

Casey Hein, BSDH, RDH, MBA

Speaker Packet

*Applying evidence of periodontal
systemic links into everyday patient care
with authority, creativity, and passion.*



The time is *now* for **medical-dental collaboration** targeting periodontal disease and systemic diseases and conditions. But how do dentists and hygienists do this?

The evidence is compelling that overall health can be directly related to controlling infection and inflammation within the oral cavity. Periodontal disease is perhaps the greatest contributor to this threat.

- What do you say to patients and how does this effect treatment planning?
- How do you collaborate with the medical community?
- How should this evidence impact practice philosophies and systems?

Casey Hein's presentations empower the whole dental team to embrace the significance of periodontal-systemic interrelationships and progressively incorporate this science into everyday patient care.

Audiences benefit from Casey's many years of clinical consulting, research, participation on scientific boards and in consensus groups, and experience in building an environment for medical-dental collaboration at the University of Manitoba. Utilizing evidence-based information, sophisticated animations, case studies and storytelling of professional experiences, Casey's programs facilitate greater understanding, stimulate ideas, fuel lively discussion and empower participants.



PRESENTATIONS



Rethinking the Significance of Periodontal-Systemic Links and Building Dental-Medical Collaboration



Periodontal-Systemic Links: The Case for Early Intervention of Periodontal Disease



A Best-Practice Approach to Target Diabetes in Dental Patients



Beyond the Tonsils: Dentists and Dental Hygienists as Non-Physician Primary Care Providers *NEW!*



Chairside Glucose Testing: What's in a Finger-Stick? *NEW!*



Targeting Obesity in Dental Patients



The Awakening: Depression in Us and in Our Patients *NEW!*



The Threat of Periodontal Disease in Pregnancy



Preventive Cardiology in Dentistry



Dental-Medical Collaboration in Caring for the Oral-Systemic Health of Nursing Home Residents



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www.caseyhein.com • casey@caseyhein.com • 240-707-6766





Rethinking the Significance of Periodontal-Systemic Links and Building Dental-Medical Collaboration

- In the realm of periodontal-systemic links – what's real and what's hype?
- Can you explain to patients the significance of periodontal disease and why it's so important to treat it?
- How can you collaborate with medical and nursing professionals to care for patients who have periodontal disease?

Several decades of scientific inquiry have produced evidence that periodontal disease may increase risk for a number of inflammatory diseases and conditions: coronary artery disease and stroke, diabetes and its complications, adverse pregnancy outcomes, and pneumonia, among others.

Dentists and hygienists are well positioned to counsel, screen, and appropriately refer patients who are at risk for chronic diseases like cardiovascular disease, diabetes, and obesity. Likewise, physicians, nurses, pharmacists, dieticians, and other non-dental healthcare providers have an important role to play in screening and appropriately referring patients at risk for periodontal disease. This course will empower dental and medical practitioners to integrate periodontal-systemic science into everyday patient care with ease and confidence. The program also provides a template for jump-starting cross-disciplinary healthcare collaboration and helps the dental team reframe the "check-up" and "cleaning" appointment.



LEARNING OBJECTIVES:

- Describe the significance of periodontal infection in amplifying systemic inflammation
- Implement a new model of risk assessment that focuses on the patient's cumulative inflammatory burden
- Screen and appropriately refer patients at risk for cardiovascular disease and diabetes
- Implement protocols for monitoring glycemic control in patients with diabetes or prediabetes
- Summarize clearly and simply, in patient-friendly language, the science behind periodontal-systemic interrelationships
- Build collaborative relationships with physicians, nurses and other non-dental healthcare professionals
- Implement bi-lateral point-of-care screening and referral for periodontal diseases and associated chronic diseases
- Identify barriers to implementing periodontal-systemic science into everyday patient care



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Bi-Lateral Point of Care Screening & Referral



Oral HCP screens patients for diabetes and CVD and refers to appropriate HCP



Non-dental HCP screens patients for periodontal disease and refers to appropriate oral HCP

Full-Day Session

MORNING SESSION: At the end of the morning, Casey presents case studies that will challenge participants to overcome barriers associated with the care and co-management of patients with periodontal disease and chronic diseases.

WORKING LUNCH: The audience is divided into discussion groups during a working lunch.

AFTERNOON SESSION: With Casey's facilitation, individual groups present their findings on case studies and share applicable personal experiences.

Suggested Audience: Dentists, dental hygienists, dental assistants, business staff

Alternative Format: 4 hour program (no working lunch): Case studies are distributed before the program begins. During the final hour of the program, participants have the opportunity to weigh in on how they would manage various cases associated with periodontal-systemic risk.



Periodontal-Systemic Links: The Case for Early Intervention of Periodontal Disease

- Are you underdiagnosing or waiting too long to diagnose periodontal disease?
- What can you say to patients about periodontal-systemic links that is grounded in scientific evidence?
- How do you increase your patients' acceptance of periodontal treatment?

