

The Reformation of Professional Roles Within Dentistry: The Dawn of the Periodontal Therapist

The growing body of research findings related to risk stratification and systemic consequences linked to periodontal disease has great implication for dental hygienists' scope of practice and advancement of the profession. The science behind bacterial challenge and modulation of the host response, new cutting-edge diagnostics, and the ability to prognosticate disease initiation and progression are in the formula for professional advancement. For those who accept the challenge, new dimensions of complexity have been added to our scope of practice.

In 1995, Mueller-Joseph and Petersen wrote, "The issue of scope of practice is both a professional issue and a personal one."¹ "Through personal study, experience, and continuing education, the individual defines his or her own scope of practice."¹ "Two hygienists working in the same dental practice may view their scope of practice differently...."¹ These statements were almost prophetic in foretelling where some hygienists are today as they practice at a specialty level in nonsurgical periodontal therapeutics. This is a level of proficiency that demands more than just performing scaling and root planing procedures; it requires a willingness to take responsibility for clinical outcomes by utilizing the highest levels of current scientific knowledge, rendering exceptional clinical judgment, and executing the technical aspects of treatment with precision and efficiency. Because they have demonstrated extraordinary capabilities, these master hygienists are being paid, and paid well, to fulfill their scope of practice to its maximum extent.

At this time there is not an educational or licensing distinction made, or a certification process that is specific for attainment of the periodontal therapist level of dental hygiene. Because achievement of this advanced role currently depends on disciplined self-study and determination, for now, those who practice at the master clinician level of periodontal therapist are in a dedicated minority, yet their ranks are increasing. Practicing advanced periodontal therapeutics is not for every hygienist, nor should it be. Dentistry will always need conventional hygienists. However, for hygienists who want to advance to the master clinician/periodontal therapist level, it can be difficult getting started. Moving forward to recognition and optimal utilization as a periodontal therapist in a general practice often gets derailed by lack of clarity regarding what differentiates the services they deliver, how to evaluate and reward periodontal therapists' performance, the "this is too good to

be true" syndrome suffered by dentists and hygienists alike, and the mystique associated with how hygienists and dentists enter into true collaborative practice.

This article is the first in a series of articles that examines the role and value of this new health care professional, the periodontal therapist. The hope is that by the end of 2003, these articles will lay the groundwork for a general dental practice's transition into progressive periodontal therapeutics and give hygienists who aspire to do so the information and assurance they need to set their professional transformation into motion. As the first of this series, this article briefly introduces a Harvard Business School concept that is particularly relevant to the periodontal therapist model. This concept, called the "Service Profit Chain,"² is adapted to illustrate how practice profitability (and hygienist compensation) is directly related to patients' loyalty as a result of their satisfaction with the value of the care they receive, which, in turn, is directly related to the periodontal therapist's ability to achieve optimal clinical end points. It briefly discusses the opportunities and benefits that accrue to the various stakeholders when general dentists embrace optimal utilization of the periodontal therapist to provide more comprehensive care for their periodontal clientele.

Part 1: Who Wins With the Dawn of the Periodontal Therapist?

Spawned by the periodontal needs of an aging baby boomer population, a reformation in the delivery of periodontal therapeutics has begun. At the forefront are those who have already experienced or recognized the great value and gains that are associated with the restructuring of dentistry's professional roles—they are stakeholders who have significantly benefited from the periodontal therapist model of dental hygiene. I call these stakeholders "the winners." They include:

1. periodontal patients who have experienced the expert care performed by a periodontal therapist;
2. general dentists who have experienced significant increases in revenue associated with progressive periodontal therapeutics;



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3. periodontists who have benefited from increased patient referrals for procedures with higher profit margins;

4. manufacturers of products and/or services that empower us or our patients to achieve optimal therapeutic end points;

5. periodontal therapists who have gained greater professional fulfillment as a result of newly acquired scientific knowledge, interpersonal and technical skills, and greater compensation as the result of significantly higher production.

These stakeholders are emerging as uncontested "winners" during this period of reformation in dentistry. For some dentists, hygienists, and periodontists, the magnitude of this change is threatening. For those who have already experienced the "win-win" or who at least can lay hold of the vision, this is an exciting time to be in hygiene and dentistry. During the 1980s, when US consumers demanded that American automobile manufacturers improve quality (to compete with Japan), the winners generally responded by restructuring plans that produced products whose quality and cost could stand up to and, in many cases, exceed foreign competition. Their willingness to embrace change to revitalize their industry provides us with valuable lessons that should guide us in restructuring professional roles within dentistry.

