



HYGIENE

Integrity Knowledge Client Success



PRESENTER

KATHY EDWARDS, RDH

Practices clinical hygiene and provides insight and coaching as a Practice Support Team Consultant to Burkhart's Clients and internal Associates. Kathy spends as much time as possible boating in the beautiful San Juan and Gulf Islands with her husband, Justin.

Our Purpose

We provide expertise and service to free our clients up to do great things.

CODE OVERVIEW



D1110
Adult Prophyl



D4346
Scaling in the
presence of gingival
inflammation



D4355
Debridement



D4910
Perio Maintenance



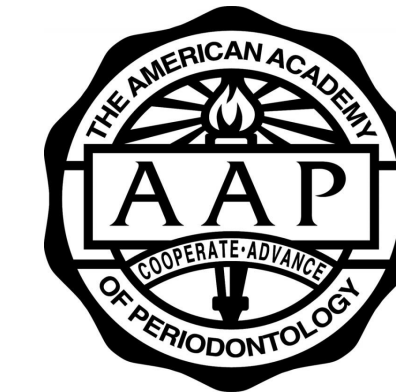
D4341/D4342
SRP

PERIODONTITIS: STAGING

Staging intends to classify the severity and extent of a patient's disease based on the measurable amount of destroyed and/or damaged tissue as a result of periodontitis and to assess the specific factors that may attribute to the complexity of long-term case management.

Initial stage should be determined using clinical attachment loss (CAL). If CAL is not available, radiographic bone loss (RBL) should be used. Tooth loss due to periodontitis may modify stage definition. One or more complexity factors may shift the stage to a higher level. See perio.org/2017wwdc for additional information.

Periodontitis	Stage I	Stage II	Stage III	Stage IV
Severity				
Interdental CAL (at site of greatest loss)	1 – 2 mm	3 – 4 mm	≥5 mm	≥5 mm
RBL	Coronal third (<15%)	Coronal third (15% - 33%)	Extending to middle third of root and beyond	Extending to middle third of root and beyond
Tooth loss (due to periodontitis)	No tooth loss		≤4 teeth	
Complexity				
Local	<ul style="list-style-type: none"> Max. probing depth ≤4 mm Mostly horizontal bone loss 	<ul style="list-style-type: none"> Max. probing depth ≤5 mm Mostly horizontal bone loss 	In addition Stage II cor <ul style="list-style-type: none"> Probing d ≥6 mm Vertical b ≥3 mm Furcation Class II o Moderate 	
Extent and distribution	Add to stage as descriptor	For each stage, describe extent as: <ul style="list-style-type: none"> Localized (<30% of teeth involved); Generalized; or Molar/incisor pattern 		



PERIODONTITIS: GRADING

Grading aims to indicate the rate of periodontitis progression, responsiveness to standard therapy, and potential impact on systemic health.

Clinicians should initially assume grade B disease and seek specific evidence to shift to grade A or C. See perio.org/2017wwdc for additional information.

	Progression	Grade A: Slow rate	Grade B: Moderate rate	Grade C: Rapid rate	
Primary criteria <i>Whenever available, direct evidence should be used.</i>	Direct evidence of progression	Radiographic bone loss or CAL	No loss over 5 years	<2 mm over 5 years	≥2 mm over 5 years
	Indirect evidence of progression	% bone loss / age	<0.25	0.25 to 1.0	>1.0
Case phenotype		Heavy biofilm deposits with low levels of destruction	Destruction commensurate with biofilm deposits	Destruction exceeds expectations given biofilm deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease	
Grade modifiers	Risk factors	Smoking	Non-smoker	<10 cigarettes/day	≥10 cigarettes/day
		Diabetes	Normoglycemic/no diagnosis of diabetes	HbA1c <7.0% in patients with diabetes	HbA1c ≥7.0% in patients with diabetes

The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions resulted in a new classification of periodontitis characterized by a multidimensional staging and grading system. This chart provides an overview. Please visit Perio.org/2017wwdc for the complete suite of reviews, case definition papers, and consensus reports. The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions was co-presented by the American Academy of Periodontology (AAP) and the European Federation of Periodontology (EFP). Tables from Tonetti, Greenwell, Komman. J Periodontol 2018;89 (Suppl 1): S159-S172.

