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EMBRACING A 360-DEGREE APPROACH TO PREVENTION AND RESTORATION

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INTRODUCTION

Despite their differences, there's one common thread shared by all successful dental practices. From prevention to restoration and everything in between, they've mastered a 360-degree approach that consistently fills their schedule with patients who say "yes!" to complete care.

If you'd like to emulate these practices in this whitepaper, we'll describe ways to:

1. Provide experiences that convert new patients into happy, paying patients who repeat and refer
2. Build a predictable preventive-to-restorative connection that stops cancellations and no-shows
3. Leverage some of today's top products and procedures to reconnect your restorative patients to their ideal re-care schedule
4. Grow your patients' oral health and practice productivity

Checking all four of these boxes means that your patients are receiving exemplary preventive care, as delivered through the hygienist's chair and in the patient's home, and exemplary restorative care, as delivered through the dentist's chair.

A big but often under-emphasized part of successfully operating a dental practice is managing the new patient experience.

NEW THOUGHTS ON THE NEW PATIENT EXPERIENCE

Did you know that nearly 29%[(1)] of patients leave their dental practice because of wait times? Anything a practice can do to minimize wait times – especially when new patients are concerned – will pay handsome returns.

Hygienists work hard to perform their many responsibilities well, including the full-mouth series, the full periodontal charting, debriding, air polishing, and more. But if the new patient exam starts late, the chances of keeping on schedule – and making a favorable impression on the new patient – go out the window.

To minimize this risk, hygienists must master both time efficiency and time effectiveness. They should think of time efficiency in terms of their ability to do many task-oriented things – like bagging instruments for sterilization or responding to patients using the patient reminder system – very quickly and consistently. In contrast, time effectiveness is about doing the important things that will impact and move the needle with case acceptance and having those new patients return to your practice time after time and see you as their trusted oral health professional. Time effectiveness also involves looking at the root cause of any oral health issues and allowing the patient to self-identify their own high-risk habits that affect their oral health, and their systemic health.

It goes without saying that first impressions are usually crucial, and that's especially true with a patient's first visit to your practice. In David's practice, new patients are brought into the practice in one of two ways: through the hygienist chair or through the dentist's chair. Based on the initial phone call with the patient, the receptionist should be able to learn enough to determine which approach is more appropriate. If the patient indicates they have restorative issues, they'll generally be brought into the practice through the dentist chair; otherwise, they'll generally come in through the hygienist chair.

When the patient is brought into the practice through the dentist's chair, the exam is a 90-minute exam during which:

1. Data is collected radiographically and occlusally
2. Existing restorations are charted
3. An extensive global restorative discussion is conducted with the patient regarding what they perceive they need, as well as what they want
4. The hygienist is then brought in to let the patient know that, foundationally speaking, their tissue and bone are crucial and that nothing can be done from a restorative standpoint until everything possible has been learned from the hygiene exam
5. The hygienist then performs the hygiene exam

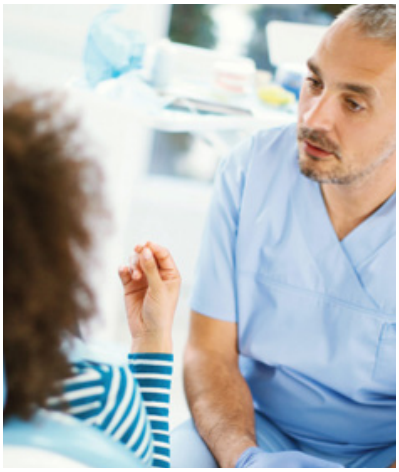
In the practice where Amber works, all new patients are brought in through the hygienist's chair. Because the practice's hygiene exam starts with pH testing, patients are told to refrain from eating or drinking for at least a half hour before their appointment. A pH strip is placed on the patient's tongue. A saliva sample is obtained and sent to a testing lab so that salivary diagnostics can be performed on periodontal pathogens. Disclosing is then performed by showing the patient where their biofilm has built up, and photos are taken to show them any other issues they might have.

In both practices, the restorative and hygiene teams are closely integrated. And for a good reason, because at the end of the day, dentists are only as good as their hygienists, hygienists are only as good as their dentists, and dentists and hygienists combined are only as good as their patients. That simple but powerful fact was the inspiration for this article.