In clinical consulting, I am in the business of coaching dentists and hygienists "into" collaborative, interdependent relationships that bring out the best in terms of periodontal and restorative care for patients. It is the "win-win" scenario mentioned above. I have many opportunities to watch how dentists and hygienists relate to one another, to observe whether there is a realizable difference in the therapeutic potential of a periodontal therapist, and whether goals in production, net profitability, and professional compensation are being met. After observing the extraordinary successes associated with general dentists' utilization of periodontal therapists, it has become increasingly apparent that these successes evolve much like the successes of the best performing service companies evolved 20 years ago, during a time when, similarly, consumers demanded more.

Fueled by the self-confidence higher education provides, American consumers today (an estimated 56 million of whom have periodontal attachment loss of 3 mm or more affecting approximately a third of their remaining teeth³) are assertive and have decided they want to be in charge of their bodies.⁴ Increasing awareness of the systemic implications of periodontal disease has ramped up our patients' attention and their reception to nonsurgi-

cal periodontal interventions. Given the movement in holistic medicine, well-educated consumer-patients are hailing the highest caliber of diagnostics, allowing clinicians to intercept periodontal disease at its earliest signs. Consumer-patients want to know about periodontal disease risk, and they have an immense appetite for information on how to manage their own conditions, including chronic periodontitis. But, just like the US automobile industry experienced two decades ago, our consumers-patients are demanding more value.

The demand for greater value in periodontal care has been reported in consumer magazines, discussed on television and radio talk shows, and echoed by friends in social settings and patients in many general dental practices throughout the country. Yet perhaps the most telling evidence that we need to “step it up” in periodontal therapeutics comes from the American Dental Association’s 2000 Public Opinion Survey.⁵ According to this survey, 98% of those polled agreed somewhat or strongly agreed with the statement, “Prevention of gum disease (periodontal disease) is an important step in maintaining overall health.”⁵ More evidence of the level of understanding and relatively sophisticated knowledge base of today’s consumer-patients is that 90.5% of survey participants agreed somewhat or strongly agreed that there is “a link between gum disease and other health problems.”⁵

Does satisfaction relate to the value consumer patients put on our care (and it could be argued our profession)? Yes. Value is in the eyes of the consumer-patient. Consumers of other service industries don’t really buy the service—they buy results. This is key in comprehending how general practice profitability can be related to the periodontal therapist. The value of periodontal care delivered is equivalent to the results of how we have educated patients regarding periodontal disease. Said differently, if we have defined value to our patients as “prophied” teeth and neglected “wellness education,” we have failed to communicate the value of health. This often makes the higher fees associated with nonsurgical periodontal procedures (as compared to routine prophylaxis) difficult to justify in patients’ minds, especially when they have been

taught to value a prophylaxis over periodontal wellness. This kind of professional neglect not only provides a false sense of security for those who have trusted us with their health, but it dooms many general practices to red ink. Research regarding profitability in any service industry (including health care) indicates that the most profitable service organizations are more concerned

with value “in the eyes of the consumer” than they are with market share.⁶ For us in dentistry, this means paying more attention to educating patients regarding the clinical manifestations of periodontal health and then, as cotherapists, achieving it, instead of growing market share or, in dental parlance, increasing our patient base.

As we move into an unprecedented-

ed time of demand for primary periodontal care, there is great value in sharing one particular business model that may help hygienists and dentists understand how to capitalize on the potential of a periodontal therapist within a general practice setting (Figure 1). The Harvard Business School professors that developed it call this model the

