

23 common Oral Systemic Health Roadblocks and the 15 workflow mistakes that cause them checklist pdf

Dear Doctor;

Because you know that oral health helps determine systemic health, you decide to attend an oral systemic health meeting, sign up for a course, even bring team members, thinking once educated, you can integrate your new knowledge into practice. But the very next business day, you are thrown back into the busyness of caring for patients and day-to-day practice operations that suck any dream of change out the door. I call it the practice tornado that keeps you spinning in circles.

YOU are NOT ALONE. This is a common experience with busy dental practices. How do I know?

I'm Leona Meditz, founder and executive director of HCP Wellnet. I learned dental protocols working 10 years for a well-known Dental Practice Management Company, visiting over 1,000 US dental practices but it wasn't until I became Director of Development for Centers for Dental Medicine that I learned of the oral systemic connection. In 2002, Richard Carmona was appointed by President George W Bush as surgeon general. He stated, "You cannot be healthy without Oral Health". The oral systemic connection was unveiled.

It would take 10 more years before diagnostic and treatment protocols would begin to change.

On Feb 16, 2011 my husband of 37 years died of a heart attack. He was 62. He had Class 3 Periodontal disease. Periodontal disease is multi-faceted so no one knows how much it contributed to his death. Since then, my passion is to save others from the pain of prematurely losing their loved one.

My team and I introduced the first CO2 laser from Poland used for periodontal therapy and created the communication protocols needed to help patients understand their need for Laser Assisted Periodontal Therapy. I first published those protocols, [Dentist to Physician Patient Advocacy, for Health's Sake](#) in the May 2014 issue of Dentistry Today dental clinical news magazine. Since then, Dentistry Today published 3 more articles on her protocols, which are widely used and still taught to dentists and their teams.

So now you know the **WHY** and the **WHAT** I do to integrate Oral Systemic Health but my success (and yours) is in the **HOW** Oral Systemic Health is integrated. My students and I have SHIFTED from traditional insurance dependent protocols that everyone else uses to **NEW** protocols that actually help create systemic overall health.

That's what we will discuss at the OSH Mastermind you signed up for. AND as a thank you for

registering, you get the **23 common Oral Systemic Health Roadblocks and the 15 workflow mistakes that cause them checklist pdf**

Take a minute to check which of these you have done. And no worries...I won't ask you to share them publicly. It will help you to focus on the part of the Mastermind that most applies to you.

23 common Oral Systemic Health Roadblocks

1. Getting Clinicians up to speed
2. Finding “RIGHT” Hygienist
3. Keeping “RIGHT” Hygienist
4. Team think that they already know
5. Team turnover
6. Breaking Bad Habits
7. Hygienist resistant
8. Too busy to add one more thing
9. Hygienists don’t have time to spearhead OSH
10. Can’t be “pushy”
11. Getting expensive equipment “off the shelf”
12. Americans not ready for OSH
13. Scientific studies but no processes
14. \$200 for Salivary Tests blocks case acceptance
15. No monetizing model for OSH
16. Struggle to find MDs to refer kid’s to
17. No time
18. Hodge podge of everything
19. Team doesn’t catch the passion
20. Can’t change mindsets
21. Compliance issues
22. Fostering Dr./patient relationships
23. Patient’s accepting cases so we can apply our knowledge

15 Common workflow mistakes that cause OSH Roadblocks

1. Tx (including “cleaning”) done same day as diagnosis
2. Expensive tests block Perio case acceptance
3. Undercharge for Perio therapies not covered by insurance
4. Patient’s don’t change their home care
5. Hygienist expected to spearhead OSH patient education
6. Hygienist expected to “sell” OSH therapy.
7. Only new patients get full Perio exams
8. New Patient sees hygienist first
9. Patients think only 1 type of cleaning
10. Try to educate patients chairside
11. Systemic Antibiotics used as “go to” therapy
12. No structure for co-management of physician shared patients
13. No before and after therapy comparison
14. 4000-4999 dental codes create less than \$120K per hygienist yearly
15. Team not rewarded for going above and beyond with OSH

I look forward showing you how to avoid the common workflow mistakes and annihilate OSH roadblocks.

Leona

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