In the past quarter-century, there have been major advances in understanding the role of periodontal infection and inflammation in the risk for systemic diseases, including coronary artery disease and stroke, diabetes, adverse pregnancy outcomes, and pneumonia, among others.

This course explores the significance of periodontal infection in increasing systemic inflammation, and provides overviews of the biological mechanisms that link periodontal disease to a constellation of inflammatory driven diseases and conditions. This body of evidence provides a compelling case for early intervention of periodontal disease.

Casey also suggests a number of hurdles and conditioned assumptions that hijack diagnosis of periodontal disease and patient acceptance of proposed treatment, with recommendations on how to overcome these challenges.



LEARNING OBJECTIVES:

- Explain the biological mechanisms implicated in the inflammatory pathway linking periodontal disease to cardiovascular disease, diabetes, complications of pregnancy, pneumonia and other links under investigation
- Identify patients in the earliest stages of periodontal disease
- Identify the hurdles and conditioned assumptions that hijack the diagnosis of periodontal disease

Suggested Audience: Dentists, dental hygienists, dental assistants, business staff

Suggested Length: 3 hours



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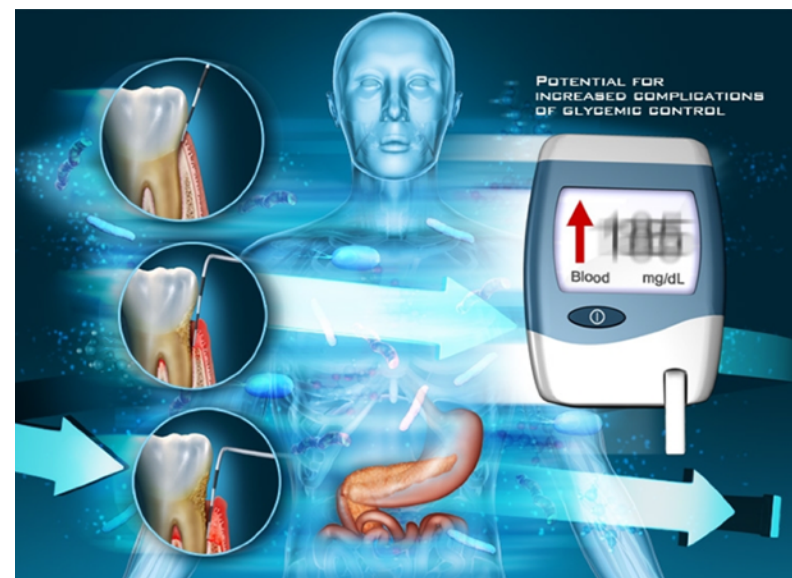
A Best-Practice Approach to Target Diabetes in Dental Patients

- Why the dental care needs of diabetic patients are different from those patients who do not have diabetes, and what specific clinical protocols should you implement?
- Do you wish you had evidence-based messages to help you discuss the importance of glycemic control with patients who have periodontal disease and diabetes or prediabetes?
- How can you collaborate with physicians, nurses and diabetes educators to care for patients who have diabetes or prediabetes?

Worldwide, an estimated 390 million people have diabetes—and that number keeps growing. This patient population has specialized needs when it comes to periodontal care. Treating diabetic patients is different than nondiabetic patients. To ensure optimal health outcomes, patients with diabetes and periodontal disease require collaborative case management.

This course provides an empowering vision for dentists and dental hygienists in screening for diabetes, pre-diabetes, obesity, and Metabolic Syndrome and offers practical ideas for jump-starting collaborative case management with the medical community.

If your team is still treating patients who have diabetes the same way you treat patients without diabetes, this course is a must. Course participants will develop greater confidence in caring for diabetic patients and establish easily implementable clinical protocols to better address the needs of patients with diabetes.



Suggested Audience: Dentists, dental hygienists, dental assistants, business staff

Suggested Length: 3-4 hours



LEARNING OBJECTIVES:

- Explain the biological link between diabetes and periodontal disease
- Incorporate evidence-based information on the interrelationship between diabetes and periodontal disease into everyday dentistry
- Monitor and document glycemic control in diabetic patients who have periodontal disease (or diabetic patients who may be at risk for periodontal disease)
- Identify patients who may be at risk for Metabolic Syndrome
- Build collaborative relationships with physicians, nurses, and other non-dental healthcare professionals to cross-screen and cross-refer patients at risk for diabetes, prediabetes and periodontal disease
- Communicate evidence-based messages to patients about the interrelationship between diabetes and periodontal disease
- Implement clinical protocols specific to the care of patients with diabetes

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Beyond the Tonsils: Dentists and Dental Hygienists as Non-Physician Primary Care Providers

- What primary care services, traditionally provided by physicians and nurses, can you perform?
- Can dental professionals really perform point-of-care testing using blood?
- Medical-dental integration is a great idea, but where do you start and what are the challenges?

