Introduction to Oral Systemic Connections

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Get the defibrillator cleaning appointment. This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Good morning, I'm Dr.

Tom Larkin. Welcome to Oral Systemic Connections, where I introduce you to very interesting people in the dental space. Today we're going to take on kind of a controversial emerging subject, dental, dental hygienist relationships, a new organization, new advocation.

So let's not waste any time. And I'm going to bring on Lysandra Messonet and Debbie Z. Good morning. Good morning. So the oral health awareness project.

So about five minutes ago, I saw a post in a message board. I don't spend a ton of time, but I just kind of look real quickly. And it said, I want to introduce AI software, but my hygienist is against it.

And the responses were. You're the boss." The next response was, you're the owner. And I'm like, hey, you know, this thing, this doesn't change, right?

This relationship between dentists and dental hygienists strained at the moment, strained to the point where you have formed a nonprofit called the Oral Health Awareness Project, which I wholeheartedly endorse, because things have gotten to an extreme nature.

Now, what's going on right now did not happen overnight. This is a decades long conversation. And I will refer you, because I'm going to make some references to a very famous dentist back before my time, Dr.

Bob Barkley back in the 60s. He defined everything that he saw that was going to happen in the future. Okay. This division, right. And the purpose.

Launching the Oral Health Awareness Project

So I'm going to talk about root causes, but let's get started with what motivated you to start the oral health wellness project. So I can chime into this.

So for years, I have really had the mentality that the public, the consumer really doesn't understand the level of care that a dental hygienist, a degree-holding dental hygienist provides.

And unfortunately, we've been around for over 100 years, and many of them still see us as tooth cleaners. Right. And the reason that this project came about was because we want to change that mentality of the consumer, which includes our legislators, to understand that we actually provide life-saving care.

So that is the mission of this project. I know that there's a lot of turmoil between hygiene and dental, but we're not focused on that so much. I think the problem in all of this is that the public doesn't understand how important our care is and obviously legislators don't understand it either when they try to implement some of the legislation that's coming about stating that you know non-educated individuals can do what we do.

So we want to change that perception and Debbie you can add if you want. Well, Dr. Tom, thank you so much for allowing us to share our message with the Oral Health Awareness Project.

It's something that I think a lot of us in the hygiene world have been looking for and just haven't had motivation until Lysander said, you know what, now's the time.

And so the objective, obviously, from what Lissandra said is educating the public and, you know, going to your opening statement, why is there this battle between a high dentist and the dentist when we are part of the health care system?

You know, we are the most underutilized arm of medicine, including dentists and, and the other division or the other not divisions, because that could be misconstrued in the wrong in the wrong way.

but the other team members in a practice. And so, you know, our objective is not only to elevate the public's awareness of our importance, but also for us to have sustainability in healthcare.

And that's something that it's, you know, the messaging over the years have been really skewed. You know, you know, I go to get my teeth cleaned, or when can I get my teeth cleaned?

And we know, and of course, with Lissandra driving the bus at this point, understanding the education and the platform that hygienists have to go through just to get a two-year degree is actually equal to a four-year degree.

And what we do, co-is graduate education and studies in order to enable our patients to understand that we are part of the solution for oral health. And I think with the perception of how dentists get paid and all the negative things that have happened in the past, that may be a minuscule proportion of the dental profession because a lot of the clients that I work with and a lot of the programs that I go to, they are so pro and educated, well-trained hygienist who is able to communicate root cause and deliver not only didactic chair side care, but to help enhance the overall purpose and mission of a practice.

And I just can't see where dentists can think in any aspect that they could potentially do that with an untrained, on-the-job trained, or lesser-degree person because I can't call them a clinician because everyone has a different skill set.

So what was the triggering legislation? Because this is a brand new group. I mean, you got over 4,000 members almost immediately. And that got my attention, because obviously you hit on something.

And this is outside of organized industry. Because today, things work differently. With social media and grassroots things, you see an outrage. You get together as a group to change things.

Because one of the things you've realized is that organized industry has failed us. all the way down the line and in this particular case. So what was the legislation?

Was it the Arizona? Was it the Arizona thing that did it? Yeah, I think the OPA definitely drew our attention as well as I think the Nevada one, both of them, I'm scary in their own ways, but when the Nevada one said, we're just going to train anybody to do what a dental hygienist can do, we thought, wow, we have to step in.

Because in the end, it isn't about just protecting our profession.