RAISING – AND NAILING – OBJECTIONS

Your ability to persuade any patient – new or established – to agree to your recommendation for treatment will largely be determined by your ability to handle their objections effectively. To do this, it's helpful to keep the following in mind:

- You identify an objection by asking questions and listening
- An objection is a request for further information
- If a patient presents an objection, it means they are interested
- Handling objections is essential to an agreement to go ahead with your recommendations



To have a productive conversation with a new patient, it's important to ask open-ended-questions – rather than yes or no – questions. Instead of asking, "Do you brush and floss?", ask "How do you take care of your teeth at home?" This will throw the patient off-guard a bit and open the way for a deeper conversation that allows you to then ask more probing questions. Starting the conversation in the right way immediately changes the experience for a new patient. And one of the key questions you can ask is, "Why did you leave your previous practice?" When you get the answer, make sure you aren't re-creating the problems that caused them to move to your practice. If you learn, for example, that communication was a problem with the prior practice, it might be wise to communicate everything in writing with the patient going forward.

The way you ask a question can make a huge difference. For example, after recommending scaling and root planning, you should assume they have questions. Instead of asking, "Do you have any questions?" – which will likely elicit a "No" response – ask, "What questions do you have?" It may seem like a subtle difference, but you'll be much more like to uncover any concerns they might have.

One concern many patients have regards their insurance. Even if they don't bring it up, proactively put them at ease by saying, "We've collected all the information we need today to maximize your insurance coverage and optimize your outcome. We'll be getting you a pre-treatment estimate, but in the meantime, we should book your next appointment to make sure we have a time reserved for you."

Another important question to ask a patient on their first appointment with you is, "What would you like to happen today for you to feel good about your first visit with us?"

One frustration every practice deals with is having a patient say they want to wait until their next appointment before deciding whether to approve a recommended procedure. When this happens, it's usually because they're worried about one of three things:

- The procedure will cost too much
- The procedure will hurt
- They might not really need the procedure

Be sure to have your antennas up to see if one of these issues is what's preventing your patient from moving forward. The more effectively we can converse with the patient, the more effective we'll be at not only learning what their concern is but overcoming that concern.

We also need to remind ourselves that we don't always need to have the answer – or to have it immediately. We can instead let the patient talk and focus on what they are saying instead of formulating our response, to give ourselves time to digest what we've just heard, and realize that "there's power in our pause." Moreover, we need to pay as much attention to the patient's body language as we do to what they say.

If you're pretty sure a patient is going to bring up an objection, you should beat them to the punch. The best way to ensure you can discover a patient's objective is to engage in active listening.

1. **Clarify:** Rephrase and state to the patient what you think you heard them say.
    - Remember that the patient is probably nervous and might not say what they intend to say. (It's not unheard of for a patient to say "upper left" when they mean "upper right.")
2. **Reinforce the patient:** If they criticize their former practice, don't defend the practice. Instead, empathize with the patient and reassure them that you understand their frustration.
3. **Re-clarify:** If your initial understanding of the patient's concern wasn't spot on, state your latest understanding to make sure you have it right.
4. **Move forward to address the concern.**

DID YOU HEAR ABOUT OVERHEAR PSYCHOLOGY?

If you ever walked down the hall talking with a friend in school and suddenly heard someone say your name in a conversation behind you, chances are you immediately stopped and turned to see who was talking about you. Overhear psychology is based on the finding that many times people will feel that information they overhear can be trusted more than information that's shared directly with them.

One opportunity to take advantage of this phenomenon in your practice occurs when the dentist enters the operatory and hears the summary from the hygienist about the patient's condition. You might tell the patient something like, "We're going to spend the next few minutes having a somewhat technical discussion. You really don't need to pay attention to it, but we'll explain everything to you when we're finished." Then have the "technical" conversation, being sure to use the patient's name a few times. It's an extremely powerful way to really grab the patient's attention and get them to hang onto every word you say.

THE SIX DRIVERS OF PATIENT BEHAVIOR

There's a school of thought that there are six drivers of patient behavior:

1	2	3	4	5	6
Money	**Appearance**	**Time**	**Trust**	**Comfort**	**Health**
How much will this cost me?	How will this make me look?	How long will this take?	How can I be sure this will work?	How much will this hurt?	Will this really make me healthier?