In this new era of medical-dental integration, the expectation is that dental professionals will become more involved in risk assessment, early diagnosis, and co-management of various medical conditions. Indeed, dental professionals are uniquely positioned to provide many primary care services that have traditionally been delivered by physicians and nurses. This leads the way for a new model of care, the *'Non-Physician Primary Care Provider'*,* ushering in an alternative approach to meeting the needs of millions of people who live with multi-factorial chronic diseases.

This course explores medical screening in the dental setting, including the use of questionnaires, visual examination, point-of-care technologies, manual measurements and salivary diagnostics to screen patients for cardiovascular disease, diabetes, poor glycemic control, HPV, HIV, hypertension, dermatological lesions, various cancers, and biometric health, among other things. The challenges to implementing these primary care services into the dental setting will also be discussed.

Suggested Audience: Dentists, dental hygienists, dental assistants, front desk staff

Suggested Length: 2-3 hours



*The American Academy of Family Practitioners (AAFP) defines Non-Physician Primary Care Providers as "providers of health care other than physicians who render some primary care services." AAFP website. Available at: <https://www.aafp.org/about/policies/all/primary-care.html>; accessed May 1, 2018.



LEARNING OBJECTIVES:

- Discuss drivers of the Non-Physician Primary Care Provider model of care in dentistry
- Implement screening tools such as questionnaires, point-of-care technologies, salivary diagnostics, and smart phone applications, among other methods
- Introduce bi-lateral point-of-care screening and referral to the medical and nursing communities
- Overcome the challenges in implementing primary care services in dentistry
- Identify attitudes about implementing this new practice paradigm and areas where more education and training is necessary to be successful in providing primary care services in the dental setting



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Chairside Glucose Testing: What's in a Finger-Stick?

- Why should you perform chairside glucose testing?
- How do you implement glucose testing in the dental office?
- How can you be paid to perform glucose testing?

As dental providers we cannot ignore the overwhelming statistics on diabetes.

- More than 125 million people in the US have diabetes or prediabetes.
- Close to 10% of cases of diabetes are undiagnosed.
- Among people who know they have diabetes, about 9% are untreated.
- Of adults who are treated for diabetes, perhaps as many as 80% are poorly controlled.

Because oral problems are among the earliest signs of diabetes, the dental office often becomes patients' point-of-entry into the medical system. Dentists and dental hygienists are uniquely positioned to identify patients who have diabetes or prediabetes, monitor blood sugar and reinforce recommendations for diabetes self-care.

The American Dental Association recently approved CDT codes for in-office, point-of-care testing (POCT) for HbA1c, and capillary blood glucose. This has paved the way for dental providers to better co-manage patients who have diabetes or who are at risk for diabetes by utilizing finger-stick technologies and other screening methods. Many insurance companies are now paying claims for glucose testing in dental offices. Participants of this new course will walk out fully empowered to screen patients for diabetes and prediabetes, and implement chairside glucose testing.



Suggested Audience: Dentists, dental hygienists, dental assistants

Suggested Length: 2-3 hours

Optional: An additional 1 hour hands-on training with glucose meters



LEARNING OBJECTIVES:

- Explain the difference between and rationale for HbA1c testing (D0411) and capillary blood glucose testing (D0412), identifying patients who are candidates for these two chairside glucose tests
- Perform blood glucose testing utilizing finger-stick techniques, glucometers, and HbA1c analyzers
- Describe how the results of glucose testing may impact treatment decisions
- Identify the pros and cons, and barriers to implementation of glucose testing in the dental setting

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Targeting Obesity in Dental Patients

- How much do you know about the link between metabolic syndrome, obesity, inflammation, and periodontal disease?
- Why can't dentists and dental hygienists overlook overweight and obesity in everyday patient care?
- How do you start difficult conversations about weight loss with overweight patients?

Obesity, as we hear almost every day, is taking a devastating toll on human health and wellness. In fact, it may be the single greatest threat to global health. Worldwide, the prevalence of obesity has more than doubled since 1980, and projections suggest that 1.2 billion people will be obese by 2030.

As strong predictors of comorbidity, obesity and Metabolic Syndrome can no longer be ignored in everyday patient care. Recent studies have proposed a correlation between obesity and periodontal disease; numerous investigations have also suggested an interrelationship between Metabolic Syndrome and periodontal disease.

This energizing, revelatory course empowers the dental team to identify patients at risk for overweight and obesity, overcome the difficulty in discussing weight, build collaboration with the medical community to cross-screen and cross-refer patients at risk for obesity and periodontal disease, and educate dental patients about the role of obesity in increasing risk for periodontal disease.



