



How I **quintupled my hygiene department** in 5 years

The business of prevention

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I bought my practice in 2014. Given my commitment to preventive dentistry, my expectation was I would have an epic preventive-focused restorative practice. The reality was that I had a great restorative practice with a below average preventive practice. This dynamic is challenging for a private practice for many reasons:

Restorative outcomes can be compromised

Many patients require restorative dentistry or prosthetic tooth replacement due to caries or periodontal disease. If preventive therapies are not suggested or employed, a patient is at risk for reduced outcomes or recurrence of disease.¹

Patients suffer when preventive needs are not addressed

The connection between oral health and systemic health is well-established.² Without proper diagnosis, nonsurgical therapy, and home-care practices, patients will struggle to manage biofilm and the inflammatory process that ensues. This can exacerbate numerous systemic maladies. Our patients deserve better.

A practice cannot thrive without a robust hygiene department

Ask any practice management expert: there are specific KPIs that should be used to assess the health of a practice. These include, but are not limited to, quantifying new patients, active patients, patient

attrition, and measuring the number of patients who are classified as periodontal patients.³

By 2020, I changed everything. Without realizing there was an impending staffing shortage, I decided to revamp my protocols and replace my entire clinical team. We all have our "COVID tales," but this was the most impactful choice I've ever made, and I've never looked back.

In 2023, I experienced more than a 300% growth in my hygiene department, and I shared an article about the experience.⁴ Since then, I've experienced a five-times revenue growth in my dental hygiene department in five years. I thought it was time to share how this is possible, despite a continued shortage of clinical

personnel, reduced reimbursement from third party payers, and economic uncertainty.

Find the right dental team for your practice

Finding a team that is the right fit is essential. Creating a mission and vision of the dental practice will enable the practice owner to articulate what differentiates the practice and identify the practice's core values. This is essential to attract like-minded patients and a team with similar values. A motivated team will have a profound impact on the practice's success. If your practice is still struggling with attracting and retaining the right team, do not stop looking; they are out there!

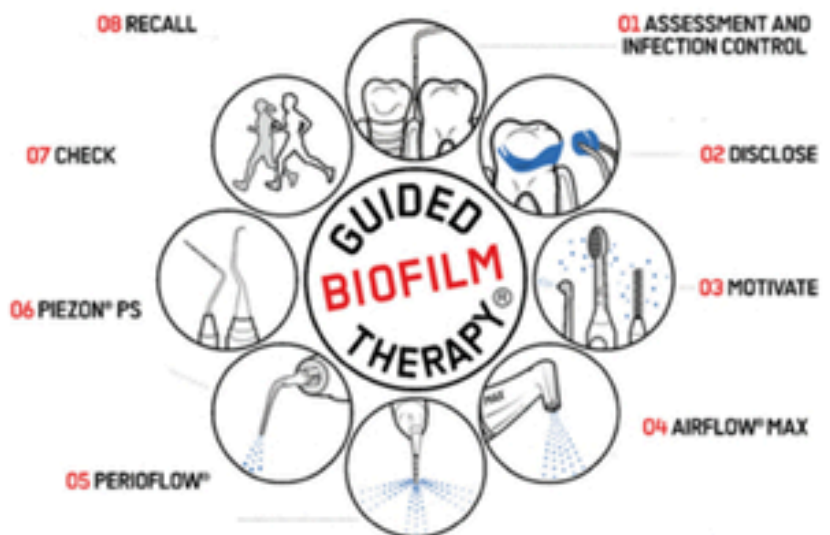


FIGURE 1: The GBT Compass Courtesy of EMS Dental

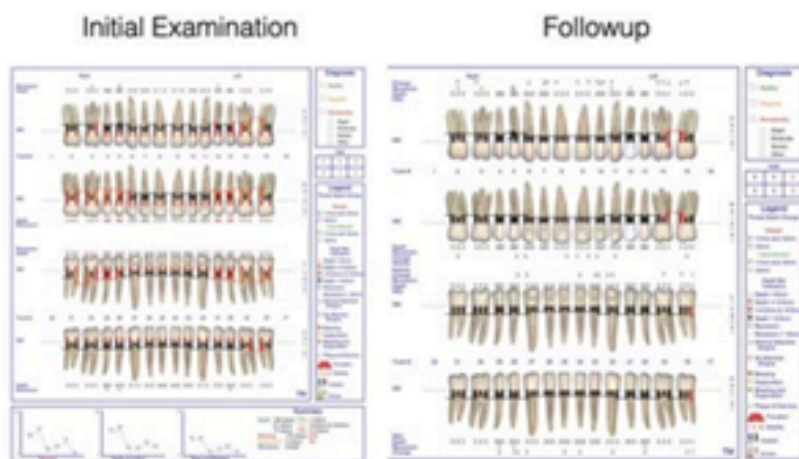


FIGURE 2: Voice-activated periodontal chart, before and after. Note the obvious improvement in the patient's periodontal condition. *Courtesy of Salem Dental Arts*

