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Inside this issue:

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President's Perspective

By Michael King, TNAGD President

Greetings from the Tennessee Academy of General Dentistry! Do the words Polar Vortex mean anything to you? It certainly has been a cold winter in this Artic Region formally known as Tennessee. The great news is that Spring is around the corner, along with the warmer smiles of our patients, staff, and general population!

Your Academy is experiencing exciting times in terms of growth. National membership is nearly 40,000. Total new member numbers are up 5%, along with student membership up 33%. Our organization is working hard with student member recruitment and continues in its relationship building efforts with our future leaders in the ASDA. At the local level Dr. Kathy Hall, Student Membership, has worked diligently developing contacts and mentoring dental students at Meharry. Her effort to master the lunch-and-learn has set her apart from the pack. Thank you Kathy!

Our Annual Meeting is scheduled for August 8 -9, 2014. The Program Chairman, Anthony Martin, has planned an excellent event. We are offering 14 hours of CE with an opportunity to earn an additional 16 hours if MasterTrack homework is completed. Dr. John Svirsky, Pathology Review and Treatment, and Dr. Alan Atlas, Enhancing the Esthetics and Function of Teeth, will be the featured speakers and topics. Look for the brochure in April or simply go online to our website tnagd.org to register. For those who would like to tour the Henry Ford Museum the National AGD Meeting will be held in Detroit on June 26-29, 2014. Drs. Dycus, Martin, Stanislov, Eddington, and I will be making the trip to participate in the House of Delegates.

The TN AGD board members plan to keep busy this year in representing its membership and advocating for the cause of general dentistry. Our Regional Director, Richard Dycus, has done an excellent job keeping us on task. Our Region is growing and getting close to adding another delegate. We have a number of members representing us on our national committees. In an effort to keep the board from being dominated by old men, Wes Mullins, one our younger and more recent additions to the board has agreed to take on the role of Editor and Webmaster. Anthony Carrocia has continued to be a good steward of our funds. Our Legislative Chair, Keith Gilmore, has been very active. His reports are timely and thorough. Dr. Roy Thompson, Past TN AGD President and current board member will be awarded the 2014 Humanitarian Award at the AGD Annual Meeting in Detroit this summer. We are proud of you Roy!

On a more somber note we were shocked and saddened at the untimely passing of one of our favorite sons, Dr. Steve Thaxton. A friend and mentor too many he served our organization well and at times with great humor. Our thoughts are still with Brenda in the loss of her life partner. We all loved and respected him.

The Perio Percentage KPI . . . how does your practice stack up?
By Dayna Johnson and Heidi Arndt, RDH

Many doctors think they have a strong perio program in their office. However, after evaluating the numbers, it becomes obvious that many hygiene programs are not as strong as they think. There is no arguing that periodontal disease is prevalent in our adult patients. It does not matter where we live, how much money we have, or how well educated we are … periodontal disease is affecting a large amount of the patients in every practice.

One of the biggest hygiene opportunities within the dental practice is the opportunity to improve on the diagnosis and treatment of periodontal disease. Having a tangible way to measure your team's effectiveness with treatment of periodontal disease lies within one important indicator – the periodontal percentage.

The periodontal percentage is the best Key Performance Indicator to truly understand how well your team is addressing periodontal disease. The periodontal percentage provides a look at how many of your patients are treated for periodontal disease vs. receiving a prophy.

Why is this number so important?

The perio statistics can be a good indicator if your team is coding procedures properly. We still see offices where they are alternating the D4910 code with the D1110 code because they think that it is helping their patient. In reality, it is not only hurting your patient, but it is also insurance fraud. If you code properly, your patients can maximize their benefits properly without putting your office in harm's way.

Hygienists by nature are givers and want to help their patients in any way they can. One way they feel they can help is by often underdiagnosing and saving the patient some money. When the appointment comes, they will treat them like a perio patient but not bill for it. Hygienists, you are putting your and your doctor's license and reputation at risk if you do this. If the patient transfers to another office or needs to be referred to a specialist and proper diagnosing of the periodontal disease is not documented and billed, then trust is broken and the office could be liable for the potential outcome.

