree with their ideas or feelings. You should, however, acknowledge them. Remember, the better you and your employees feel about the ability to create change, the greater the motivation to continue improving and the greater the possibility of increasing longevity and practice success.

**Let team members solve interpersonal problems.** This will help instill responsibility in team members. The main exception to this is when solutions involve a change in practice systems or policies. In this case, solutions should be brought to your attention and discussed. Employees should make you aware of what they have agreed to.

**Hold regular team meetings.** Open each meeting with one positive comment

from each team member. This sets an optimistic, constructive tone for the meeting. Set an agenda for each meeting; try to rotate the meeting facilitator. It is more important for the meetings to be shorter and more frequent than longer and spaced farther apart.

Each item brought forth during the meeting should be accompanied by at least two solutions or suggestions. A team member should be assigned the job of taking notes during the meeting. The meeting should end with a plan in place that includes follow-up dates and team members responsible for completing assigned tasks. Conclude each team meeting by recognizing one positive goal that was accomplished during the meeting.

**Document practice changes.** Provide employees with written documentation that communicates any changes that occur in the practice. This document should include specific implementation instructions and deadlines and each team mem-

ber's specific responsibilities. Each team member (including you) should initial the document. When everyone has seen and signed the document, place it in an organized reference binder or add it as an addendum to your policy manual. Forms of communication that can be implemented daily or as needed are team memos and break/lunch room bulletin boards.

Remember, change is a process. It might take weeks before the changes take shape. With a positive attitude and reinforcement from their leader, the team will accept and even begin to reap the rewards of their supportive office environment. ●



Gina McMeans has more than 10 years of experience in the dental field. Through a strength-based methodology, she has proven results in counseling and coaching, specializing in conflict solutions, team building, and personal and professional growth coaching. To schedule your complimentary consultation, call 866-626-3267 or 480-451-1278 or e-mail [glm@themcmeansgroup.com](mailto:glm@themcmeansgroup.com).