LEARNING OBJECTIVES:

- Explain the biological mechanism that is theorized to link obesity and Metabolic Syndrome to periodontal disease
- Describe the concept of cumulative inflammatory burden
- Identify dental patients who are overweight or obese
- Recognize patients who may be 'inflammatory-primed'
- Overcome the difficulty in discussing weight with patients
- Educate patients about the impact of overweight and obesity on periodontal health
- Identify patients who might benefit from referral to physicians and specialists for weight management
- Implement clinical considerations in caring for obese dental patients
- Build collaboration with the medical community to cross-screen and cross-refer patients at risk for obesity and periodontal disease.

Suggested Audience: Dentists, dental hygienists, dental assistants, business staff

Suggested Length: 3 hours



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The Awakening: Depression in Us and in Our Patients

- Can you help patients who are depressed?
- Is there an easy way to identify patients who might be depressed?
- How do we address depression in members of the dental team?

With one in six people experiencing depression some time in their lives, it's likely that during a typical day, we will see a number of patients whose lives have been touched by depression. Prolonged depression can be devastating — impacting both physical and emotional health, including increased risk for alcohol or drug addiction, trouble with school or work, problems with relationships, social isolation, excess weight gain, self-mutilation, and suicide. A recent model that utilized dentists and dental hygienists to intercept patients with depression, was overwhelmingly successful when recently piloted in the Indian Health Services.

This course begins with a brief overview of the most common types of depression and associated risk factors. The PHQ-2 tool will be introduced to provide a simple way to preliminarily screen for depression. Complications common to patients with depression, homecare regimens for their unique dental needs, and key messages for patient education will be discussed. We'll also tackle the 'elephant in the room'— depression in members of the dental team. We must care for ourselves before we can care for our patients. Please join us for this important and long overdue course.



Suggested Audience: Dentists, dental hygienists, dental assistants, front desk staff
Suggested Length: 2-3 hours



LEARNING OBJECTIVES:

- Identify risk factors for depression, and utilize the PHQ-2 screening tool to recognize patients who may be depressed and refer them to physicians or behavioral health providers for formal diagnosis
- Describe the connection between depression and poor overall health and how depression may increase the risk for caries and periodontal diseases
- Prescribe homecare products that help prevent caries, xerostomia and other complications common in patients with depression
- List key messages to educate patients about how to maintain oral health
- Recognize daily challenges that dental professionals face; assess personal mental well-being and if appropriate, buffer work-related stress, and address risk factors for depression specific to personal and professional life

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The Threat of Periodontal Disease in Pregnancy

- What is the most recent evidence regarding pregnancy and periodontal disease, and what should dental teams be doing with this information?
- Do you wish you had evidence-based, sensitive messages to help you discuss with women the risk periodontal disease may pose to healthy pregnancy?
- How can you educate and train physicians, nurses, and midwives to screen pregnant women for periodontal disease and refer suspected cases for dental care?

It is well recognized that infection and inflammation is associated with a significant proportion of adverse pregnancy outcomes, and one of the most common sources of infection and inflammation is periodontitis. It's been estimated that periodontal diseases, including gingivitis, affect 75% of pregnant women.

Periodontal infection has been correlated with such pregnancy complications as preterm birth, preeclampsia, gestational diabetes, and delivery of small-for-gestational age infants.

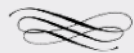
Oral healthcare providers who care for women of child-bearing age should be aware of the evidence that supports the possibility that periodontal infection may be a modifiable risk factor for adverse pregnancy outcomes.

This case-based course empowers oral healthcare providers to incorporate into everyday patient care evidence of the relationship between periodontal disease and risk for adverse pregnancy outcomes.



Suggested Audience: Dentists, dental hygienists, dental assistants, business staff

Suggested Length: 3 hours



LEARNING OBJECTIVES:

- Explain how the structure and integrity of gingival tissues change during pregnancy
- Describe the evidence supporting a relationship between periodontal disease and adverse pregnancy outcomes
- Cite the risk factors for preterm birth and preeclampsia
- Express patient-appropriate messages to educate women of child-bearing age about the importance of oral health and the potential impact of periodontal disease on pregnancy
- Summarize the findings of various consensus opinions related to the oral healthcare of pregnant women
- Identify pregnant women who have oral health problems that may place them at greater risk for an adverse pregnancy outcome and communicate concerns to the patient's physician
- Educate and train physicians, nurses, and midwives to screen pregnant women for periodontal disease and refer suspected cases for dental care



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Preventive Cardiology in Dentistry

- Does periodontal disease really increase the risk of heart attack?
- Is there something you should do differently for patients who have (or are at risk for) cardiovascular disease?
- How can you collaborate with physicians, nurses and diabetes educators to care for patients who have or who may be at risk for cardiovascular disease?