In 2012, the CDC released a report stating that half of American adults suffer from periodontal disease … and this number does not include "gingivitis," as many earlier statistics did. The rate of periodontal disease went up to 70% in patients over the age of 65.[1]

So how do you assess your office and evaluate the effectiveness of your perio program? When you are looking at numbers in your office, one of the top five is the perio production compared to overall hygiene production. We are going to dive in a little deeper and take a closer look at how to assess your practice and see in which category you fit.

Within your practice management software, run a report that will show you the total count for each of these procedure codes. There are several ways to calculate the periodontal percentage, but here is the best calculation:
SRP Quadrant (D4341) + SRP Localized (D4342) + Periodontal Maintenance (D4910) + Prophy (1110) = **A**
SRP Quadrant (D4341) + SRP Localized (D4342) + Periodontal Maintenance (D4910) = **B**
Periodontal Percentage = B/A

The periodontal percentage looks at your definitive non-surgical periodontal therapy codes measured against the number of adult prophys performed in your practice. Once you have your periodontal percentage, let's see where you stack up.

Is your percentage above 60%?
If so, you and your team are delivering a very high level of non-surgical periodontal care to your patients. You are effective at assessing, educating, and enrolling your patients in necessary treatment.

Areas to focus on: Continue to focus on your periodontal therapy program and attend continuing education events to ensure you are always providing the best of care to your patients.

Is your percentage between 40 – 60%?
You are doing better than the average practice. However, there are several opportunities that still exist.

Areas to focus on: Review your periodontal therapy program and focus on effective and consistent communication with your patients, as well as between all providers. Ensure everyone is speaking the same language to increase treatment acceptance.

Is your periodontal percentage below 40%?
Your periodontal program needs immediate attention. Most of your patients are receiving prophys and there is a good chance you have a high amount of untreated periodontal disease in your patient base. A low periodontal percentage is one indicator that it is time to evaluate the quality of diagnostic care occurring in the hygiene chair. The **first step** to increase your periodontal program is assessing the patient and making a clear diagnosis. A strong and consistent assessment will guide you to a periodontal diagnosis for your patients.

No matter your periodontal percentage, the first place you want to focus your attention on is the Periodontal Assessment. The dental hygiene team must complete a comprehensive periodontal assessment on every adult patient, with a full documentation in the patient record annually.

According to the American Academy of Periodontology (AAP), the comprehensive periodontal assessment should include: A review of the patient's current healthy status, history of disease, and risk characteristics. Dental hygienists must then record the probing depths, recession, mobility, furcation, bleeding and exudate.[2]

Using the comprehensive periodontal assessment, the dental team can develop a logical plan of treatment to eliminate the signs and symptoms of periodontal disease. The AAP's website (www.perio.org) provides numerous resources to help support a strong periodontal therapy program.

In addition, the team should attend a continuing education course focused solely on the development and implementation of a non-surgical periodontal therapy program. Your periodontal therapy program does not need to be elaborate. In fact, the best and most effective plans are created for simplicity and easily implemented into any office.

Dayna Johnson, founder of Rae Dental Management, is one of the Pacific Northwest's most trusted practice management consultants, professional speakers, and published authors. She has helped dental offices around the country transition down the path to paperless. Dayna channels her passion for going chartless to help fulfill her clients' goals and increase their profitability.

With more than 20 years of experience in the dental industry, Dayna's passion for efficient, consistent, and secure systems is grounded in personal understanding and professional expertise. With a direct, pragmatic approach, Dayna helps clients develop standardized protocols for all practice management systems.

Dayna's expertise helped her earn the prestigious Spirit Award for Independent Certified Dentrix Trainers in 2011. She authors the national Dentrix Office Managers blog and a monthly column for AADOM's The Dental Professional newsletter.

Heidi Arndt RDH, BSDH has been working in the dental field for over 18 years. Her experience stretches from working as a treatment coordinator, dental assistant, and practice manager before graduating from the University of Minnesota with a bachelor's degree in Dental Hygiene.