Root Causes in Dental-Hygiene Tension

That's the minute part of this. In the end, it's about protecting our patients. Like what type of care and level of care are they going to receive because we know in practicing that A very small percentage of patients falls into that healthy prophy that the OPA can provide services for, but we also know that how much are we gonna push the limits to also throw other patients in who may have diabetes or heart disease or a history of Alzheimer's in their family and all of a sudden they're being scaled and polished and being let go of the practice.

So this was an eye-opener that wow, we need to do something and we need to do it fast. Yeah, so I think it's very wise to go direct to consumer because, you know, I have similar thoughts in similar ways because, you know, I've been trying to educate dentists for a long time, like on the same issues.

I mean, I started talking about the issues in hygiene 15 years ago and I could see it slowly happening. But with the growth of the DSOs and the industrialization of dentistry, And that's all this is, it's a money grab, it's making dental hygienists, it's degrading them and just saying, you know, anybody can do a pro-fee, whatever.

And because everyone here present is really dialed into the oral systemic connection and understanding that you're a partner in healthcare, you should be a partner.

So I jokingly mentioned about those two posts at the beginning, because these are ignorant dentists. Okay, let's talk about root cause. It goes back to school.

Dentists receive no training on what a hygienist does. None. Zero. They don't know anything. They don't know. It starts out adversarial, and it also starts out with massive ignorance as to what periodontal disease is.

If you can't diagnose periodontal disease, how can you run a hygiene department? Because what Dr. Barclay talked about 50, 60 years ago was the concept of managed decline.

That's what the state is, it's managed decline. Faster, cheaper, okay? And the dentists who don't know anything about business and who struggle and go to all these Facebook groups to learn about the business don't understand that people, individuals, me, we desire a relationship.

is our relationship, and a hygienist who has time to create a relationship. That is invaluable. So do you think this, what do you call them, OPMs or whatever, you know, 20, 30 minutes and, you know, zip through there?

Yeah, it's awful. It's awful. It's embarrassing. You know, and it's not just… That's okay, good. I was going to say, you're probably reading my mind, but it's, yes, I mean, we have to, we have to educate our patients, but, you know, I think that patients are more in love with dental hygienists, you know, when they see that smiling face, you know, when they come in, yet time and time again, they're more apt to have that gentle voice, that that nurturing way about them.

Even if it were to tell the patient there was something unstable or suspicious in their mouth, I think the patient is more apt to have that relationship and that marriage and that emotional background with the hygienist in comparison to a dentist.

And it's not because the dentist is bad or mean or anything. It's just the amount of time that we're able to build that relationship with the patient.

And we all know it. If we're going on vacation, the patient is changing their appointment. And getting back to what the Oral Health Awareness Project is about, yes, we do need to educate our patients about our value, but I also think another leg or another level of that is building a relationship with our employer.

If it's a DSO, if it's a private practice dental office or a multi-specialty practice, it's really to create a position of awareness of our value based on our education and our ability to get the patient to long-term health and wellness, not to the next appointment of getting their teeth, quote unquote, I'll break out in hives.

Get the defibrillator cleaning appointment. What if your role as a dental professional could go far beyond teeth? What if you weren't just treating mouths but saving lives?

Preventive dental care is evolving rapidly. The oral microbiome, salivary diagnostics, laser, biofilm therapy, they aren't just tools, they are the future of healthcare.

They're turning hygienists and dentists into leaders in disease prevention and whole body wellness. The question

is, will you lead this change or be left behind?

This is your moment. My name is Dr. Tom Larkin, and as a founder of Proactive Oral Wellness, my mission is simple, to equip you with the tools and processes to transform your practice and your patients' lives.

That's why I'm inviting you to join me and some of the nation's leading experts in Lexington, Kentucky on April 26th for the future of dental hygiene five, the blueprint.

We will unpack the framework of the wellness-centered practice, new patient onboarding from a variety of really unique practitioners, specific preventive protocols, medical-dental collaborative communication platforms, AI and prevention, and the revolutionary products that are bringing so much hope to this movement.

Elevating Hygienists as Healthcare Partners

And my podcast listeners get an exclusive offer by entering promo code POW. That stands for Proactive World Wellness. Every event that I've held so far has sold out over a month in advance.

So reserve your spot early at OralSystemicMastery.com. Hope to see you there. Yeah. So that's why for, for five years now, and I started this path and, and, you know, and I was really one of the first to do it was to define what advanced hygiene was.

And so I identified three things, salivary diagnostics, hair polishing, gut about from therapy and later therapy. And I said, you know, I'm going to provide hands-on training because there really wasn't anywhere in particular to get that, to help hygienists build their credentials and become more valuable for the dentist.