Since groundbreaking research on the potential connection between periodontal disease and cardiovascular disease (CVD) appeared in 1989 (Mattila), there has been a plethora of publications about this subject in many prestigious medical journals. Explanations on the biological mechanisms by which periodontal disease could cause systemic inflammation, promote atherogenesis, and increase the risk for myocardial infarction and stroke are well-founded. Although short-term studies suggest that treatment of periodontal disease can reduce systemic inflammation and endothelial dysfunction, evidence that periodontal therapy can prevent atherosclerosis, heart attacks or stroke is lacking. What are dentists and dental hygienists to do with this inconsistent information?

This course helps oral healthcare professionals to make sense of the research and consensus opinions on the links between periodontitis and cardiovascular disease. The program empowers participants to incorporate the latest evidence on the relationship of periodontal and CVD, screen patients to identify those who may be at risk for CVD, and build collaborative relationships with non-dental healthcare providers to increase point-of-care screening and cross referral of patients at risk for CVD and periodontal disease.



Suggested Audience: Dentists, dental hygienists, dental assistants, business staff

Suggested Length: 3-4 hours



LEARNING OBJECTIVES:

- Recognize the significance of cumulative inflammatory burden
- Discuss the relationship between periodontal disease and atherosclerosis and periodontitis as a modifiable risk factor for heart disease and ischemic stroke
- Accurately articulate the risk periodontal disease may pose in the development and progression of atherosclerosis
- Identify patients at risk for cardiovascular disease
- Articulate key messages for educating patients about the relationship between periodontal disease and CVD
- Implement strategies for medical-dental collaboration in caring for patients at risk for periodontal disease and atherosclerosis
- Articulate the findings of various consensus opinions related to clinical application of evidence of the association between periodontal disease and atherosclerosis



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Dental-Medical Collaboration in Caring for the Oral-Systemic Health of Nursing Home Residents

- What is the magnitude of the unmet needs for dental care in older populations – how are we ‘dropping the ball’ on caring for this high-risk group?
- How might untreated periodontal disease predispose nursing home residents to life-threatening diseases?
- How can all healthcare providers—including dental professionals—contribute to the well-being of nursing home residents through screening and treatment for oral-systemic issues?

In the past several decades, medical and nursing communities have seen a wealth of scientific evidence that supports the important role of oral health in sustaining overall health and well-being. But we have been slow to adopt standards for collaborative care between medicine and dentistry to implement this science.

Given the prevalence of periodontal disease and caries in older populations (most of which goes undiagnosed), it is reasonable to assume that most people entering nursing homes have untreated periodontal disease and decayed teeth.

Poor oral health places older adults at greater risk for malnutrition. Furthermore, periodontal disease increases the risk for inflammatory-driven diseases such as cardiovascular disease, stroke, aspiration pneumonia, complications of diabetes, and rheumatoid arthritis. These diseases are the most prevalent in nursing homes and are costly to treat.

This course proposes protocols for nursing homes that foster a collaborative practice arrangement between nurses and dental hygienists.



Suggested Audience: Dental hygienists, dentists, nurses, physicians, and other non-dental healthcare providers

Suggested Length: 2-3 hours



LEARNING OBJECTIVES:

- Describe the unmet needs for dental care in older populations, the prevalence of periodontal disease and caries in this at-risk group and how these oral diseases compromise the health of older adults
- Implement bi-lateral, point-of-care screening and referral of older people with dental diseases, and related inflammatory-driven diseases such as cardiovascular disease and diabetes
- Describe how nurse-dental hygienist transdisciplinary collaboration could improve health outcomes in nursing home residents

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**Understanding periodontal-systemic links is one thing.
Knowing what to do with this information is quite another.**

Casey Hein first began speaking about periodontal-systemic links in 2003, when this body of science was emerging. Since that time, evidence of the role of periodontal disease in amplifying systemic inflammation and increasing the risk for chronic diseases has strengthened. Yet, clinicians are not quite certain how to integrate this information into everyday patient care.

Casey's programs present new models of care and collaboration that practitioners can implement immediately. They are the result of many years of clinical consulting, research, participation on scientific boards and in consensus groups, and her experience in building an environment for medical-dental collaboration at the University of Manitoba.

Utilizing sophisticated animations, case studies and storytelling of professional experiences, her programs facilitate greater understanding of periodontal-systemic links, stimulate ideas, fuel lively discussions and empower participants.

Casey is an Assistant Clinical Professor in the Department of Periodontics and Director of Education of the International Centre for Oral-Systemic Health in the College of Dentistry; and the Director of Continuing Professional Development for Dentistry and Dental Hygiene, in the Rady Faculty of Health Sciences, at the University of Manitoba (Canada). She is also an internationally recognized speaker and published author, a consultant to the dental industry, advisory/scientific boards, professional associations, and a reviewer for scientific publications. She has developed two educational websites that provide resources for implementation of periodontal-systemic science (www.caseyhein.com) and online courses related to oral-systemic health for both the dental and medical communities (www.oralhealthed.com).





