Wake Smiles

Clinical Operation Guidelines

This is intended as a guide in helping to determine certain treatment within the perimeters of what we can offer at Wake Smiles. Wake Smiles is not equipped to handle all treatment needs of all patients. Though we have partnerships with private practices for oral surgery, endo, pros, periodontal surgeries, and crown work, we are limited with how often we can refer patients for care and all patients must fit into the guidelines set by those doctors to whom we refer. If it is determined that a patient is not a candidate for care through our partnering private practices, through Wake Smiles, we will assist in helping the patient be aware of other treatment options or will refer them to UNC Adam's School of Dentistry.

Ideal Patient Sequence:

-Baseline survey completed

-Patient sees hygienist first-a few new patients a week, not every day

-Comprehensive exam performed by DDS alongside Hygiene Assessment

-Phased treatment plan rendered and signed by patient

treatment plan rendered

-Complete all hygiene and restorative work

-Ensure patient has been instructed on proper home care

-Complete post-care assessment

-Dismiss from clinic with hygiene vouchers and a one-year open door policy for emergencies if still uninsured

PATIENT SCHEDULING

-All patients must have a referral on file from a referring agency to be scheduled

-If a community member who has not been referred calls and needs an emergency visit and we have time to see them same day/week, we may schedule them. At this appointment, please have the patient bring ID and proof of address. We will have them fill out an application for Urban Ministries and will send it over.

Only schedule IF:

-they are uninsured (no medical or dental care coverage)

-they are in need of a primary care provider

-they live in Wake County

-If a patient cancels in under 24 hours of appointment or fails to show up to appointment, they will get a "failed appointment" status and a $10 charge will be added to account.

-If a patient has 3 failed appointments, they will be suspended from care, unless in case of dental emergency (facial swelling, uncontrollable bleeding, inability to sleep).

-Please let patients know this if they call to cancel, there will be a $10 fee added to their account and that they are suspended from care for 3 failed appointments.

If seen with RDH First: First Appointment (1.5 hours):

-Complete Baseline Survey

-Complete Hygiene Assessment

-Perform appropriate care (1110, 4346, 4341/4342)

-Patient leaves with hygiene follow-up and restorative scheduled

HYGIENE PREV ED PROGRAM:

Hygiene Care Sequence:

-Perform Prophylaxis or perform SRP

-4–6-week follow-up fine scale (post SRP & FMD only)

-If SOHIP patient, continue patient on 3-4 month maintenance schedule for 1 year post 1st preventive measure

-If SOHIP, after 1 year, dismiss from Hygiene Program OR If regular patient, after 1st prophylaxis or fine scale, dismiss from Hygiene Program:

-Get vouchers from local dentists to perform hygiene 2x/year for 1 year on patients at $40/appt.

-Send to Wake Tech/UNC for hygiene maintenance through direct referral process

Adult Prophylaxis (1110)	-Anyone with all adult dentition (does NOT have to have 3rd molars) -Patient has probing depths of 1-3mm with only a few 4mm and low bleeding index -Patient has no/little attachment loss
Gingivitis Code (4346)	-Must be diagnosed through comprehensive exam by Dr. -Must take Intraoral Photos -Must probe and document bleeding -Must not have attachment loss, just inflammation -If we see a patient that falls into this code, use the following dialogue with patient: *"You have a lot of inflammation and bleeding without bone loss, which a healthy mouth does not have. Our goal today is to reduce inflammation and turn gingivitis around."*
Full Mouth Debridement (4355)	-Must have so much calculus above the gums or inflammation that Dr. cannot perform a comprehensive exam -Helpful to have Intraoral Photos as well -If we see a patient that falls into this code, use the following dialogue with patient: *"It has been a while since you've had a comprehensive prophylaxis and as such, your calculus build-up is significant. This level of cleaning allows us to remove all of your calculus in order to see how*

	your mouth responds. Due to this, you will most likely have to return for a comprehensive exam by our doctor. Our goal with this is to remove what we see, have you back in 4-6 weeks in order to see how your mouth responds. From there, we will determine if a regular, healthy prophylaxis can be performed or if we need to complete a deeper cleaning under your gums called Periodontal Therapy or Scaling and Root Planing."
Scaling and Root Planing (4341-more than 3 teeth; 4342- 1-3 teeth)	-To be used if attachment loss is present -To be used if probing is 5mm w/ bleeding or more -Complete 2 quads at a time with topical or local anesthetic via Dr. or RDH -Once all 4 quads are complete, have patient come back for a 4-6 week follow up -At 4–6-week follow-up, re-probe. If bleeding and probing depths have not improved, offer patient the following options: -Referral to Periodontist for further TX (discuss with Dr. & ED) -If we see a patient that falls into this code, use the following dialogue with patient: *"You have an active periodontal infection. In order to treat this, we need to bring you in for a first phase of treatment called Periodontal Therapy, or Scaling and Root Planing. In this procedure, we get you numb, and we scale to the depth of your pocket in order to remove all debris and bacteria lodged under your gums. We use special instruments, and our goal is to reduce all bleeding and stop the active infection that is in your gums. This procedure takes 2 visits, and we do one side of your mouth and then the other at the following appointment. We then bring you back 4-6 weeks after treatment to see how your mouth has healed. We cannot achieve this goal without your efforts at home. We always suggest using a waterpik daily, as it is able to clean up to 6mm of probing depth and to use an electric toothbrush and to stimulate your gums. If we bring you back and bleeding and probing depths have shown improvement, we will get you on a 3–4-month periodontal maintenance recall system, ensuring the infection doesn't come back. If we don't see improvement, we will most likely go into phase 2 of treatment which can include referring you to a gum specialist, a periodontist, for further treatment which could include surgical treatment. If this goes untreated, tooth mobility, tooth loss and systemic health issues can come into play."*
Periodontal Maintenance (4910)	-Only to be completed on patients with history of Scaling and Root Planing (if they have come from a previous dentist, we must have confirmed past treatment of SRP or 4910 used within the last 8 months)