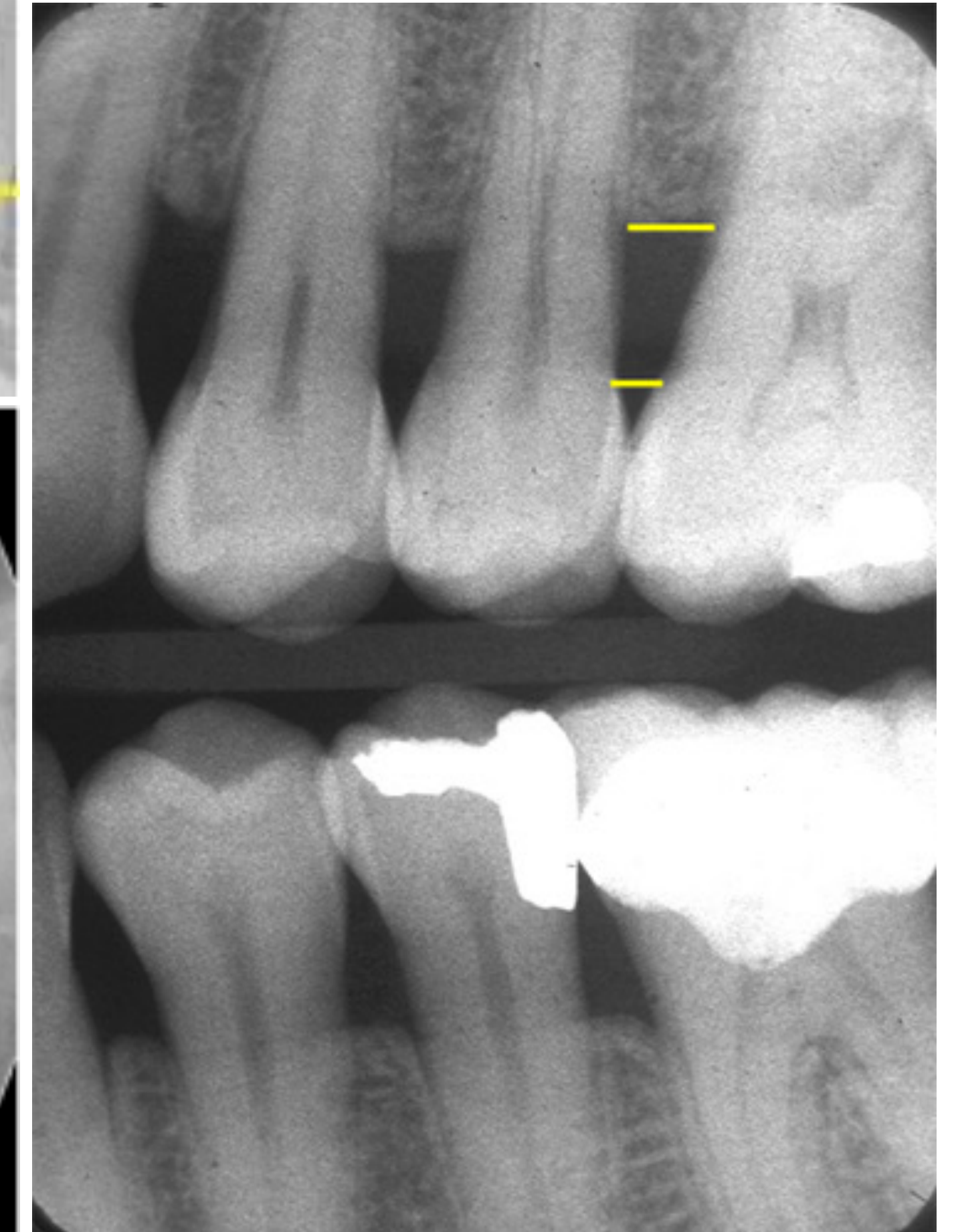
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Tables from Tonetti, Greenwell, Komman. J Periodontol 2018;89 (Suppl 1): S159-S172.