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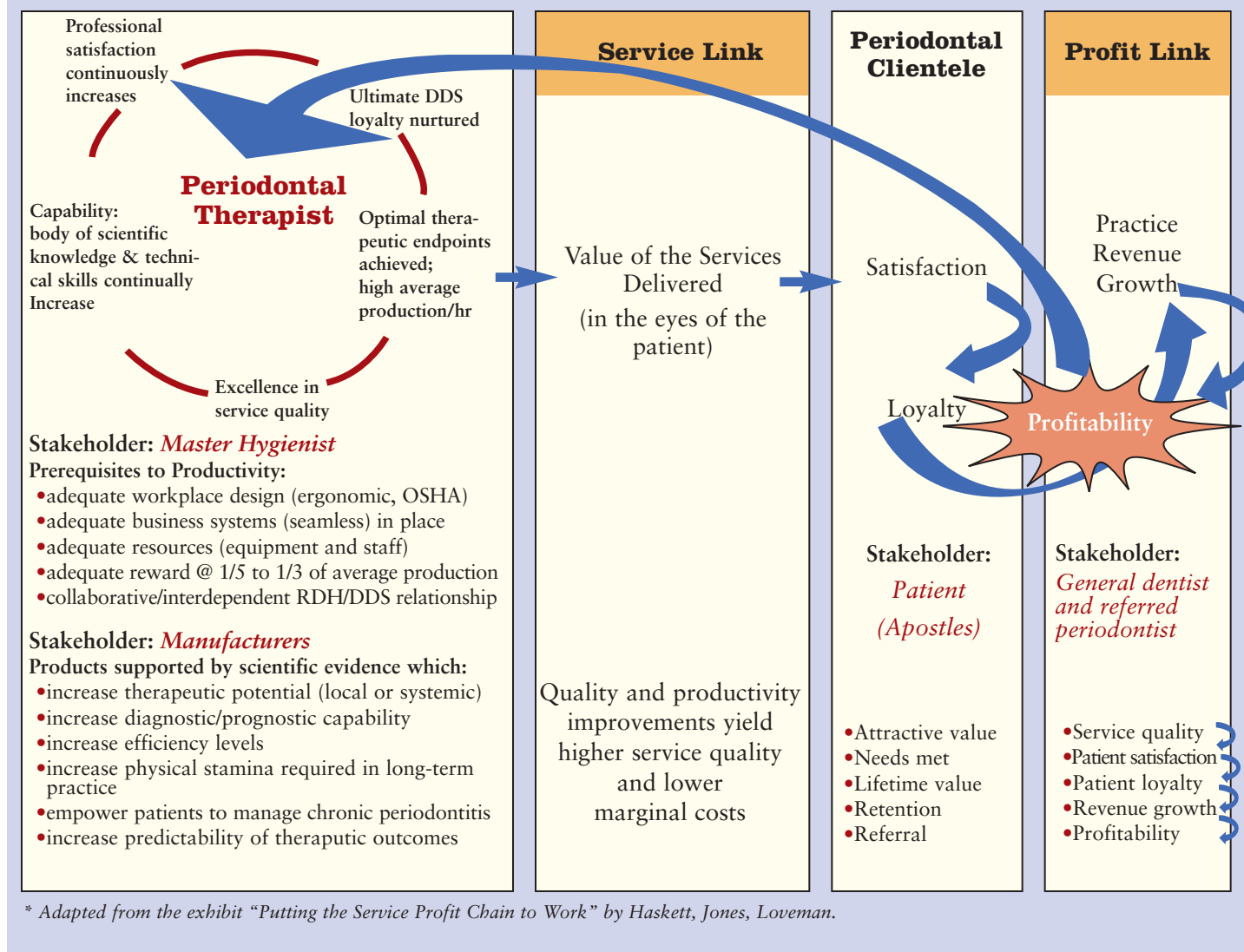
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Figure 1— The “Service Profit Chain” of the Periodontal Therapist Within a General Dental Practice Setting*



* Adapted from the exhibit “Putting the Service Profit Chain to Work” by Haskett, Jones, Loveman.

“service-profit chain.”⁶

The basic tenet of the service-profit chain is that there is a set of self-reinforcing relationships that directly link: (1) increased profitability with customer (patient) loyalty; (2) employee (periodontal therapist) loyalty and customer (patient) loyalty; and (3) employee (periodontal therapist) satisfaction and customer (patient) satisfaction.⁶ Figure 1 illustrates specific stakeholder relationships of relevance. The profitability and other significant benefits that accrue to these stakeholders will be the focus of future articles. For purposes of introduction, an abbreviated version of the service-profit chain applied to the utilization of the periodontal therapist within a general practice follows.

Dramatic increases in dental practice profitability is the result of increased production and lower costs relative to the higher level of production.

This increase in production is the result of an increased number of loyal consumer-patients. These con-

sumer-patients are referred to as “apostle patients” because they make great testimonials for the quality of care being rendered.

The loyalty of these consumer-patients is the result of their satisfaction with the value of services delivered.

The value of the services delivered, in the eyes of these consumer-patients, is the result of periodontal therapists’ ability to educate them regarding the risks that predispose them to disease activity, and the ability to manage their chronic disease.

Furthermore, this level of production can be achieved only through application of what is termed the “cycle of capability,” made possible in part by manufacturers and companies within the dental industry that develop the tools we need to get the job done better and more efficiently than before.⁷

As the cycle of capability pertains to the periodontal therapist as a stakeholder, the components of what has been defined as the cycle of capability include:⁷

1. “The latitude to deliver results

to customers.”

