

# The Good, the Bad, and the Ugly

## (or to sell or not to sell!)

How to get the right dental products into the right hands

BY TRICIA OSUNA, RDH, BSDH, FAADH

As I began writing this column, I thought of the title of a movie, and then realized that what is a memory for me is most likely totally foreign to many of you who are much younger. A 1966 movie had the very catchy title referred to above in the headline. After the film was released, the title was used in conversation, often in ways not related at all to the movie.



The film was the third in a trilogy of what was then referred to as "spaghetti westerns." It was not a popular film at the time, but over the years it became very well known, the standard for what is now a highly influential example of the western film genre. The title is what was so catchy: "The Good, the Bad and the Ugly." No matter what your age, I'm sure you've heard and probably used this saying. The three actors who were given these labels were not really good, bad, or ugly, but there you go. It stuck!

Since the title of this film became so well known, it struck me to refer to it in the context of what we do in oral hygiene product promotion in our practices. The conversation often comes up among dental hygienists regarding how to follow up with recommendations, and how to get the product we pre-

fer into patients' hands.

There is the *Good* way to look at it—that you're able to provide everything you want to your patients right in the office. The *Bad* way to look at it is that you're not the one to select what is provided, and you must use only what another clinician believes is best. And finally, the *Ugly* way is where you're not allowed to provide any products to patients at all.

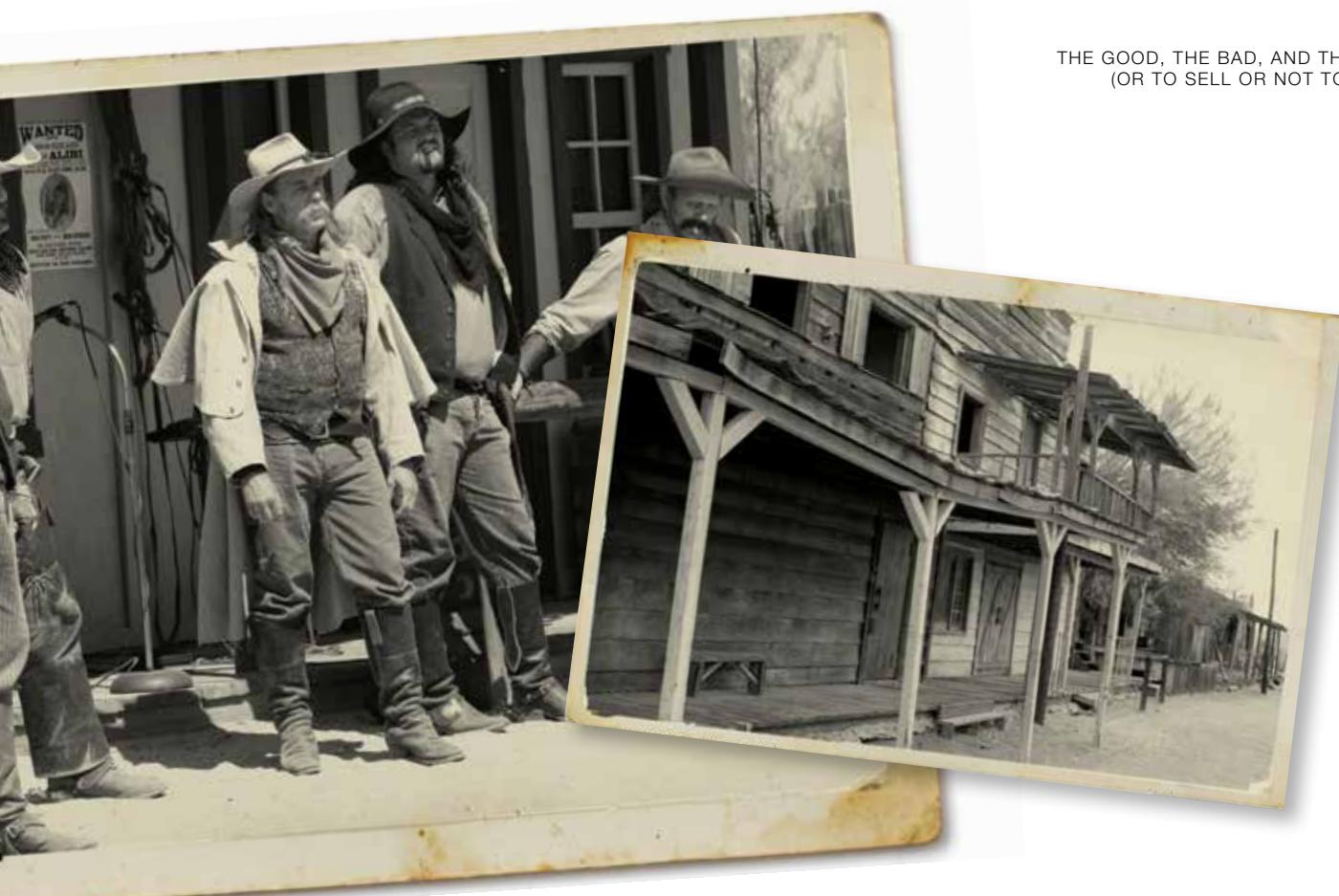
I want to delve into looking at our practices, what we do, and how we do it. When we provide therapy or treatment to our patients, we tell them about their needs and what we are clinically able to provide. We then usually recommend further treatment and/or oral hygiene care on their part. The dilemma lies in how to get the products we're recommending into patients' hands so they can successfully improve their health.