STAGE 3 OR 4

EXAMPLE



**MOST OVERUSED
HYGIENE CODE?**

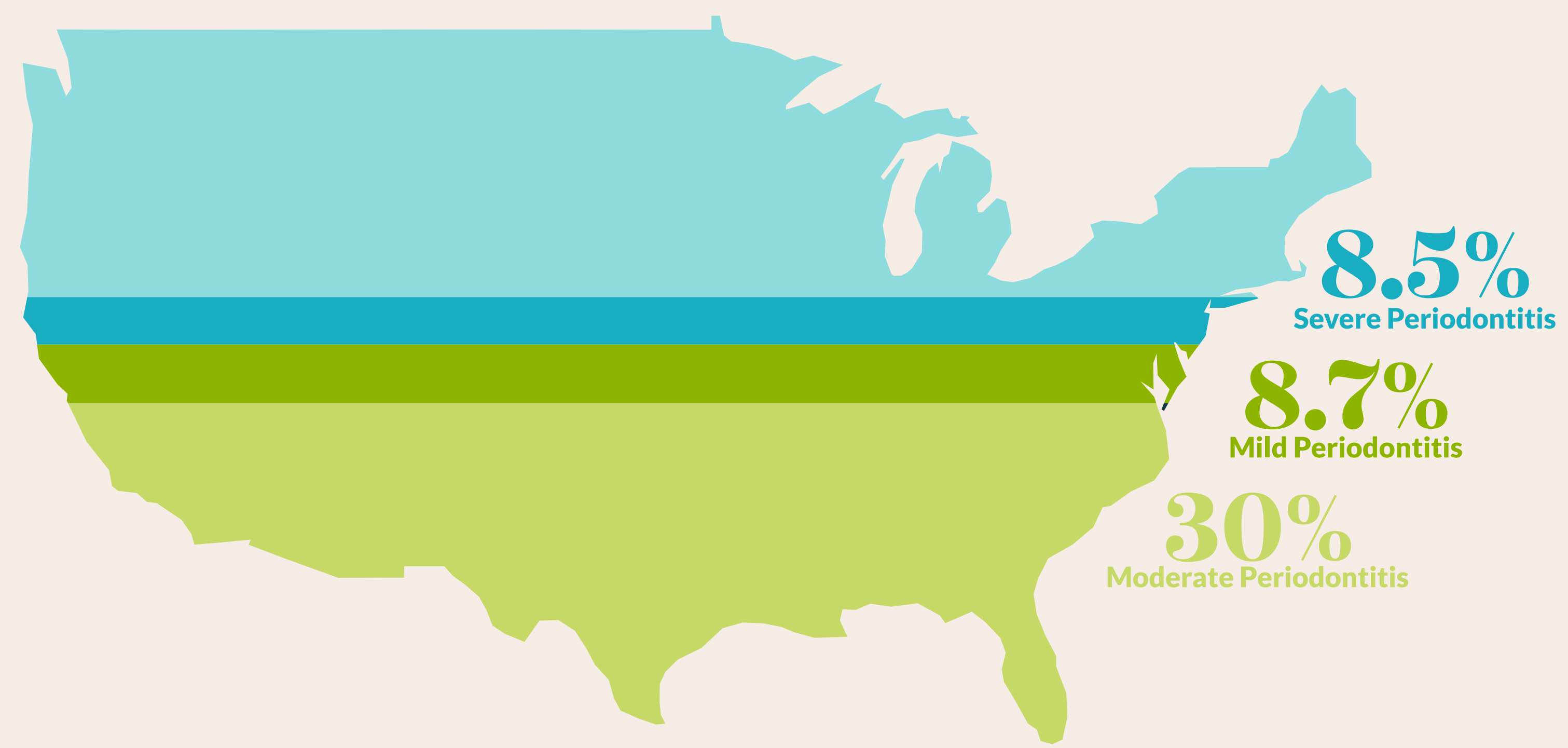
THE AMERICAN ACADEMY OF PERIODONTOLOGY WARNS OF A SIGNIFICANT PUBLIC HEALTH PROBLEM