Now. I have all kinds of dentists who embrace this and who get it, but the majority do not, right? So that's the point. If you do have this incredible amount of training and it's life-saving training and you're my partner in my practice, the hygienist has got to have a different role.

They're just not another, you know, now this is my own personal opinion, never been an employee as such. They're my partner. in the practice, right? So a physician who utilizes a physician assistant or a nurse practitioner, you know, they have to have a collaboration, you know, and, and there's a reason for those, those positions, right?

But, but for some reason, well, you know, there are, there, there are root causes. Yeah. Yeah. But the dentists are just, they're just struggling immensely with this all root cause based in ignorance.

That's all, that's all it is. I think we've missed the point too, right? That hygienist should be a co-therapist with the dentist. And I think a lot of dentists don't see it that way.

And as Debbie mentioned in the beginning, they underutilize everything that we can bring to the table. And this initiative is not only about educating the public, it's also about encouraging dental hygienists to elevate themselves.

view yourselves as the healthcare professional that you are. When you do a salivary test and it shows that orange, red, purple complex bacteria, how is that affecting your patient's heart, their brain?

We need to see ourselves differently and we need to gain the respect for ourselves in order to convince our doctors that we work with that we are a valuable part of their team.

And once we do that, these dentists don't understand that their practices are going to flourish. When we bring this mouth back to health, their restorative is going to last longer.

He's meager and spread the word. This is such common sense and it's such what my world is about. And it's unfortunate that we're, I think for some people we're speaking a foreign language.

I mean, you've just absolutely nailed it because one of the first things that, the first thing that I noticed in 1989 when

I began to use a microscope was, you know, my restorative, you know, they're not bleeding anymore when I'm doing crown props and I'm doing fillings and they're not bleeding.

This is kind of cool, right? I just had a most basic level. And getting back to that concept, it's so poorly thought out. Now, let me back up just a minute because I want to go in a couple of different directions.

This was totally unrelated to your organization. So in my April meeting, I did a massive pivot and I can't tell you why, but it was just it was just like I felt like I needed to do it.

And I saw on TV that that our state had a task force for RFK. And I immediately what I did, I'm going to tell you exactly how I engaged the senators. I had a book on the bail zone need method.

I overnighted it. The minute I saw this task force, I overnighted it to the principals and I wrote a personal note. I said, I'm Dr. Tom Larkin. I'm having a conference.

I think it'd be great if you came. And that opened the relationship because what I did was I got to the front of the queue in a legislature. And so two senators came, front row, Dr.

Brad Bale, the senators. And their minds were blown. Their minds were blown because we just kind of went over everything. I mean, I had hygienists. I had everybody present.

It was a really, it was an intense day, but it was, it was kind of how I do things sometimes. I didn't know it was going to work. I just tried it and it was, it was unbelievable.

But I can tell you the feedback that I have because I have a texting relationship with one of the senators. They have no knowledge of, of really what the, what dentistry brings to this conversation because where I wanted them to go.

It's procedural. You've become a procedural profession. Yeah. And I, and I wanted him to see, you know, I mean, I got Brad Bale, you know, this is, this is practicing for 20, 30 years and not one patient have a heart attack, not one, but he can't practice without a hygienist.

He needs salivary diagnostics and they're going. Oh, you know, they're trying to put all this stuff together. Right. And, and it was, it was amazing. So I see the importance of, you know, I don't know if I'm going to be an advisor in that group or whatever, but that's an important strategy for you because these people are going to be making decisions.

I'm, I'm, I'm not a political person and I'm kind of a little bit tepid about the change that's taking place, meaning don't get too hopeful because everything is such a healthcare, such a mess.

But I just feel like I needed a, a toehold in that conversation on, on what we're all doing. It's that they don't know about. Right. So, yeah. So I think that's great.

I think that's, I think that's the purpose of. Yeah, I think that's the purpose of what Lysandra and the masses are trying to push forward. I mean, you could say, what do you do?

People say, oh, I clean teeth or I'm a dental hygienist. I think we're a lot more than that. And I think it's time that we've created a platform for people to stand up for instead of stand behind.

You know, there's lots of organizations around there that have membership, but I think we've assembled an amazing group under Lissandra's tutelage and her passion and her drive to really create a profession that's respected, understood, and utilized.

That's what we want. We want our patients to have the best care that they can get with an educated, licensed, well-trained, caring, healing individual to really be part of their overall health and wellness.