One of her responsibilities at the University of Manitoba is to lead a team in the development of her vision for the first comprehensive, multi-media curriculum, *Oral-Systemic Health Education for Non-Dental Healthcare Providers*, which won for the University of Manitoba the prestigious William J. Gies Award for Outstanding Innovation – Academic Dental Institution in 2015. She has also led notable interprofessional education events at the University of Manitoba, including programming in oral-systemic health, "Make the Connection" (2014). This event brought together over 200 physicians, nurses, dentists, dental hygienists, and other healthcare providers, and garnered the University of Manitoba the Royal College of Physicians and Surgeons' 2015 Innovation Award. In the same year, Hein created and developed another award-nominated interprofessional program, "Obesity Intervention for Front Line Healthcare Providers" (2015).

Casey has a Bachelor of Science degree in Dental Hygiene from West Virginia University and a Masters of Business Administration from Loyola University. She was accepted into the National Speakers' Association in 2008 and has maintained an active membership since then. Since 2006 Casey has continuously been voted among *Dentistry Today's* Top 100 Clinicians/Consultants in Continuing Education.

Applying oral-systemic science to everyday patient care.



WHY BOOK CASEY?

- Highly respected speaker of hundreds of national and international presentations at major dental meetings, national, state, and local professional associations, governmental and insurance agencies, Seattle Study Clubs, and universities
- Well recognized author with hundreds of publications including scientific and professional journals, consensus reports, white papers, and textbook chapters
- Founder of the first publication on oral-systemic medicine: *Grand Rounds in Oral-Systemic Medicine*. This quarterly journal was a PennWell publication with an industry-wide distribution
- Pioneer in and advocate for incorporating periodontal-systemic links into everyday patient care in both medicine and dentistry
- Creator and author of an oral-systemic health curriculum for physicians, nurses and other non-dental healthcare providers (www.oralhealthed.com)
- Credited as a visionary in establishing models for dental-medical collaboration in oral health care
- A seasoned professor and trainer, Casey utilizes adult learning concepts to engage all learners and ensure results
- As both a practical clinician and owner of a consulting business, Casey has experience resolving the day-to-day challenges experienced in dental practices

Past Presentations

National Organizations

Academy of Cosmetic Dentistry
Academy of General Dentistry
American Academy of Oral-Systemic Health
American Dental Association
American Dental Education Association
American Dental Hygienists Association (*multiple*)
Invisalign General Practitioner Summit
National Dental Association
North American Dental Hygiene Research Conference

Regional, State and Local Meetings

Albuquerque District Dental Society
Allegany/Garret Dental Society (*multiple*)
Anne Arundel County Dental Society
Arizona Dental Association Western Regional Dental Convention
Baltimore Innovative Dental Seminars
Big Apple Dental Meeting
Cleveland Dental Hygienists' Association
Delaware State Dental Society
El Paso Dental Conference
Georgia Dental Hygienists' Association
Governor's Oral Health Council
Greater Baltimore Dental Hygienist's Association
Greater Capital District Dental Symposium
Greater Delaware Valley Dental Hygiene Conference
Greater Houston Dental Hygienists' Society
Greater Richmond Dental Hygienists' Association
Greater St. Louis Dental Hygiene Society
Holiday Dental Conference
Howard County Dental Hygienists' Association
Illinois State Dental Hygienists' Association
Mid County Dental Society
Mississippi Dental Hygienists' Association
Mobile Area Dental Society
Nation's Capitol Meeting
New Mexico Academy of General Dentistry
New Mexico Dental Association
New Mexico Dental Hygienists' Association
North Dakota Dental Hygienists' Association
Northern Virginia Dental Hygienists' Association
Ohio Dental Hygienists' Association
Oklahoma Dental Hygienists' Association
Oklahoma Society of Periodontists
Oregon Dental Hygienists' Association

Robert T. Freeman Dental Society
Rocky Mountain Dental Conference
Southwest District Dental Society
Spirit of Michigan Meeting; Michigan Dental Association
Star of the North Meeting, Minnesota Dental Association
Texas Dental Association
Under One Roof
Virginia Dental Association
Virginia Public Health Dentist Conference
Western Society of Periodontology
Wisconsin Dental Hygienists' Association
Yankee Dental Congress

Dental Study Clubs

Adelaide Seattle Study Club
Bunting Study Club
Central Texas Study Club
Greater Lafayette Study Club
Heartland Study Club
New Horizons Hygiene Study Club
Palo Alto Study Club
Port City Study Club
Prime Study Club
Roanoke Seattle Study Club
Seattle Study Club National Symposium and Clubs
Somerset Study Club
South Ohio Seattle Study Club
St. Helen's Shadow Study Club
Upstate Study Club
West Texas Periodontics