HALF OF AMERICAN ADULTS SUFFER FROM GUM DISEASE

47.2%
Have Periodontitis

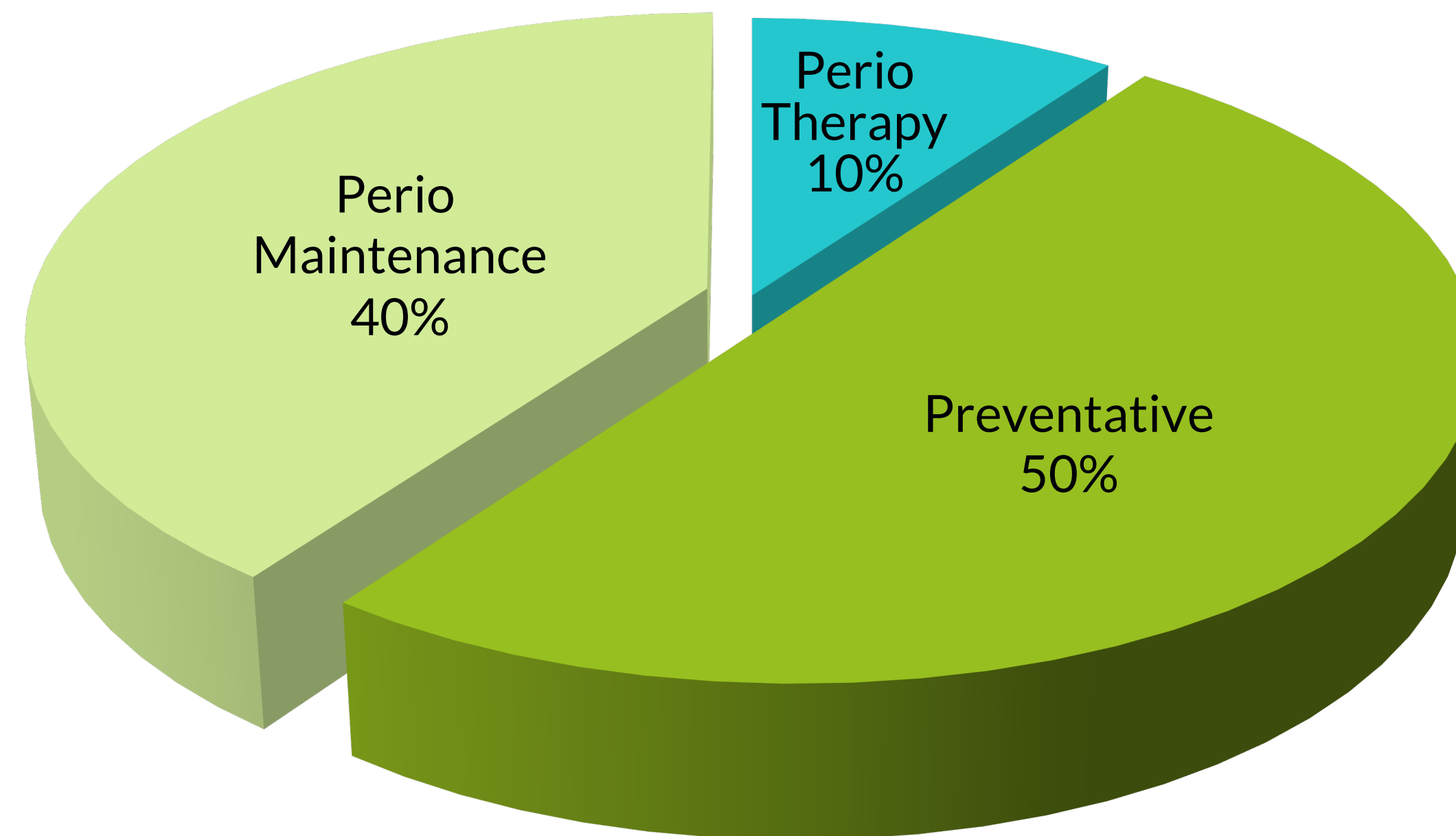


64.7
MILLION
ADULTS
30 Years + Older



PERIODONTAL PROGRAM BENCHMARKS

Procedure	Code
Preventative	D1110
	D4346
Periodontal Maintenance	D4910
Periodontal Therapy	D4341
	D4342