Endodontics:

-All patients are required to pay $100 for endodontic referrals/only 1 endo referral per patient (all patients considered by DDS for multiple endo)

-Any patients being seen through our on-site endo project DO NOT PAY $100, only $40 visit fee

Teeth being considered for endodontic treatment referral:

-will have diagnosis of necrotic pulp, irreversible pulpitis, or endodontic treatment required to facilitate restoration

-must have low plaque index score (under 50%) and motivated to improve score

-must have minimal restorative needs total in mouth

-need adequate remaining tooth structure to be restorable. At Wake Smiles, restorability is defined as having 2mm of sound parallel tooth structure above the gumline to facilitate crown placement

-should be needed to prevent drifting/tilting of teeth or supra-eruption of teeth. For example, endodontic treatment should not be recommended for a maxillary second molar if the maxillary first molar occludes with mandibular first and second molars (or unopposed/nonfunctional maxillary second molar) and the occlusion is stable

-need to have a plan to be restored

-may be strategic teeth that support an existing prosthesis

***Extraction should be recommended for teeth with a diagnosis of necrotic pulp or irreversible pulpitis that:**

-are not restorable

-would be better replaced by removable prosthesis

-will not be restored

-do not offer something functionally, or esthetically

Oral Surgery:

-All patients are required to pay $100 for oral surgery referrals/only 1 oral surgery referral per patient

Teeth to be considered for oral surgery referral:

-If a patient needs multiple teeth extracted for prosthesis

-3rd Molars:

-If they are not bothering patient, leave them alone

-If a patient has infected & impacted third molars, 3rd molars near the sinus or nerve canal

-If a patient has a complicated medical history or is immunocompromised

-If a patient has extensive dental anxiety

-If in need of urgent care with oral surgeon:

-Send referral to COFS, ATTN: DR. CAVOLA

-Request the $100 referral fee but send regardless of patient paying fee

Crowns:

-All patients are required to pay $200 for crown referrals/only 1 crown referral per patient.

Teeth to be considered for crown referral:

-If a patient is getting endodontic therapy on tooth, we try to ensure they have a crown seated within 1 month of getting treatment.

-Patient needs partial but needs crown on abutment tooth

-Patient has full dentition but needs crown after build-up is completed here, with adequate ferrule

-Patient has great plaque control/oral health habits

UNC Adam's School of Dentistry Referrals:

-Patients that need more than 1 root canal or crown will be referred to UNC-the patient is not charged for referral and will pay school's fees

-Patients needing more complex care than we can provide

Denture Referrals:

-Patients needing upper and lower partial/full denture will be referred to Local Start or be put on our prosth waitlist AFTER all restorative work is complete. All fees at Local Start are based on patient income, we do not know the cost when sending patient

-3 patients a quarter can be referred to prosthodontists that partner with us. They must fall into these guidelines:

- -All restorative work must be complete
- -They must show improvement of overall oral and systemic health care
- -They must not be older than 65-years-old
- -They must be willing/able to attend all appointments

Wake Smiles Denture Program:

-Any patient needing a partial must first have denture assessment screening with Dr. Mokry or Dr. Shareef. If approved, the following needs to be completed:

-All restorative and hygiene appointments must be completed

-Patients must pay 100% of fees prior to being scheduled

Pathology:

-If a patient has the need for a pathology consult, we can contact Safety net and ask for an ENT consult through Project Access. From there, these patients should be able to get appropriate biopsy and care at no charge.

PHASED TREATMENT PLANNING

Factors that affect Treatment Planning:

Patient Factors	Provider Factors
Patient preferences	Dentists' knowledge
motivation	Training & experience
Systemic health	Laboratory support
Emotional status	Dentist/patient compatibility
Financial capabilities	Availability of specialists
	Functional, esthetic, and technical demands

Phases of Treatment Planning:

PHASE	DEFINITION	CONCEPT
Urgent	The urgent phase of care begins with a thorough review of the patient's medical condition and history. So, a patient presenting with swelling, pain, bleeding, or infection should have these problems managed as soon as possible and certainly before initiation of subsequent phases.	Treat infection, fractures, and pain.
Control	It is meant to • eliminate active disease such as caries and inflammation. • remove conditions preventing maintenance. • eliminate potential causes of disease, and • begin preventive dentistry activities. [2] • Remove etiologic factors and stabilize the patient's dental health.	This includes extractions, endodontics, periodontal debridement and scaling, occlusal adjustment as needed, caries removal, replacement/repair of defective restorations such as those with gingival overhangs, and use of caries control measures. [11 • Arrest active oral disease and infection • Halt occlusal and esthetic deterioration • Eliminate or mitigate the patient's risk for future oral disease • Establish a stable oral condition on which to predictably determine definitive therapy • Provide clinical experience from which the patient's level of motivation, cooperation, oral-self-care, availability and financial support can be determined
Definitive	After the dentist reassesses initial treatment and determines the need for further care, the	Crowns, FPD (Fixed Partial Denture), Removable partial Denture, implants, Full Denture

	patient enters the corrective or definitive phase of treatment. Sequencing operative care with endodontic, periodontal, orthodontic, oral surgical, and prosthodontic treatment is essential.	
Maintenance	This includes regular recall examinations that: • may reveal the need for adjustments to prevent future breakdown, and • provide an opportunity to reinforce home care.	Prophy, periodic exam, Periodontal maintenance

* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3467905/

2022 SCHEDULING CONCEPT