Heidi spent the early part of her career working in private practice and at the Mayo Clinic (Department of Dental Specialties). In 2002, Heidi began working for American Dental Partners, where she was a dental hygiene mentor/coach and was later promoted to Director, Dental Hygiene Development. Heidi managed over $140 million in annual revenue, and led all dental hygiene development activities for American Dental Partners affiliated dental groups (more than 250 practices and 1000 dental hygienists across the entire United States). Heidi created and implemented a mentoring and dental hygiene development curriculum, that improved patient care, created accountability increased hygiene profits exponentially year after year.

In 2011, Heidi launched Enhanced Hygiene. She is dedicated to helping dental groups support the development and enhance the value of their dental hygiene team. Heidi's coaching and training programs have helped hundreds of practices achieve their long sought after goals – improving leadership, teamwork, organizational systems, patient care, patient service, verbal skills, and the bottom line.

The Time is Now

By Jacquelyn L. Fried, MS, RDH
Associate Professor and Director of
Interprofessional Initiatives, UMSOD

Today, a public health problem of magnitude impacts the oral health professions. Malignancies caused by the human papilloma virus (HPV) are the fastest growing subset of head and neck cancers in the United States. They are outpacing oral cancers attributable to tobacco and alcohol use. HPV most commonly affects the oropharyngeal region, specifically the base of the tongue and the tonsillar areas. Dentists and dental hygienists can play important roles in stemming the occurrence of HPV related oropharyngeal cancers (OPC) through prevention, detection and referral.

HPV is the most prevalent sexually transmitted disease in the United States. It the causal factor for almost all cervical cancers. High risk sexual behaviors transmit the virus to the oral area. Vaccines on the market are available to curb the spread of HPV infections associated with cervical cancers and genital warts in males. It is suggested that these vaccines may be effective in preventing oral HPV infection.

So, what is the responsibility of the dentist, dental hygienist? It begins with thorough head and neck examinations and education. Since HPV associated neoplasms are most prevalent among a younger Caucasian male population, the traditional target population for head and neck cancers has changed. No longer associated only with tobacco and heavy alcohol consumption, HPV associated head and neck cancers affect young adults and can recur in adults, primarily female, in their sixties. Every patient treated must receive a comprehensive head and neck exam.

Some OPCs may be visible to the naked eye, such as tonsillar, uvular and those in the soft palate regions. Base of tongue cancers are hard to see so patients' reports of symptoms must be carefully considered. If something is suspect, follow-up and referral may be critical. All dental practices and clinics should be educating the parents of young children, adolescents and young adult patients about HPV and its relationship to head and neck cancer. These same populations must be informed about the virus and vaccination should be encouraged. The Centers for Disease Control and Prevention and the American College of Obstetrics and Gynecology advise that children and young adults between the ages of 9 and 26 should receive the vaccine. Since the vaccine cannot cure a pre-existing infection, the younger a child is vaccinated, the more promising the prevention.

The target population intended for vaccination must understand how the virus is transmitted. Explaining that high risk sexual practices are the key means of transmission can be mentioned in the same context as is the vaccine advice. Myths that high risk sexual practices are safer than traditional vaginal intercourse must be dispelled. As uncomfortable as broaching these issues may seem, it is an opportunity to save a life and promote oral and systemic well-being. Educating patients and parents about the risks associated with HPV related head and neck cancers is an ethical responsibility of every provider.

With collaborative care becoming a much touted and fiscally sound approach to health care delivery, dentistry has a real opportunity to join forces with other health professionals in addressing oral HPV infection and the risk of head and neck cancer. Obstetricians and gynecologists, public health educators and social workers all have a vested interest in addressing lifestyle practices that could spread a potentially fatal virus. Oral health care professionals can join forces with these and other caregivers in advocating for the prevention of HPV associated head and neck cancers.

To achieve this goal, deliverers of oral health care must perceive themselves as primary care providers who embrace a collaborative and holistic approach to patient well-being. The challenge is there – stepping up to the plate is the desired response.

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Your dedication has given the AGD a stronger and louder voice for general dentistry, making it one of the recognized leaders in the promotion of continuing dental education, quality patient care, and overall oral health awareness. With your continued support, we hope to lead our members, our organization, and our profession to even greater success in the future!