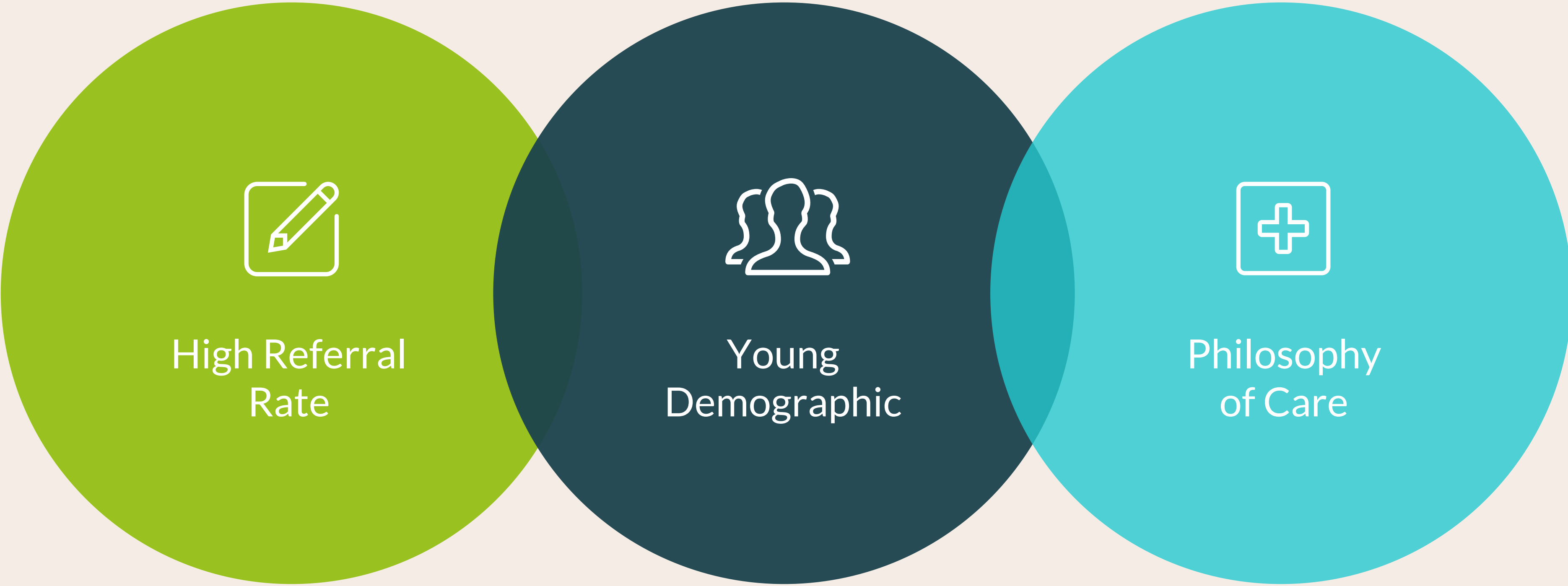


PERIODONTAL PROGRAM

MEASURE YOUR PERIO PROGRAM HEALTH

Code	Service	Frequency	% of Total Treatment Procedures	Goal
D1110	Preventative	2241	75%	50%
D4346		0		
D4910	Perio Maintenance	563	18%	40%
D4341	Periodontal Therapy	102	7%	10%
D4342		101		

OUTLIERS



1

When to treat.