Yeah. Yeah, no, it's, it's, it is so much in alignment and the work that I've done in for the last 10 years. That's why, you know, I just, I jumped in immediately because I just, I saw the need for this because I've been doing this, you know, preaching this in a very small scale and we all need to, we need a collective voice.

We need a louder voice. And so, so let me take you on a little bit of a journey because this is kind of.

Legislative Threats and Public Education

Fast forward a little bit on a project that I'm working on now. This is going to become even more distinct on something in particular. And in my next meeting, I'm going to be talking a lot more about AOX care, all on X.

This is like dentistry's dirty little secret. The dentists have really jumped into implants in a huge way, all on X in particular, the $30,000 to $60,000 treatment plans.

As you folks know, from a standpoint of biofilm management, we got a problem, okay? The dentists don't want to take these things off. They don't want to unscrew them every six months, clean it, clean the implants for a hundred reasons, right?

So I'm looking at the professional organizations, the American Academy of Implant Dentistry, prosthodontics. What's the protocol? There are no protocols.

None. Zero. There are no protocols. If I could just interject one thing, it's really not about management. It's about identifying prior to. It's about finding those risk factors.

And really the only individuals capable of doing that are hygienists. who are well-trained and well-versed in the emerging technologies that are out there.

And that's part of our mission is to educate the public about who is actually advising you. Go ahead and brush your teeth. My god's sake, my mom told me how to brush my teeth, but I don't want to have my mom's mouth because my mom's mouth is…

Not good. Sorry, mom, but it's the truth. But that's where it takes it. For me, it's always in word choices. We can't manage something unless we know and identify its root cause.

And part of the support system with that is elevating the 4,000 plus growing individuals that are joining our project to to be proud of their education, to step out of the pigeonhole of this is I only learned this in school and that's all I'm going to do or my doctor won't let me do this.

How about have a conversation about our value in elevating what can happen in the practice as a team building entity. Yeah, a hundred percent, a hundred percent.

So, so back to the implants for just a second. So the other thing that's emerging, not only the growth of the implants, but is an implant failure. Okay.

Because there is it's biofilm management is challenging, right? So what I'm telling you is the timing and your messaging. Not only for, for the general public, because I'm going to be doing specific messaging around implants to the general public.

That's good. That market's going to come to you. That's not one you're going to have to educate because as these things fail and people start looking for solutions.

And they're going to a Jiffy Lube hygienist who doesn't know any, how, how are they going to manage? And I, I'm sorry, I've used the word manage these implant cases long-term.

in a hygiene model like that. The liability far outstrips, you know, this is gonna, this is gonna require super training

to do this, right? Nothing here isn't caught up with that yet, but it's gonna catch up in the next few years.

Our practice is very high. We have many all on X cases in our practice. First, we need to understand these patients come to us and they already have detrimental health and they're coming with broken down teeth.

They already don't know how to take care. And now we're going to throw in your whole mouth of implants and then patient who doesn't know about disease and understands it.

So in our practice, and you're right, every practice should be the same. I present these treatments and I tell patients, we will not accept you. unless you understand that you need to come in every three months, unless you need to understand the value of phase microscopy, and we don't start this into a salivary test, and we must use air flow therapy, and our patients are healthy.

They're probably the healthiest in the practice. They have all on expedits because what you said. We implemented strong systems and aren't allowing them to follow through with treatment if we know they don't understand that implants can fail too.

Right, so what you've already done, you've already created this template of value for the hygienist, okay? I gotta tell you, percentage-wise, I can't tell you how sad for me to say, what a small percentage of the level of care what you're doing, right?

But what I'm telling you that, What I think is going to catch up with the conversation is the legal liability, meaning the dentist is going to be defenseless.

But, you know, when these cases go south, that, you know, the cases, like you said, yeah, I mean, these cases shouldn't have been done to begin with because if the case is a perio based case, the chances of that case having perio.

issues is greater right and if i spend 60 grand and at year six this thing's coming out i'm unhappy okay and i'm looking for someone to blame and if i'm in a industrialized system hygiene system there's a problem okay that will be one impetus to change.

Okay, that, you know, and, and I think that will happen. So there's, there's many layers of this conversation, you know, yeah, yeah. Because really the oral system conversation, I can tell you from a 15 year perspective, it's a small niche.

I mean, it's, that's less than 10%. It might be 5% of people who are super purpose driven and they, they go all in on this. Right. And they thrive and they do great, but most of us don't care.

Right. They don't, they're not motivated to do this.

