Question and Answers
CariFree Co-op Webinar
1-26-2021

1. Is this ADTEP caries risk assessment form available as a download?

No, but I would be happy to make it available if you do not publish it, as I have that on my to do list.

2. Is this information presented in the current ADA EBD documents?

I would need to know what information you are referring to. Best to search the ADA EBD website.

3. What about if you are the assistant and you don't agree with the Dr. What can you do?

Communication is a personal skill. Just because the doctor is not aware that better communication will improve the practice doesn't mean you cannot learn to communicate better as a person. That's what I want to do at home, not just in the clinic. That said what doctor won't listen to a valued team member on how to improve the practice? I suggest you use the same skills to ask open-ended questions to the doctor. Taking time to reflect back and give praise where indicated. You will be amazed where this will lead as you get better at it.

4. How do we communicate these subtle differences with insurers/payers?

That is what a value-based care is all about. It is on the radar of medicine and dentistry. We need to first implement this and document better outcomes then reimbursement should follow. Until then if patients want this then there is value, and they should be happy to pay out of pocket.

5. Why are we still shying away from diagnostic coding?

Honestly, I think it is financially driven. If traditional fee for service does not require it why would people bother to take the time to develop codes and implement a system that is not needed for reimbursement. Others worry about insurance companies dictating treatment. That said there is work being done now as people realize it is necessary for value-based reimbursement. My problem is that the existing caries terminology used in diagnostic coding is outdated and can be improved. I just helped submit some terminology consistent with the ADA Caries Classification System to the IMO group.

6. What is ATP score?

It measures acidogenic biofilm behavior and drive the need for an antibacterial and pH strategy….see….
https://carifree.com/product/pro-cariscreen-testing-meter/

7. When it comes to CTX4, have you seen any teeth discoloration?

CTx4 Treatment Rinse has 0.2% hypochlorite so if anything it might whiten the teeth.

8. What is the best surface to use the ATP swab and why?

It is recommended to swab the lingual of the lower anterior teeth because it has stable plaque because of the sub mandibular gland (lingual caruncles). I like to swab teeth using a single vertical scrape on each of 6 teeth. If it is too difficult to do the lingual (children or special needs) I have done the facial and it works fine. It is important to do an immediate post op swab after the CTx3 rinse is completed. By doing so you will create value when your patient sees that they are getting better. The longer you wait without feedback the biofilm may revert to acidogenic behavior and you lose the teaching moment. Your patient will think your recommendations did not work. (no value)

9. My question is when leaving open ended questions, that can lead a patient into an open door. Our office has been implementing no pressure sales with personal connection, however we strongly tell them what they need to get out of active infection or to save their teeth. What do you feel about this?

I think we are on the same page. The difference is how you do this. If patient needs to feel you are listening to what they want and together planning their treatment based on your professional input. Don't forget to ask permission to share that information in a manner that does not "tell “them what to do. This is why the skills listed the presentation as so important.

10. All the treatment we do should be medically necessary and the language should be via diagnostic codes...just like in medical.

Yes, I agree on both points. The problem is even in medicine what is "medically necessary" may vary greatly depending on the clinician. Kim and I are perfect examples. We both are spending our own money (not insurance) seeking out and using a physician who deems heart attack and stroke prevention as "medically necessary". Many do not provide the level of prevention we want. Dentistry is no different and may even be worse, given the financial incentive for overtreatment.

11. How do we get the Why Me book?

Visit https://carifree.com/product/why-me/

12. How to motivate patients who have high caries rate but "only want teeth whitening"?

It must come from them. Many are not ready. You job is to keep trying to make people feel more comfortable sharing what is truly important to them. By refusing to do treatment that is unethical such as leaving disease and doing only cosmetic whitening, you may very well get their attention.