International

Canadian Association of Public Health Dentistry
6th Congress Istituto Stomatologico Toscano, Viareggio, Italy
Dalhousie University; Halifax, NS Canada
Journées Dentaires Internationales du Québec
Melbourne Seattle Study Club
Rhapsody in the Rockies; Calgary, Canada
Royal Australasian College of Dental Surgeons South Australia Branch
University of Adelaide, School of Dentistry, Faculty of Health Sciences; South Australia



Dental Schools

Allegany College of Maryland
Finger Lakes Center for Advanced Dentistry
Indiana University School of Dentistry
Old Dominion University's Gene W. Hirschfield School of Dental Hygiene
University of Colorado School of Dental Medicine
University of Missouri – Kansas City School of Dentistry
Midwest Dental Conference
Monroe Community College
Montgomery County Community College
New Mexico Association of Community Colleges
Springfield Technical Community College
State University of New York (SUNY), University at Buffalo
University of Pittsburgh
University of the Pacific

Other Medical

Albuquerque Area Indian Health Service
Allegany Health Right
American Association of Diabetes Educators
College of Nursing, University of Tennessee
LeHigh Valley Health Network
New Mexico Department of Health
New Mexico Health Policy Commission
New Mexico Human Services Department
New Mexico Medical Society
U.S. Department of Health and Human Services
Western Maryland AHEC
Western Maryland Regional Medical Center (*multiple*)

Rave Reviews

"Casey Hein is a leading authority on the Oral/Systemic link and her presentations to our study club have generated huge interest especially amongst the team members of the individual offices. Not only does she define the current research but she also creates a vision for us as to how we can talk with patients and change the scope of our practices. She illuminates interdisciplinary care extending beyond dentistry and to all health care providers. The case study portion of her presentation resulted in lively participation from everyone in attendance. I highly recommend her as a presenter."

—J. Mark Beckstead, DDS; Director, Palo Alto Study Club , Palo Alto, California

"Casey Hein is one of those rare speakers, a unique and interesting star in a sky full of common lights. Her topic of 'Oral Systemic Medicine' is one topic we should all be bringing to our organizations and listening very closely to. Her presentation was outstanding. Casey Hein will get you where you want and need to be."

—Gary L. Lindemoen, DDS and Jill Lindemoen COMSA COPMA RDA;
Director and Coordinator, Heartland Study Club; Fargo, North Dakota

"Everyone loved your course content and how passionate you are to get this information to our patients. The comments on the evaluation forms were wonderful. We hope the opportunity arises again for you to lecture to our group. Also, thank you for being so prompt in corresponding with our office in setting up this meeting. Your time and effort are greatly appreciated."

—Leo Trail DDS, MS; Northeast, Maryland

"Thanks you Casey for going the distance and working tirelessly through the barriers that often are associated with trying to evolve change. It is refreshing to hear someone encourage and challenge the profession of dental hygiene therapists to raise the bar for what type of care becomes acceptable. May God bless you tenfold for all you give away!"

—Mary Lynne Murray Ryder, RDH; Hermon, Maine



Casey Hein, BSDH, RDH, MBA

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"WOW!!! Thank you so much for a spectacular presentation, Casey. You created a real 'buzz' in our community and we hope to build on the momentum. The quality of the presentation was excellent. Your passion really came through."

—Bruce Mandel, DDS
Baltimore Innovative Dental Seminars

"Thank you so very much for making a superb contribution to our programming at the Annual Scientific Session. It is always challenging to find evidence-based program material from the ranks of hygienists and your perspective and material certainly put you at the top of anyone's list. Because your content is relevant and important for dentists as well as staff members, we will be looking to include you in many programs in the future. Your presentation skills are excellent, your material solid and your ability to relate to a wide audience population is superb. Many thanks for being ahead of the curve and bringing your material to our Academy."

—Sandy Roth, American Academy of Cosmetic Dentistry

"Thank you for coming to Chicago; the feedback I've gotten has been TREMENDOUS to say the least."

—Shelly Pierce Chicago, IL

"Beautiful presentation! Very motivating and thought stimulating. Tons of motivating information. Thank you so much for sharing your expertise with us. We would love to bring this course back!"

—Debbie Reaume, Director of Continuing Education
Oregon Health Science University



Rave Reviews, *continued*

"Casey sure knows how to pack a room—we had one of the highest attendance."

—Heather Knitter, RDH
Greater Houston Dental Hygienist's Society

"Ms. Hein is a first class speaker. She well fulfilled the expectations of the audience at the first-ever joint continuing education program that offered credit to both physicians and nurses (CME) and oral healthcare providers in attendance. Casey made a very compelling presentation of scientifically supported information of the mechanisms implicated in the inflammatory pathway linking periodontal disease to systemic consequences, and provided attendees with ideas for practical application and interprofessional collaboration. She stimulated a dynamic discussion on implementation of oral-systemic interrelationships among a wide audience that included dental academicians, dental practitioners, nurses, dental hygienists, physicians and members from other health professions. She was an incredibly valuable asset to the line-up of speakers."