Patients don't care how much you know until
they know how much you care

Most patients are focused on only one of these drivers; virtually none focus on more than two. As you listen to your patient, it's important to try to determine which driver is at the base of their objection. When you can assure them that their main concern will be addressed, your chances of overcoming their objection – and their chances of improving their health – will be dramatically improved.

And don't forget about herd mentality: There's a natural comfort level we feel when we do what other people are doing. After zeroing in on the patient's key driver, try saying something like this: "I understand why that's important to you. Many patients have felt the same concern until they found out that investing in high quality, comprehensive care now will provide better health, look better, feel better, last longer, and save money over time. So, in addition to addressing your concern, having this treatment will allow you to enjoy many other benefits."

When you use verbiage like this and let patients know they're not alone, you're going to see shoulders relax and facial expressions become calm. You've probably seen this line before, but it couldn't be more accurate:

CREATING A SENSE OF URGENCY

Helping the patient understand the importance of approving the treatment – and the home care – you're recommending requires not only making them confident in the recommendation but creating a sense of urgency, so they resist the temptation to put the decision off until their next appointment six or 12 months down the road.

Phrases like the following can help create a sense of urgency on the part of your patient:

- "I'm concerned..."
- "In order to prevent the progression of..."
- "We now know..."
- "The clinical studies demonstrate that..."
- "Based on your specific risk..."
- "By treating now, we can prevent..."
- "We're recommending this so you won't need..."
- "Is there anything standing in the way for scheduling this treatment today?"

"We now know . . ." is especially important when dealing with established patients. Unless you explain that you now have access to new insights that were previously unavailable, the patient might think, "I've been coming here twice a year for over five years. Why am I just hearing this now?" Such phrasing also helps create an expectation that they'll be getting additional insights on new developments on future visits to your practice.

CONSISTENCY WITHIN THE PRACTICE

In an ideal world, every team member would take a perfectly consistent approach to dealing with patients. In the real world, however, the natural differences in personality types and past training of the staff members will make perfect consistency unattainable. For example, one hygienist might prefer to extensively study the science behind a new technique before trying it on a patient. Another may feel that the best way to become proficient is to start doing it and learning from successes as well as failures. Fortunately, there are things that can be done to at least take significant strides toward that ideal of perfect consistency.

The first step is to make sure everyone agrees that the practice's shared number one priority is always to provide the best possible care for the patient. In the case of the two hygienists described above, both agree that delivering optimal care is the top priority; they only disagree on what approach will better prepare them for delivering that care.

The second step is to have the team members check in with each other regularly to see how everyone is succeeding with a new product or technique. It's possible that one team member is experiencing an obstacle that another member has found a way to overcome and vice versa. By having team members share their learnings with each other, over time, the approaches they take will become more similar, and the outcomes they achieve will improve.

The key is to create an environment in which everyone on the team – whether their focus is prevention or restoration – agrees that "We're all in this together," "It's okay if everything doesn't go perfectly right from the start," "Your success is my success," and "I never feel like I'm falling behind because we're a team."

A practice's ability to consistently deliver optimal patient care starts with a vision, which is the dentist's responsibility as the practice owner. Culture comes next, and that's something created by the entire team. Next are the habits we work on together all day, every day as a team and as the habits that are broken down on an individual basis that we each work on to support the culture and the vision.

You're a member of a successful and consistently performing team if:

- Your entire team believes in the services you're providing
- You all have a strong commitment to your work and the patients you serve
- You all know that you, as caregivers, add value to the lives of your patients
- The treatment your patients are receiving is an equitable exchange for the fee

360 DEGREES OF INTEGRATION

Optimal patient care requires a 360-degree approach in which restorative care and preventive care – and the dentist, hygienist, and patient – are all on the same page.

ESTABLISHING A PREVENTIVE FOUNDATION

Providing the best possible patient care involves establishing a preventive foundation that can reduce the risk of having to resort to restorative treatment. Factors that need to be examined in establishing such a risk-reducing foundation include:

- The patient's xerostomia level
- The patient's resting pH level
- The pH of products they're using
- The patient's homecare regimen for removing biofilm
- The patient's diet
- Preventive ingredients available to the patient

Helping patients understand the need for preventive treatment – including daily home care – starts with proof of the disease, and that starts with saliva. We need to check the pH level of the saliva; if the level is low, the risk of caries is almost certainly high. We also need to check the amount of saliva. Many hygienists will tell you that a surprisingly high percentage of patients suffer from moderate-to-severe xerostomia without realizing it.

