Nebraska

Dental Hygienists' Association

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May 2017 Newsletter

With these 9 little tidbits, I knew that I could help make an impact, but would have to learn to control my anxiety. Yeah I get a little of that every day, but I created a quote for myself to help me get through this. I just tell myself to remember... "Limitations are made in our mind. If we learn to push past fear, our possibilities become endless."

This is where I would like to thank Heather Hesshiemer. If it wasn't for her belief in me, I never would have joined the Executive Board as State Treasurer right out of school, and I never would have worked for the best Employer of the Year. You see, It was Heather who put in a call to Dr. Kerns office that got me my first job. What she didn't know was they had already chosen someone to hire as their hygienist.

However, I won them over with my award winning personality and got the job. They had their reservations about having a male hygienist cause they weren't sure how patients were going to react to having a male in this position. They, however, decide to embrace change and give me a chance. It wasn't long that we combined with Morning Glory Dental and I began working with Dr. Reiners.

I honestly couldn't have asked for a better boss. He listens to my ideas, and we work together to help create a great practice. As a new employee, I had the fear that he wouldn't like me, or that I would be put in an uncomfortable situation. Turns out we became great friends, and I consider him someone to admire and respect. He is a wonderful Dentist and truly a great man. Why am I bringing this up? Because it started with Heather, and the idea for my platform this year....to make waves. She set a wave into motion that has only become bigger. To make waves, can sometimes be viewed negatively, but it ultimately means to cause change. Change is an ever constant within life. The more we resist it, the more we struggle to enjoy it. You can ride with the wave and enjoy it, or be thrashed around by resisting it.

As we all know LB18 was signed into law this year, and it will be a big part of my Presidency to make sure the education requirements are heard by our constituents and that we are prepared to take on these new changes. I'm very proud to see that we are helping to make waves and expand dental hygiene in a way that will only help the population to receive more access to care than ever before.

Treat hypersensitivity to improve the patient's appointment experience

Ever had a hypersensitive patient tell you where you can scale, rinse, and polish? Here's how you can improve the appointment experience, relieve your patient's pain, and show how much you care.

If the thought of a steaming cup of coffee or a scoop of ice cream makes you cringe, hypersensitivity may be to blame. I have had many patients come in and tell me where I can scale, where I can rinse, and where I can polish. Like many of you I wonder how well I can provide therapy if the patient is eliminating half of the mouth. The causes of hypersensitivity may vary but often the treatments can be the same.

Hypersensitivity may be caused by an array of conditions from cracked tooth syndrome, decay, recession, teeth whitening, bruxism, or erosion. The individual will often describe the discomfort as a short, sharp pain associated with external stimuli. This can be caused by temperature changes such as eating, drinking, rinsing with the air-water syringe, or something as uncontrollable as a cold outdoor temperature. Once the cause of sensitivity can be determined, an effective therapy can be recommended both in office and at home.

A cracked tooth will generally cause pain when biting and releasing, and is manifested by a quick pain that a patient may state happens "off and on," but goes away quickly. With this type of sensitivity, the tooth can be on edge and sensitive to temperature as the crack opens and closes during mastication. If it is determined to be cracked tooth syndrome, it may be resolved by a filling or crown to repair the damaged tooth.

Erosion

Erosion can be caused by and array of health conditions (e.g., GERD) or may be diet related. Erosion can present as"potholes" in the smooth surfaces of the enamel, often on the lingual surfaces or cusp tips. It is commonly associated with GERD and eating disorders, or can be caused by xerostomia. The acid and fumes from the stomach are released into the oral cavity, altering the pH and causing damage. The nonbacterial acid exposure contributes to erosion, whether it is from stomach acid or an acidic diet. Have a proactive conversation with the patient about symptoms and risk factors. I have often referred the patient to their

Application of an in-office desensitizer medicament (CDT code D9910) is an effective way to provide relief for a patient long after they leave the dental office. While this is not a long-term fix, it will often provide relief for a period of weeks or months. If a patient is reluctant to try the desensitizing treatment due to cost, I will occasionally apply it at no additional charge for the first time. Often, the patient will see the value in the hypersensitivity relief and will be more than happy to pay the charge at additional appointments. For some patients, the benefit of the desensitizer may wear off prior to a six-month recall, and they will schedule a separate visit for reapplication. The perception of how willing you are to ensure a pain-free visit and your willingness to listen and provide a solution for their concerns will create a loyal following among patients.

Don't forget the party bag

When you send a patient out the door at the conclusion of a visit, are you sending them with a standard bag of brush and floss? By taking the time to evaluate the concerns and appearance of the oral cavity and dentition, you have the ability and expertise to make tailored recommendations to each and every patient and send home that party bag full or products that will provide the best results.