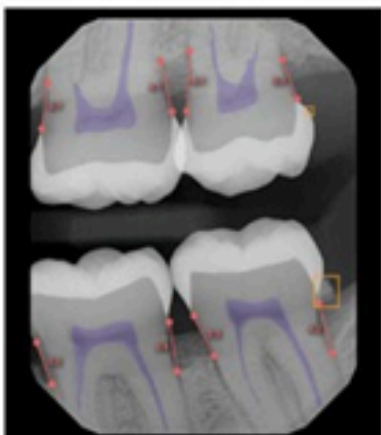


FIGURE 3: AI interpretation of a bitewing x-ray by Overjet AI
Courtesy of Salem Dental Arts

Add guided biofilm therapy

Guided biofilm therapy (GBT) is an evidence-based, systematic approach to identify and facilitate the complete removal of biofilm.⁵ Biofilm has been implicated in the exacerbation of dental caries, gingivitis, and periodontal disease.⁶ Incomplete removal of biofilm enables the maturation and colonization of pathogenic biofilm, especially in hard-to-reach areas most vulnerable to disease progression.⁷ GBT, a term coined by EMS Dental, involves following an eight-step compass (figure 1) within the dental hygiene appointment.

Why is this information important? Dental caries, gingivitis, and periodontal disease are extremely prevalent. There are many excellent technologies, both in-office and at-home, that are intended to combat these diseases, but the reality is that the general population is dentally and periodontally unhealthy.⁸

Approximately 75% of all adults have gingivitis and 20% to 50% of all adults have periodontal disease worldwide.⁹ Moreover, there are 57 systemic illnesses impacted by oral pathogens.¹⁰ Improving oral health can meaningfully impact the overall well-being of our communities.

Highlights of GBT

Superior patient education and engagement

The first three steps of the GBT compass allow multiple opportunities for the dental hygienist to create awareness and enhance the value of meticulous oral hygiene.¹¹ Individualized risk assessment and home care instruction have been shown to improve patient outcomes.¹² Most patients benefit from reducing hygiene intervals from six months to three to four months.¹³

Efficient, effective, and ergonomic biofilm and calculus removal
The system uses air-polishing devices and piezon scalers. Gentle erythritol

or sodium bicarbonate-based powders are used for biofilm removal, and piezon tips are customized to enhance ergonomics and reach.

Career advancement for the dental hygienist
GBT provides a new clinical skillset and professional growth. Many hygienists certified in GBT prefer it to traditional hygiene protocols.¹⁴

Pleasant experience for the patient
Patients value the education, comfort, and advanced care involved with GBT.¹⁵

More exceptional tools for dental practices

Voice-activated periodontal charting
This is an exceptional tool for patient engagement. When patients are listening and educated, they often take greater ownership of their oral health. This improves case acceptance for nonsurgical procedures and specialist referrals¹⁶ (figure 2).

AI radiographic interpretation
This is gaining traction across dentistry. It helps clinicians detect pathology, guides decisions (remineralize vs. restore), and quantifies decay and bone loss for stronger third-party justification.¹⁷ AI also enhances patient education by making radiographs easier to understand visually (figure 3).

Laser bacterial removal/laser-assisted periodontal therapy (Refer to state practice acts for clinical use.) This is good for patients with 10-plus bleeding points or who bleed during scaling and root planing. Lasers can significantly reduce the bacterial load, and this painless treatment often improves follow-up periodontal outcomes.

Custom periodontal trays
These deliver a peroxide-based medication to the base of periodontal pockets.

This treatment is bactericidal and improves both periodontal status and tooth shade. Patient compliance is generally high, and results are meaningful.¹⁸

The oral cavity is part of a complex microbiome. While biofilm removal is necessary, nonspecific antimicrobials may also eliminate beneficial bacteria. Oral probiotics help rebuild a balanced microbiome that supports health and prevents pathogenic overgrowth.¹⁹

Practice management considerations

Prevention-focused protocols enhance restorative success. Periodontally healthy patients experience better results with indirect restorations and anterior esthetics. Hygienists are key to executing and helping these protocols evolve.