2

When to re-treat.



3

When to refer.



4

When to dismiss.



PERIODONTAL

PHILOSOPHY OF CARE



HELPING YOUR PATIENTS PROCESS
VISUAL AIDS

Philosophy of Care

Our Treatment Philosophy

It is our desire to work in partnership with you to restore your teeth and gums to the highest level of health possible. We will work with you to prevent gum disease or, in the case of existing disease, to stabilize your condition creating a healthier environment and better long-term retention of your teeth.

Services Provided Today:

- | | |
|---|--|
| <input type="checkbox"/> Medical History Update | <input type="checkbox"/> Intra-Oral Photographs |
| <input type="checkbox"/> Necessary X-Rays | <input type="checkbox"/> Cavity Detection |
| <input type="checkbox"/> Oral Cancer Screening | <input type="checkbox"/> Evaluation of Existing Fillings |
| <input type="checkbox"/> TMJ Evaluation | <input type="checkbox"/> Cosmetic Evaluation |
| <input type="checkbox"/> Head and Neck Exam | <input type="checkbox"/> Localized Antibiotics |
| <input type="checkbox"/> Periodontal Evaluation | <input type="checkbox"/> Fluoride treatment |
| <input type="checkbox"/> Preventative Cleaning | <input type="checkbox"/> Periodontal cleaning |
| <input type="checkbox"/> Blood Pressure Screening | Systolic ___ Diastolic ___ |

Periodontal Progression: Your Status



Healthy

- 3, 4 or 6 month preventative care interval



Early Periodontitis

- Initial Bone loss, 3-5mm pockets
- Nonsurgical Periodontal Therapy
- Adjunctive therapy – local antibiotics
- 3, 4 or 6 month maintenance interval



Moderate Periodontitis

- 30 – 50% Bone loss, 4-7mm pockets
- Nonsurgical Periodontal Therapy
- Adjunctive therapy – local antibiotics
- 3, 4 or 6 month maintenance interval
- Referral to a Periodontal Specialist



Advanced Periodontitis

- Greater than 50% bone loss,
- 8mm+ pockets
- Referral to a Periodontal Specialist

Risk Factors:

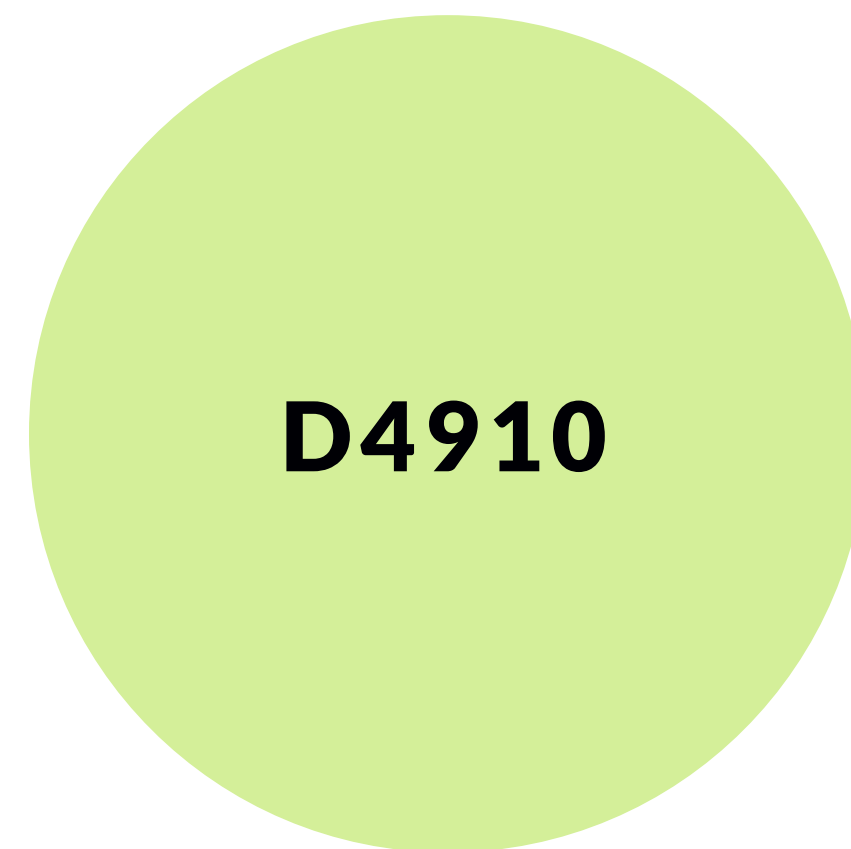
- Heredity
- Smoking
- Poor Homecare
- Dry Mouth
- Nutritional Deficiency
- Hormonal Variations