I believe that a fluoride rinse can be beneficial to many patients and recommend it often to those with recession and sensitivity. Its caries prevention properties for root surfaces is particularly helpful. I have an array of pastes and flosses, but for my patients who suffer with hypersensitivity due to recession or erosion, I have a cabinet full or products such as Prevident (Booster, Dry Mouth, Enamel Protect and Sensitive formulas) for patients, all of which are prescription strength. I strongly believe in recommending products that I personally have tried and have the science to back the claims. Prevident is one of my personal favorites, as I have some areas of recession myself and it using it daily has allowed me to enjoy my addiction to iced coffee and ice cream without sensitivity. When we give a patient too many steps to follow in a daily routine, they will often become complacent. The benefit for recommending a higher fluoride content product is that it will replace their normal toothpaste without adding additional steps. The only special instructions I will recommend with any sensitive toothpaste is for the patient to spit and not rinse with water directly after brushing to allow the product to be optimally effective.

To set the table, the new code including the description reads:

"D4346 scaling in presence of generalized moderate or severe gingival inflammation—full mouth, after oral evaluation. The removal of plaque, calculus and stains from supra- and subgingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures."

The ADA created a Guide to Reporting D4346. However, I saw this would only be a starting point for a major shift.

My book, A Gingivitis Code Finally! came out in September 2016. I broke D4346 down into digestible pieces, using mini-quizzes, case histories and more to give you what you need to successfully and profitability implement this new code.

As I have traveled the country speaking, I determined there are eight major points to grasp to blow away the fog surrounding the D4346 code:

1. Care is therapeutic not preventive.
2. An oral evaluation must be completed before care.
3. This code is not age-based.
4. All patients must have a periodontal chart and current radiographs (including children) to show the absence of periodontitis.
5. Documented type 2-3 on the Löe and Silness gingival inflammation index must be > 30 percent of the teeth (e.g. 30 teeth then > 10 teeth.)
6. A specific periodontal diagnosis must be documented. (Every case qualifying for D4346 is not plaque-induced gingivitis.)
7. Care is for the full mouth. No other scaling codes can be submitted on the same date.
8. D4910 does not follow this care

Q: What is the usual fee that can be used for D4346?

A: Fees should be based on the cost of doing business plus a reasonable profit and not based on insurance carrier payments. Different practices across the hall from one another can charge different fees because their cost of doing business is different. With that said, I have suggested that the fee for D4346 might be half between your prophy fee and one quad fee. But that is arbitrary and has no science, accounting or economics behind it. There no reason the fee must be different than for other care. Just because there is a different code, it does not require a different fee.

Opportunities blow away some fog

This code finally assists in clearly identifying and treating gingivitis after decades of merely dumping gingival inflammation into the same category as health. We have been providing the care anyway, and this code provides a reason for patients to return to your practice, improve their health and boost your bottom line.

The D4346 fog will clear the more it is implemented over time. If you have a question yourself, simply ask me at Patti@DentalCodeology.com

Can ill-fitting dentures increase your oral cancer risk?

About 25 percent of adults age 60 and older no longer have any natural teeth, according to the CDC. As a result, the American College of Prosthodontists (ACP) estimates that 15 percent of the edentulous population has dentures made each year.

While dentures can serve practical and esthetic purposes, they also come with some risks. In 2015, researchers in Japan found that elderly patients who wore dentures while sleeping had a higher risk of developing pneumonia than those who removed their dentures before bed. The researchers also discovered that patients who slept with their dentures were more likely to have gum inflammation, tongue and/or denture plaque and other oral health issues.

"At a minimum, patients should be strongly encouraged to see their dental health care provider on an annual basis in order to determine the fit of the prostheses and, most importantly, to do an oral cancer screening. It's just good patient management," Dr. Felton says.

"That being said, it is often challenging to get denture wearers back into the office for annual check-ups (if they don't hurt, or aren't broken, patients will often not return for annual visits). Steps that can be taken are to carefully assess the fit and retention of the dentures, to carefully assess the health of the oral denture supporting tissues and to evaluate the wear of the dentures (broken or missing teeth, sharp areas, etc.) in addition to doing the oral cancer screening."

Dr. Felton, who is the author of a peer-reviewed article on a similar topic as the study done in India, says that more longitudinal studies on denture-wearing patients are needed.

"There are few studies that evaluate fit and retention of the dentures long-term, the use of denture adhesives (no studies are longer than six months in duration), to determine if dental implants can improve or reduce the rates of oral cancer in the denture-wearing patient, and only a few emerging retrospective case control studies on the relationship between the ill-fitting dentures and oral cancer," he says. "Definitely, more prospective research needs to be done!"

The study, titled "The role of chronic mucosal trauma in oral cancer: A review of literature," appeared in the Indian Journal of Medical Paediatric Oncology.