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Dr Anousheh Alavi

Improving periodontal health – a team approach

How can periodontal health be improved by us all, involving every member of the primary care team to advanced secondary care in periodontology?

If periodontal care is to be effective, it needs a structured, long-term journey with our patients. The starting point is gathering baseline information, as comprehensive as possible, to enable accurate diagnosis, predict prognosis, and to devise a tailor-made plan for each of our patients. This journey is what the Periodontal Care Pathway sets out, as devised by the NHS primary dental care assessment workshops in 2009–10, aimed at improving patient outcomes and it is being tried out by the new contract pilot practices. It is important to share it and consider its implications as we plan for the future care of our patients.

The Periodontal Care Pathway depends on information gathered from three key domains:

- Medical and social history, including key indicators of extent of risk, such as presence and level of diabetes control and whether the patient is a smoker;
- Clinical examination including BPE as already required for every patient;
- Recording additional factors which help predict level of risk, such as extent of plaque present as the cause of periodontal diseases, and extent of bleeding on probing (BOP) as a measure of the extent of inflammation present at the time of the assessment. Since pocket depths by definition represent a historical event, bleeding on probing is a more current reflection of the extent of inflammation present.

Each of these domains already influence the extent of risk of periodontal diseases. Using the traffic-light system, the information and measurements taken will determine a patient's overall level of risk. Regardless of level of risk, all patients require motivation and oral hygiene instruction. The latest *Adult Dental Health Survey*¹ indicated that 66% of the adult population have visible plaque.

How are we going to deliver the advice to motivate patients, and what is the appropriate oral health advice? We have all advised patients; advice which they may not have acted upon. Do we give up, and even decide not to proceed with any treatment? It is important to remember that we are asking patients to change their behaviour. During a recent *Prevention in Practice* course at London Dental Education and Training, Professor Richard G Watt, UCL, a leading advocate in implementing and supporting behaviour change, highlighted the need for dental teams to understand oral health behaviours, and the processes and influences in achieving change. To deliver optimal care, we need to combine evidence-based information, patient factors and preferences and our clinical judgment. The key point is not just the delivery of advice; we have a duty of care to ensure it works for our patients. The good news is *Delivering Better Oral Health* guidance² also states the level of evidence for advice to be given to patients to improve periodontal health, which should give us confidence in the likely outcome when we transfer this information to our patients.

Adapting the periodontal care pathway to a team approach utilizes the key strengths of different team members in overall patient care. In order to make the most of the team, we can identify any training gaps to fulfil now and optimize what we can deliver both now and in the future. In terms of patient outcome, focusing on prevention by utilizing skill mix is a best practice model.

Some of the key areas to consider include:

- Updating the team on the latest evidence base;
- Setting up processes across the practice;
- Defining roles, utilizing skills and competencies and identifying skills gaps;
- Aligning on key messages and advice to patients.

Exploring the new opportunities that skill mix and direct access offer, and engaging with the whole team, will better prepare us for the changes to come.

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References

1. *The Adult Dental Health Survey*. NHS Information Centre for Health and Social Care, 2009.
2. *Delivering Better Oral Health – An Evidence-based Toolkit for Prevention*. Department of Health, July 2009.

All articles published in *Dental Update* are subject to review by specialist referees in the appropriate dental disciplines.