A healthy practice should reflect global periodontal disease prevalence (20% to 50%). If your metrics fall below this range, it may signal underdiagnosis. On the bright side, this also means a huge opportunity for clinical and financial growth.²⁰

My practice saw exponential change when I hired a hygienist who is fully committed to patient wellness. Her values aligned with mine, and she implemented GBT, risk management, varnish therapy, and patient education with precision. Our hygiene team grew when like-minded, inspired professionals joined the practice, driving significant department expansion (figure 4).

Expanding the roles of dental hygienists may seem daunting to some dentists, but to others it's a welcome challenge. A steadfast commitment to prevention not only improves clinical

outcomes and financial success; it attracts top-tier talent and transforms the entire patient experience. **DE**

REFERENCES

1. Darby ML, Walsh MM. *Dental Hygiene: Theory and Practice*. Elsevier Health Sciences, 2014.
2. Genco RJ, Borgnakke WS. Risk factors for periodontal disease. *Periodontol* 2000. 2013;62(3):59-94. doi:10.1111/j.1600-0757.2012.00457.x
3. Levin R. The 6 critical key performance indicators for dental practices. *Dental Economics*. September 13, 2022. <https://www.dentaleconomics.com/practice/systems/article/14207810/the-6-critical-key-performance-indicators-for-dentists>
4. Maragliano P. Strategies to trip your dental hygiene revenues in three years. *Dental Economics*. April 6, 2023. <https://www.dentaleconomics.com/practice/article/14290684/strategies-to-triple-your-dental-hygiene-revenues-in-3-years>
5. Guided biofilm therapy. EMS Dental. <https://www.ems-dental.com>
6. Marsh PD. Microbial ecology of dental plaque and its significance in health and disease. *Adv Dent Res*. 1994;8(2):263-271. doi:10.1177/08959374940080022001
7. Van der Weijden F, Slot DE. Oral hygiene in the prevention of periodontal diseases: the evidence. *Periodontol* 2000. 2011;55(3):104-123. doi:10.1111/j.1600-0757.2009.00337.x
8. Eke PI, Dye BA, Wei L, et al. Prevalence of periodontitis in adults in the United States. *J Dent Res*. 2012;91(10):914-920. doi:10.1177/0022034512457373
9. Nazir MA. Prevalence of periodontal disease, its association with systemic diseases and prevention. *Int J Health Sci* 2017;11(2):72-80.
10. Han YW, Wang X. Mobile microbiome: oral bacteria in extra-oral infections and inflammation. *J Dent Res* 2013;92(5):485-491. doi:10.1177/0022034513487559

11. Gehrig JS, Wilmann DE. *Foundations of Periodontics for the Dental Hygienist*. Lippincott Williams & Wilkins, 2018.
12. Chapple IL, Van der Weijden F, Doerfer C, et al. Primary prevention of periodontitis. *J Clin Periodontol* 2015;42(Suppl 16):S71-S76. doi:10.1111/jcpe.12366
13. Axelsson P, Lindhe J. Effect of controlled oral hygiene procedures on caries and periodontal disease in adults. *J Clin Periodontol*. 1978;5(2):133-151. doi:10.1111/j.1600-0516.1978.tb01914.x
14. EMS Dental. GBT Certification Program feedback. Internal Report
15. Patient testimonials. GBT Experience. EMS Dental. <https://www.ems-dental.com/en/testimonials>
16. McGuire MK, Nunn ME. Prognosis versus actual outcome: a long-term survey of 100 treated periodontal patients under maintenance care. *J Periodontol*. 1996;67(7):658-665. doi:10.1002/jop.1996.67.7.658
17. Schwendicke F, Golla T, Dreher M, Krois J. Convolutional neural networks for dental image diagnostics: a scoping review. *J Dent*. 2019;91:103226. doi:10.1016/j.jdent.2019.103226
18. Cobb CM. Lasers in periodontics: a review of the literature. *J Periodontol*. 2006;77(4):545-564. doi:10.1002/jop.2006.050417
19. Devine DA, Marsh PD. Prospects for the development of probiotics and prebiotics for oral applications. *J Oral Microbiol*. 2009;1. doi:10.1080/jomiv10.1949.
20. Periodontal disease prevalence and trends. American Academy of Periodontology. <https://www.perio.org>

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	2019	2021	2022	2023	2024
# of Hygienists	1	1	2	4	4
Fluoride Varnish	78	556	968	1317	1681
% Perio patients	5.7%	27%	26.6%	27%	28%
Total Production	\$105,305	\$188,863	\$306,345	\$421,737	\$544,907

FIGURE 4: Dental hygiene production from 2019–2024. All hygienists work part-time hours. Courtesy of Salem Dental Arts

GBT SUMMIT

SHAPING THE FUTURE OF
ORAL HEALTH



NOVEMBER 14TH, 2025

EMS+