Medications





HOW WILL PATIENTS FEEL THE DIFFERENCE?



VS



FAQs

HOW DOES D1110 BECOME OVERUTILIZED?



PATIENTS WITH GENERALIZED RECESSION BUT SHALLOW POCKET DEPTHS



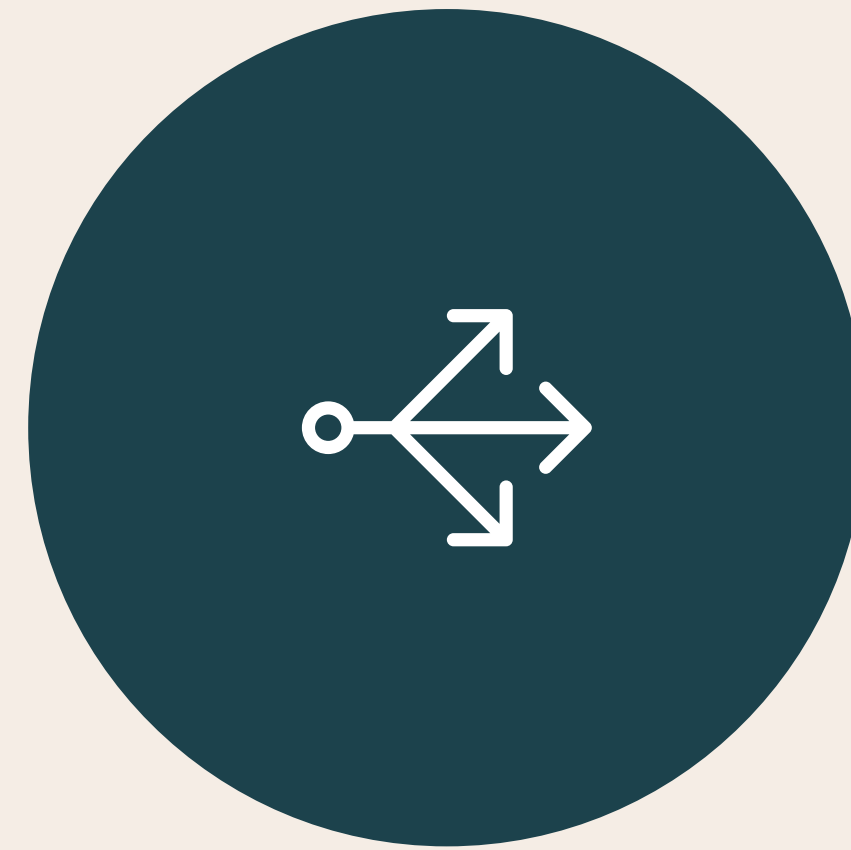
TALKING POINTS FOR PATIENT ACCEPTANCE



STEP 1
Data



STEP 2
Diagnosis



STEP 3
Commonality

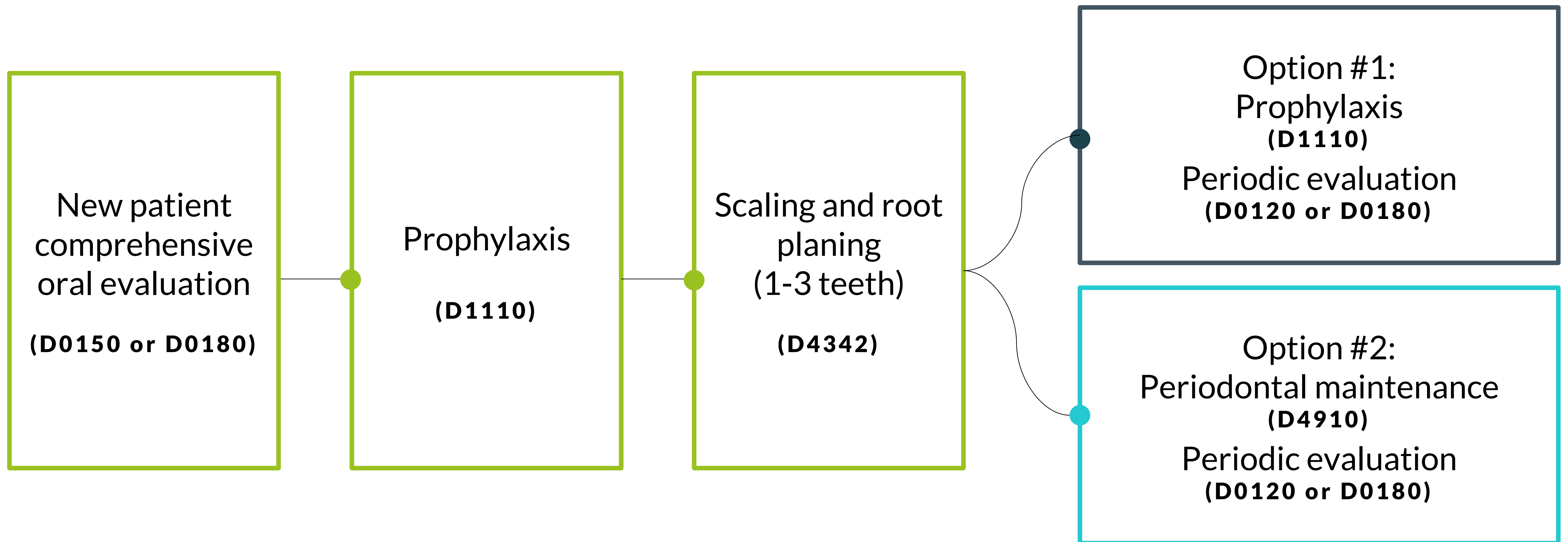


STEP 4
Prognosis



STEP 5
Future Care

ORDER OF TREATMENT



WHAT ABOUT PATIENTS WHO REFUSE SRP?







GET IN TOUCH!

We are dedicated to supporting your practice and answering your questions.
Don't hesitate to reach out to us.

PracticeSupportTeam@BurkhartDental.com

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PRESENTATION

REFERENCES

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[P.I. Eke, B.A. Dye, L. Wei, G.O. Thornton-Evans, and R.J. Genco. Prevalence of Periodontitis in Adults in the United States: 2009 and 2010. J DENT RES 0022034512457373, first published on August 30, 2012 as doi:10.1177/0022034512457373](#)

[Successful Hygiene Scripting and 5-Step Hygiene Scripting Sequence to Discuss Periodontal Therapy Recommendations](#)

Learn more about [Burkhart's Practice Support Team.](#)