Implants, Biofilm, and Long-Term Risk

If they would just take time out and realize in the interviewing process of finding the best candidate to take care of their patient is an educated hygienist, then I would make a sweeping statement and say that's half their problem, but that's the majority of their problem being eliminated because Most hygienists, and Lissandra you can chime in as well, love what they do.

Sacrifice their bodies for what they do. Come in early, work late, get lunch, come in on the weekend if it's necessary. We really want our patients to thrive under our care.

And it's a shame that some of the offices around the country don't see our value. And what they're proposing, going back to what we really want to address, is what's being proposed now is a complete violent slap in the face for those who are grassroots and have made so much strides with our profession moving forward.

Now it's like saying, yeah, so what? Mike, we do. So one of the root causes and Barkley talks about this too. So, so let's say you come in for an interview.

If, if as the dentist's principle and whatever, if I have no vision, I have no vision as to why I exist. You know, I just call it like reactionary, you know, I, I, you know, I I've trained a lot of dentists.

Okay. I, I can speak freely because. because I've trained a lot and I see a lot and their reaction, they don't even know why they're doing what they're doing.

The people who have really taken the time to understand why they're in healthcare, let's start there. Why are you in healthcare? And so in my podcast, I asked that question to a lot of people that I talked to.

I said, let's go back to high school. What made you choose this, right? Purpose-driven people want to care for people. Great. That's a great template for being in healthcare.

And then you start there. And then I have a vision, and then I have this vision of an amazing team that will support me, and I'll support them, and we'll do amazing stuff.

Those are outliers, okay? Most people haven't even taken the time to think about it. They look upon it, I can make a lot of money, right? Implants, surgical, all of the 3D stuff, the digital workflow, to the engineer, right?

So this is engineers versus healers. That's a century-old question. I have lectures on this. The engineers, the engineer mindset. They're not thinking about things.

So Debbie, they can interview you. you could you could be whatever they're not going to see it right because they had it i've most done this when they graduate the only the only thing the only baseline they have is a dental office has somebody who greets you somebody who cleans tea somebody who sucks spit and then the doctor who comes in and says there's what we're doing They have to work in a DSO, right?

So what's that model look like? You know, that could be a Jiffy Lube, assisted hygiene, 30 minutes, blah, blah, blah. And then that's their experience.

So that's what hygiene is, right? And then five to seven years when they get the bravery and the money to go out and do something themselves, what's their role model?

It's this industrialized model. You know, this is a, this is a massive, massive education moment. I mean, it's a real opportunity, you know, and I, and I really, I think you're so spot on on so many ways because I think the general public who is really, I know, I know this straight up.

They're out. doing self-empowerment, you know, I spent a lot of time studying the functional medicine people and stuff. They're, they're busier than people don't want our healthcare system, but we haven't done a good enough job.

Right. hygienists in particular, educating the public as to what your credentials are and where you fit in the deal. And that's on the dentist, right?

That's on the dentist. And you know what's sad? Not only educating the public, it seems like we have to educate the dentists because I don't think they understand the extent of what we do.

We need to let them know that. And that's where I think hygienists need to empower themselves. You know, it's a shame to bring this in, but we have to learn how to speak ROI with them, right?

Because he hacked his owners. That is what they're thinking. Okay, if you tell me to invest in this, how is this going to help the practice? Well, we need to have those conversations and we need to come ready to present our platform and say, If you let me integrate phase microscopy and salivary testing and airflow therapy, this is how your practice is gonna go.

This is how we're gonna be able to close out on more treatment. And I think hygienists have kind of fallen into that intimidation mode and don't wanna speak up for it, but they have to, they have to go in there.

This is what they're passionate about. They need to go in passionately and say, this is why I require an hour for treatment and not 30 minutes. This is why I need this in my hands.

I think we need to start changing that narrative and educating the dentist on, hey, this is the value we can bring to your team. Not to outlay the other members of the team because Wow.

It was just a phone. Do you want them to say, Oh, your next cleaning appointment with Wismandra is no, you want them to introduce, you know, person taking care of you will be and so on and so forth.

It, you know, we don't train as a team, you fail as a team and that's what we're failing. So a couple of things, and this is, I'll start with the good news.

The good news is the majority of the incoming classes in dental schools are now female, the majority, right? Some are 80% or whatever, because I do think there's a male-female dynamic to this that I'm not afraid to talk about.

These are some of the challenges that the hygienists have, okay? Two things. One of them is cultural. One of them is familiar. And I won't, I won't go too deep into the cultural things.