For the periodontal therapist, this means autonomy relative to prescribing a clinical pathway for treatment of chronic periodontitis (authority over evidence-based decisions related to periodontal therapeutics) in an environment that fosters collegial support, interdependence, appreciation, and trust from the dentist.

2. “A clear expression of limits within which frontline employees are permitted to act.”

Limitations imposed by dental practice acts are clear about boundaries of scope of practice. However, fulfilling our scope of practice is more important than expanding it. Dentists and periodontal therapists enter into a collaborative relationship that nets greater therapeutic potential, greater practice profitability, and higher compensation levels. Hygienists aspiring to practice progressive periodontal therapeutics must develop a track record for expertise in diagnostics and dentists must be willing to end the turf battle that has surrounded the word *diagnose*. The dentists who are ben-

efiting from collaborative practice with a periodontal therapist have come to rely on their diagnostic capabilities and triaging treatment. Expert diagnostic capability is a critical proficiency in periodontal therapeutics.

3. “Excellent training to perform the job.”

This could mean quite an investment of time and financial resources depending on what fund of knowledge, technical, and interpersonal skills a hygienist begins with. Assuming determination and dedication are present, committing the resources necessary for advancement to the periodontal therapist level provides a very attractive return on investment, regardless of who is funding the professional development. A hygienist’s loyalty to a general dentist is significantly nurtured when financial resources are invested to help her or him advance professionally.

4. “Well-engineered support systems.”

For the periodontal therapist model to be successful and sustainable, workplace controls, such as ergonomically correct and Occupational Safety & Health Administration (OSHA)–compliant equipment, are a prerequisite. Software for practice management systems that allow accurate and efficient patient tracking and data retrieval is key in developing a sustainable periodontal therapeutic system. In addition, well-communicated support of the front desk is critical in the administration of a periodontal therapeutics system. It goes without saying that those well-researched technologies/products that have proven abilities to increase therapeutic potential, increase efficiency levels, increase the long-term physical stamina of clinicians, empower patients to manage their own disease, increase predictability of clinical outcomes, or increase our diagnostic and/or prognostic capabilities should be incorporated into a clinical pathway.

5. “Recognition and rewards for doing a job well, determined at least in part by the levels of customer satisfaction achieved.”

The statement “willingness to be accountable for clinical outcomes” takes on new meaning when compensation, at least in part, is tied to results. Tracking certain practice monitors related to acceptance of

treatment plans, achievement of optimal therapeutic outcomes, cancellation rates, percentages of patient self-care compliance, and reaching production goals, etc, provide an incentive for becoming continuous, lifelong learners, and a real reason to want to seek scientifically founded treatment modalities that promise predictable success. Conversely, incompetence born out of recalcitrant behavior, professional burnout, fear of failure, or ethical apathy dooms a practice to red ink.

When all components of the cycle of capability are present within a service industry, research has shown that employees are the most satisfied. This satisfaction is mirrored (self-reinforced) by customer satisfaction. Loyalty is mirrored in the same way.⁷ Finally, profitability is a function of growth in revenue, which is a function of consumer loyalty...mirrored by employee loyalty, etc. The application of this model relative to the periodontal therapist in a general practice helps explain the passion periodontal therapists have for practicing at this level.

Little did they know—those Harvard professors who spun the “service-profit chain” back in 1997—that it would be the business model that explained the profitability of the periodontal therapist phenomenon. Fast-forward 1 year into this present “reformation” in dentistry. More hygienists aspiring to the level of periodontal therapist will have the confidence necessary to build a cycle of capability and understand how consistently achieving optimal therapeutic end points leads to professional satisfaction, patient loyalty, and higher compensation levels. They will be practicing at this level because their employer-dentist recognized there were significant clinical and financial rewards in entering into collaborative practice with a periodontal therapist. In many instances, dentists will have helped fund their training to this next level, because they understood the potential for high return on investment in committing to this kind of employee development. The blueprint of the service-profit chain should give reassurance to general dentists who have taken a more cautious outlook toward utilization of a periodontal therapist of the credibility of this new health care professional, confidence to fund hygienist training (thereby creating a cycle of

capability), and a more reasoned approach to transitioning their practices into comprehensive, non-surgical, periodontal disease management.

Part 2 of this series will appear in the April issue of *Contemporary Oral Hygiene*. **COH**

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