Of course, we know that saliva serves as a defense against bacteria, as well as being linked to the health of both the microbiome and the gut. In short, preventive measures that keep the patient's saliva healthy will help keep the patient's body healthy.

Xylitol is a particularly wonderful preventive ingredient. It kills bacteria, helps prevent it from coming back, and helps balance the pH in the mouth. It also has a sweeter taste that doesn't spike the glycemic index. This is important to patients who drink a lot of soft drinks, seltzer water, coffee, tea, beer, wine, and other acidic beverages that reduce pH levels in the mouth and create an acidic environment in which caries thrive. If these patients instead pour a packet of xylitol into hot or cold water, they'll have a nice-tasting therapeutic beverage without the acidity, staining, and dyes. Other healthy, risk-reducing ingredients include fluoride, hydroxyapatite, and CPP-ACP.

Patients who wear aligners or braces often experience conditions that are treated restoratively but often could be treated non-invasively. While a potential advantage of aligners is that they make it easier to brush with braces, the truth is that many patients don't brush throughout the day. The result is that bacteria can quickly develop and thrive under the aligners. The photos on the left in Image 1 below show the bacterial buildup disclosed on two aligner patients, while the images on the right reveal some of the pinholes caused by the aligner attachments that were bonded to the two patients' teeth.

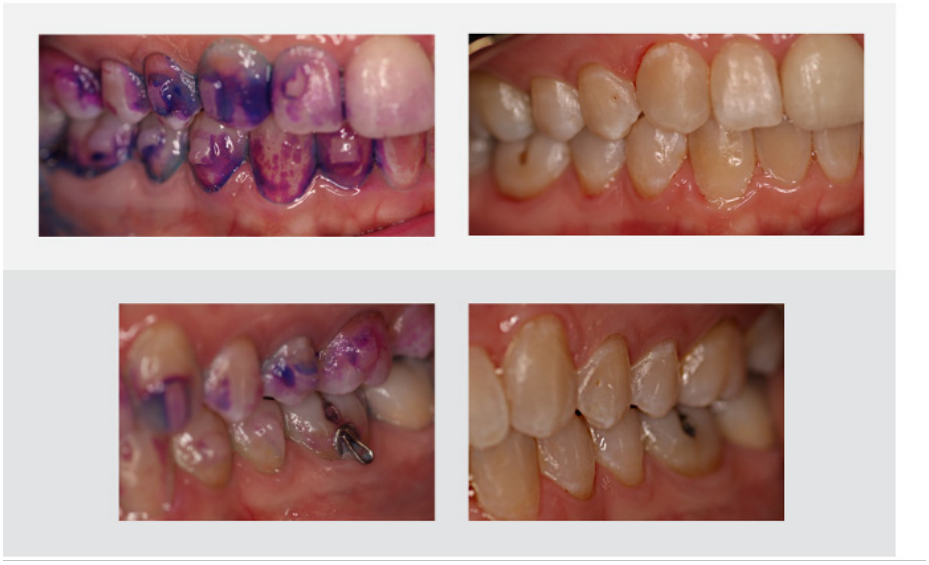


Image 1 Left: biofilm disclosed under the teeth of two patients after removal of aligners.
Image 1 Right: pinholes visible where aligner attachments had been bonded to the same two patients' teeth.

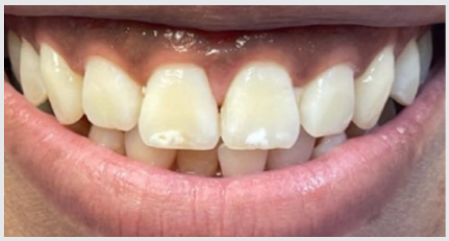
A high CAMBRA score and the biofilm disclosed in the image of the metal braces patient below might suggest the need for restorative treatment, but in fact, a varnish treatment could provide an effective non-invasive solution. One particular varnish treatment (Kolorz® ClearShield; DMG) not only includes both fluoride and xylitol, but it also comes in a variety of flavors such as watermelon, bubblegum, mint, caramel, and cookie dough.