The Levin Group published the

results of their survey in March 2015, and 88.44% of dentists stated they dispense products to their patients. Yet, looking further into the survey, those products are manual brushes, toothpastes, and mouth rinses. Only 32.8% of dentists stated they dispense power toothbrushes. I've heard comments from "We're not allowed to dispense in our state," to "the tax implications are too involved," and many others. So that makes me wonder: How can we change this mindset so patients will benefit?

### THE GOOD

Suggesting specific products to our patients at the time of recommendation leads to greater and more successful compliance. We all know this as patients ourselves. If we have to go and find the specific products in more than one place, we put it off until it works into our schedule. If you would like a patient



to use, for example, the Philips Sonicare DiamondClean and Air-Floss Pro, recommend and dispense them like I do. If you recommend specific interdental brushes and use a tool to demonstrate this, such as the Curaprox IAP probe that matches the recommended brush, then dispense it.

In fact, the ADA's Report and Advisory Opinion of the Council on Ethics, Bylaws and Judicial Affairs Marketing or Sale of Products or Procedures specifically states in section 5.D.2. Marketing or Sale of Products or Procedures, "Dentists who, in the regular conduct of their practices, engage in or employ auxiliaries in the marketing or sale of products or procedures to their patients must take care not to exploit the trust inherent in the dentist-patient relationship for their own financial gain. Dentists should not induce their patients to purchase products or undergo proce-

dures by misrepresenting the product's value, the necessity of the procedure, or the dentist's professional expertise in recommending the product or procedure.

"In the case of a health-related product, it is not enough for the dentist to rely on the manufacturer's or distributor's representations about the product's safety and efficacy. The dentist has an independent obligation to inquire into the truth and accuracy of such claims and verify that they are founded on accepted scientific knowledge or research. Dentists should disclose to their patients all relevant information the patient needs to make an informed purchase decision, including whether the product is available elsewhere and whether there are any financial incentives for the dentist to recommend the product that would not be evident to the patient."

Essentially, this states that it is mandatory for us to practice ethical

dentistry and provide patient treatment, research, and education. Before you recommend, you also must evaluate a product's research and have an educated working knowledge of the product itself. This is all *Good!*

#### THE BAD

Looking back on the title of the movie and how it impacted film with its name and description, wouldn't it be fabulous if we could all have the *Good* in our offices? Let's begin discussing among ourselves how to make this happen so our patients' health can improve without their having to go through trial and error to check products for success.

As you can see from the ADA guidelines, the *Bad* would be to recommend products that are not needed by patients to benefit their dental or overall health. As dental

professionals, we need to look at the research and go a step further to understand what these products do and select which to recommend. Defining products and providing the correct ones will move an office to the *Good* right away.

#### THE UGLY

This is an office that doesn't recommend products for a variety of reasons. I've heard from hygienists that their employers do not like them to "push products"; therefore, they vaguely discuss options with their patients without any specific product recommendations. This is done by saying, "You should consider a power brush," without offering guidance as to which one or why it may be preferred over another. To me, that is *Ugly!* With all due respect to someone's decision to recommend without specifics, it just won't work. If you want to see how confusing this is to pa-

tients, stand for about 20 minutes in the dental aisle of any store and you'll hear some amazing rationalization from shoppers with no dental knowledge. This is also quite entertaining!

We need to step up and speak out about what we need in our practices to improve overall patient health, and we need to provide patients with the products we recommend right there on the spot. No gimmicks, just the honest truth. "Here you go, let me show you how to use it!"

Probably the strongest and most thought-provoking statement I've heard came from Dr. Chris Kammer in his April 2012 article on practice management: "As a trusted health professional coach you need to show some emotion and passion to your patients about the critical health component that is home care. You need to help your patients find the best ways to care for their mouths and they need to walk out

of your office with these tools. If you aren't steering, coaching, and inspiring your patients toward the absolute best home-care tools and regimen, then you are guilty of supervised neglect."

Yes, that pretty much sums it up for me and I hope for many of you. Share this article with your employer to start the conversation and decide if your office follows the Good, the Bad, or the Ugly oral hygiene product recommendation model. **RDH**

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## REFERENCES

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