—Hubert Benitez, DDS; Director, Continuing Dental Education
University of Manitoba, Faculty of Dentistry

"Thanks for the great presentation. You are certainly a thought leader in our profession, and I admire you for attacking this challenge and opening our eyes and the eyes of others to see the opportunities ahead of us. Thanks for raising the bar for the quality of care in Oklahoma."

—David Wong, DDS; Tulsa, Oklahoma



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"Casey presented a lively course that discusses an idea that has been a long time coming. She clearly identified the role of a periodontal therapist and presented this with respect for the dental hygiene profession as a whole. The audience was able to step into the role of the periodontal therapist as Casey described the difference between a 'routine prophylaxis' provider and a periodontal therapist and discussed the steps that need to be taken to move between the two concepts. She accurately depicted the relationship between the mouth and the whole body in order to promote total health and discussed building relationships with allied health professionals to better serve each patient's unique needs. We highly enjoyed her presentation and look forward to hearing her again."

—Cathy Berard, RDH, BS; President, Northern Virginia Dental Hygienists' Association

"Our office took a lot away from your presentation. We are enthused and ready to make some changes...you are truly inspiring and just what I needed after 26 years of hygiene practice. I still enjoy my career and the scientific information you provided will assist me in providing the best possible care and education I can provide my patients."

—Julie Grieco, RDH; Watertown, New York

"I came to hear Casey because of her professionalism and knowledge displayed by her case study presentations. Best perio course I've ever attended (in 20 years)."

—Debra Fiacchi-Hudak, RDH; Hadley, MA

"We just had Casey Hein RDH present at our annual session and she was fabulous! It was a true pleasure to give her a glowing recommendation. We thank her again for her wonderful presentations."

—Paula Todd; Convention Manager; Western Regional Dental Convention

"I had the pleasure of having Casey Hein speak to my study club In January, 2008. WOW! The 'Oral Systemic Link' is one of the most relevant issues in our field, no one covers the content like Casey! Her seminar will bring you up to speed and motivate you to be proactive in improving the clinical care that we provide. Her program will give you better information and rationale for treatment, and also enable you to better communicate with our physician colleagues on the importance of this topic. Casey has done her 'homework,' and it resonates in her program. She is a true professional!"

—Dale Sweeney, DDS; Port Huron, Michigan



Rave Reviews, *continued*

"Casey delivers a fresh, new look at the profession we have chosen. Casey redefines clinical treatment modalities and guides the participant to take ownership of their education, utilizing new evidence based research to fully understand concepts such as host susceptibility, risk assessment, and looking beyond mere pocket depths-treating the entire health of the patient. Thee participant is challenged to take this information and utilize it in their practice-modifying not only the way treatment planning is implemented, but innovative ways to educate patients and improve the success of the periodontal therapist. A very sincere and warm thank you from Oregon."

—Lori Aus, BA, RDH

Oregon Dental Hygienist's Association, Professional Development Chair

"I was a participant in the Oklahoma program and I wanted to tell you how excited I am about the vision for periodontics. I was so impressed by the desire to integrate the medical community with the information regarding periodontal disease...I felt like the Oklahoma project was just the beginning of something great. We should be leading other states to follow. Thank you for speaking and encouraging us to be the best we can be."

—Cynthia Little, RDH; Choctaw, Oklahoma

"What a fantastic course! Your presentation was empowering, inspirational and very well-received. Thank you so much for coming to St. Louis to speak to us."

—Paula Shimel, RDH; President

Greater St. Louis Dental Hygienist's Association

"This keeps me motivated on the advancement of my profession."

—Wendy Diaz, RDH; Depew, New York

"Loved it! Casey helped me to get motivated after 2 kids and part-time in the last 6 years. She fired me up - thanks."

—Jana Mathes, RDH; Dodge City, KS

"This was the best CE I've ever been to! This is the direction we need to ahead."

—Barbara A. Ruiz, RDH; Choctaw, OK

"Loved how Casey presented this information- she spoke at my level."

—Karla Bredemeyer, RDH; Noblesville, Indiana

"Casey is very down to earth, real, not school fake ideal. Thank you for the challenge."

—Karen Beckstrom; Shawnee, KS

"One of the best CE courses in a long time."

—Kimberly Allen, RDH; Lanton, OK

"Thank you for an excellent program...your lecture was very comprehensive and professional; the critiques were very positive. Thanks for coming to Indianapolis."

—Kristi Dobson, Certified Meeting Professional
Indiana University School of Dentistry

"Your presentation was just perfect for our audience, who related to me again and again how much they enjoyed your lecture."

—Evelyn M. Thomson, BSDH, MS

School of Dental Hygiene, Old Dominion University; Norfolk, VA



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