MINIMALLY INVASIVE OPTIONS

White spot lesions (WSLs) are a great example of a condition that might be able to be treated non-invasively by a team that's truly focused on providing the best possible patient care. Patients with attachments or brackets related to orthodontic treatment often present with scarring or decalcification on teeth that haven't consistently received the recommended quality of homecare. A recent meta-analysis of 14 studies evaluated for white spot lesions (WSLs) indicated the incidence rate of new carious lesions that developed during orthodontic treatment was 45.8%, with a prevalence rate of 68.4% in patients under orthodontic treatment.[2]

Fortunately, a caries infiltrant (Icon®; DMG) can often be used to treat these issues without taking the handpiece out and performing irreversible restorations, as can be seen in the "before and after" photos in Image 2 below.

WSLs initial patient situation



After Icon Caries Infiltrant treatment

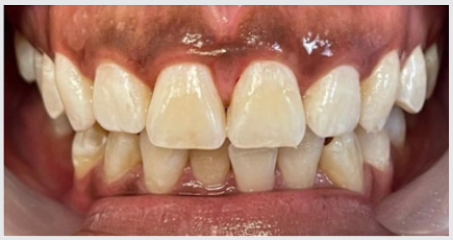


Image2

Image 3 below shows two illustrations in which resin infiltration with Icon is an excellent way to stay in preventive mode. E1 lesions that are one-third to halfway into the enamel are very easy to treat. Even E2 lesions that are not quite into the dentin can be treated effectively with Icon. Many dental professionals seem to be under the impression that Icon is to be used only on anterior teeth, but in fact, it was originally intended primarily for posterior and interproximal use.

The three illustrations in Image 4 below depict lesions that have penetrated the dentin and thus require a switch from preventive mode to restorative mode.

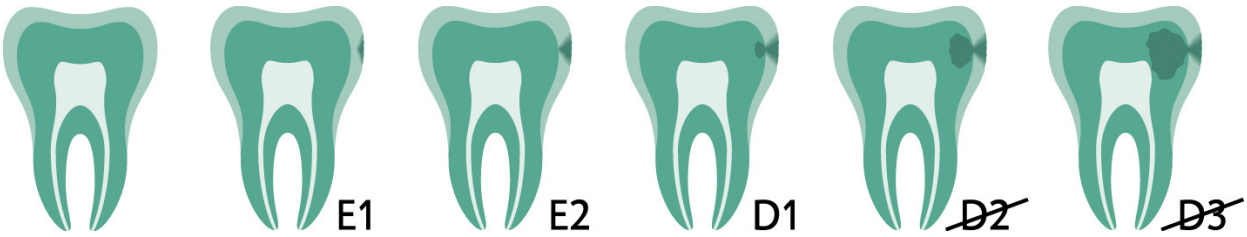


Image 3: E1 to D1 lesions can be effectively treated with Icon, while D2 to D3 lesions fully penetrating the dentin require restorative treatment.

RESTORATION TO THE RESCUE

About 80 percent of the time, it's appropriate for a typical general practice to switch from preventive mode to restorative mode; a Class II posterior restoration is involved. Composite may be applied either by layering or, as in Image 5, by using a bulk fill composite (Ecosite® Bulk Fill; DMG).

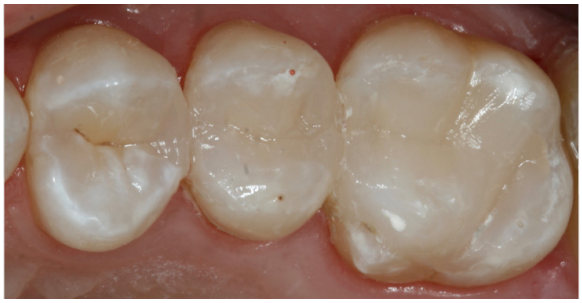


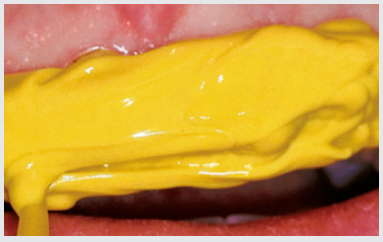
Image 5: Posterior and anterior teeth restored using Ecosite Bulk Fill composite.

Some dental professionals are skeptical about using bulk fill composites due to concerns about esthetics, time, or depth of cure. As the above image shows, however, using the right bulk composite and closely following the manufacturer's instructions for use can yield outstanding outcomes and with no time disadvantage.