I don't want to step on anyone's toes, but there, but there are cultures where, where females are in a subservient position. And that's just, you know, you work for me and that's on the boss.

Familiar how, how a dentist is raised. Okay. So that you understand. I had a Latina mother and four older sisters. Do you think I know how to get along with women?

Okay. It was forced, forced on me. Okay. My, my, my very survival depended on Amy. to know how to love these beautiful things, right? These beautiful, beautiful women, right?

Now that was my life experience, which was a positive one, but some people don't have that, okay? So when you get back into that, I observe these people, they don't get along with women.

You know what I'm saying is, and if you don't, your life, and I'm talking about a male, your life in dentistry is going to be hell. Everybody in that world is 90 plus percent is female.

And so the dentist, the shrugger will turn over and, you know, and It's an awful job, right?

Building Team Value and Advocacy

So it's not for everybody. There are a lot of people right now with dental licenses that shouldn't have them, okay? They're not a proper fit, okay? But the good news is, you know, demographically that's changing.

You know, there's some things out there. I would say the majority of people that reach out for me for coaching right now, early stage practices are female.

They're just a fricking joy to work with. They 100% get it, 100%. Right. So, so those are difficult conversations that you probably can't have, but I can have cause I'm a guy.

Well, I think, I think we've all had experiences advising offices, what, what, you know, the potential of their abilities are. And, and, and most of it is really hygiene driven, you know, I mean, I've worked with many, many instructors or many clinicians that are doing implants and it's like, how do you explain to the patient that they need to have an implant that's thousands of dollars when you can't even get them to come in once a year for preventive care or an assessment to see what their disease process is.

And then when you see suspicious areas, the patient only wants with the insurance covers. How do you propose that type of treatment knowing that eventually that's going to fail?

So, yes, I think we all agree. We do have a lot of work to do, but boy, are we going to make the best of it. Yes. No, and I think this is the way you do it.

I love the social media component because, you know, I'm a little jaded on organized stuff, right? It's hard. It's hard to move. Organized industry is like a big battleship.

It's hard to rotate and turn it. But look what you did in 30 days, right? Right. You know, based on outrage, based on seeing something that just doesn't make any sense.

Everybody gets together and has kind of a real, first off, you define really well what, what, what you stand for and what you want to do. And, and that's important not to get too, too far off the track.

So, you know, what I want to do is to help you, you know, with my early political connections, this will be a part of the conversation. No question that this organization exists and this is why it exists.

And, you know, I'm, I'm looking forward to, I haven't had the opportunity yet. to present to the legislature, but I will rock their world, I promise you.

I'll scare them for one thing. What you think is, you don't know what's going on behind the scenes. Well, one of the things that we're definitely working on is a PR.

You know, we're in the midst of fundraising for PR. We know it's not cheap. I mean, social media only goes so far, but we need strategic partners to help fund our messaging.

And I can't tell you, my dearest Ramisandra, I don't know when she sleeps. She's like me, we're like bats trying to get things done and get things organized.

And you know, she's really… focused a lot of specific mission statements towards finding the ideal PR firm, which she was able to find and they agreed to work with us.

And so, you know, we'd love to share with you a QR code or link to our donation page. So sell it your influencer, you know, how you influence your teams and your public that it would be awesome.

You know, it would be great to divide and conquer, but not divide like, oh, you're a dentist. It's only no. We need to create a starfish alliance to get this message out and allow patients to ask the important questions when they see their dental care provider.

Whether it's a dentist or a hygienist, they really need to also feel empowered to know that they're getting the best possible care available to them. Yeah.

No, this makes it's, it's in complete alignment with everything I'm doing. It needs to be a part of my formal courses and stuff. And, you know, because it's, it's the why, why, why do you do what you do?

Why, when you get up in the morning, why, and you guys have why I have lots of hygienists in my world who, who are, are like you guys and I'm super proud of you and congratulations.

Thank you. Anything I can do, I'm at your disposal. This podcast is just, you know, it's just one thing that I wanted to do. I've had a podcast in the past with Mike Subiak.

It was called Hygiene Superstar and it was about elevating hygiene. We did seasons of that. And then this year I kind of wanted oral systemic connections, like people that I knew in, in this whole, you know, I just know amazing people and I'm, and I'm, and I'm loving the opportunity to interview and to archive smart, accomplished people like

you guys.

So I appreciate you taking the time this morning and I'm at your disposal. Thank you. Thank you. Thanks for having us. Real Talks from real doctors on the issues that matter to you most.