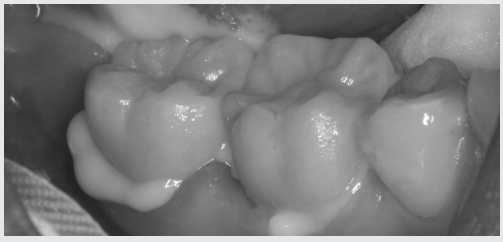
On occasion, certain factors – such as the extent of the decay, the poor quality of the existing restoration, or occlusion issues – mean that a more aggressive solution is required: an indirect restoration. When doing indirect restorations, it's particularly essential to use the right materials.

For example, when you need to take a physical impression, it's important to choose an impression material (Honigum; DMG) that stacks, holds its shape, has excellent tear strength, and delivers exceptional surface detail, as shown in the left photo in Image 6. When you need provisionals to hold up longer, without failure, there's only one long-term crown and bridge material that's capable of delivering such durability (LuxaCrown®; DMG). In the middle photo below, the 10 upper teeth from bicuspid to bicuspid are LuxaCrown provisionals that were created using the Honigum impression shown in the left photo. As can be seen, these provisionals also offer exceptionally lifelike aesthetics.

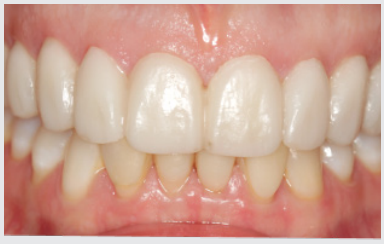
Image 6



Impression made with DMG's Honigum.

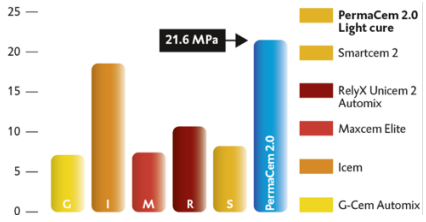


10 long-term provisionals made with DMG's LuxaCrown.



Megapascal strength chart showing superiority of DMG's PermaCem 2.0.

When you're using a dual cure restorative material – particularly in the posterior segment – it's important to use the right cement that delivers excellent megapascal strength. As can be seen in the chart on the right, one such cement (PermaCem® 2.0; DMG) is capable of a 21.6 MPa.



FROM RESTORATION BACK TO PREVENTION

Once a big direct restoration or any indirect restoration has been completed, it's a good idea to pass the baton back to the hygienist for a fluoride treatment that will prevent future decay. This is especially true if the nature of the restoration will make at-home cleaning difficult or if the patient has a history of poor homecare.

Ideally, the hygienist will also be able to help the patient understand that decay can grow under restoration if diligent home care isn't provided. A recommendation might be made to commit to daily usage of a water flosser – perhaps a cordless one that can be used in the shower. After making the recommendation, the patient should be asked, "How do you feel about that? Is that something you think you could commit to on a daily basis?" If the patient is unable to make a convincing commitment, then the conversation should shift to what kind of daily routine they can commit to.

CONCLUSION

The fact is that even the best natural dentition will eventually start to break down, and even the best artificial materials we use to replace that dentition has a limited lifespan. Over the years, changes in diet have only increased the incidence of dental decay, while the overall quality of home care doesn't appear to have improved noticeably. **For these reasons, it's more important than ever for the entire dental team to embrace a 360-degree approach and focus on the patient from both sides of the chair.**

ABOUT THE AUTHORS

Amber Auger, RDH, MPH, is a practicing dental hygienist and clinical innovations implementation specialist. She specializes in taking the latest science and creating customized protocols to meet your practice's goals. With over 17 years of experience in the dental industry, Amber provides practical protocols for technology implementation, refocuses on the patient experience, and utilizes systemic approaches to Periodontal Therapy.

Amber is the 2019 Award of Distinction recipient, laser trainer, a monthly contributor to RDH Magazine, featured author for Dentistry IQ, Editor of RDH Graduate Newsletter, and host of #AskAmberRDH. Amber provides preventive services aboard yearly and is always seeking professionals to join her team.

Amber Auger is the creator of Thrive in the OP membership community the OP which supports the dental hygienist in every stage of their career. The membership includes 38 on demand lessons and weekly coaching covering the clinical and business skills we don't learn in school. Visit her website, www.amberauger.com to learn more.

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