

My Hygienist Wants 33%

cdamna1 | Chris Anderson | Total Posts: 1,301 | Member Since: 1/16/2003 | Location: Tullahoma, TN | Posted: 7/5/2005 6:56:59 PM | Post 1 and 3 of 47



I've asked a few questions regarding hygiene compensation in the past and have come to realize there are 5,000 different ways to do it. I have a part-time hygienist with 20+ years experience. She has been with our office since day one (opened in 2001), when I started her out at \$28/hour. As we have grown busier, she asked that she be switched to a % of production. As I've read here on DT [Dentaltown], it seems as though 33% is common.

She sees 8-12 pts a day in an eight-hour day. Her average production is around \$900-\$1,000 per day. She works two days a week (Mon/Tues).

Over the last pay period, she worked four, eight-hour days (total 32 hours) and produced \$4,200. Her production is primarily based on prophies, perio, x-rays, and sealants. Dr. exams are not included.

She gets four paid vacation days (equal to one full week), paid holidays when they fall on Mon or Tues, and two personal/sick days, which if she does not use, she does not get paid for. No uniform allowance, no paid CE [continuing education], but she does get a \$50 match to her SIMPLE IRA each pay period.

So, does anybody think 33% is unreasonable? Hygienists are hard to come by around here, and she definitely kicks @\$\$.

[Posted: 7/5/2005 7:33:24 PM]

Sorry, she's now at \$32/hour. She's making about \$250/day. At 33%, she would be bringing in around \$333/day on a "good day"...even more on a "great day."

rubber_dam_man | Mark | Total Posts: 5,344 | Member Since: 3/28/2002 | Posted: 7/5/2005 7:48:13 PM | Post 5 of 47



I've had mine on a 30% commission for 10 years now (two hygienists). That includes exams, so taking out the exams would probably land you at about 33%. They are on a \$20/hour minimum, but almost never fail to beat that. Their only other benefits are a clothing allowance (\$250 a year), six paid "wellness days" (at their minimum—paid three on Jan. 1, and three on June 1), a Christmas bonus (\$500), and an occasional CE at my discretion. I LOVE writing them a big check, because the other 70% goes to the office total. Just control what they want over and above the salary; extra benefits can eat you up. If they want 33% AND medical AND retirement...it becomes too much. For the longest time I just paid them their salaries with NO additional benefits, but I've loosened up some since then. I've never had a problem getting good hygiene help. Paying a guaranteed minimum gives me a right to expect them to stay busy even if they have no patient; they are always "on the clock." Pure commissions can encourage them to think, "Well, I don't have a patient, so I'm not getting paid to help sterilize instruments, etc."...

ewoehl | Emily Woehl | Director of Consulting Services, The McKenzie Company | Total Posts: 62 | Member Since: 12/29/2004 | Location: San Diego, CA | Posted: 7/6/2005 10:26:39 AM | Post 7 of 47



Dear Chris, bottom line...no, it is not unreasonable. Even if she slips below, you will still be protected paying 33%. On another note—hygiene production should be 33% of doctor production (if dentist is \$55,000/mo, hygienist is \$18,150/mo) and 33% of hygiene production should come from perio (using same example \$5,990/mo). Collections no lower than 98%. You can also buy Sally McKenzie's "How to Reward Your Dental Team" by going to our Web site www.mckenziemgmt.com.

Timmy G | Tim Goodheart | Total Posts: 3,707 | Member Since: 4/14/2002 | Location: Kansas City, MO | Posted: 7/6/2005 12:04:34 PM | Post 9 of 47

I'd switch my RDHs over to a straight 33% commission in a heartbeat. Get her an assistant too, and watch your hygiene production skyrocket. You've been given a gift here—jump on it.

pErU v N | Total Posts: 507 | Member Since: 2/11/2003 | Location: California | Posted: 7/6/2005 4:45:25 PM | Post 10 of 47

Don't listen to him Chris. It is not like she threatened to leave, right? You feel generous...wait until the end of the year and bonus her, say one-third of the extra 7% you are bagging now. That would be a year-end bonus of about \$2,700. You keep the other two-thirds.

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ia-rdh | Total Posts: 1,234 | Member Since: 10/19/2003 | Posted: 7/7/2005 4:42:05 AM | Post 13 of 47

I don't think 33% is a bad idea, but as an office manager who has "been there, done that" have it clearly spelled out what is exactly included in the %. For example:

1. Exams?
2. Products—our hygienist was taking a % of the fee for the product until I sat [down] one day and figured out she was making more money on certain products than we were! The % needs to be on the office profit of the product, not the office fee. That was stupid on our part. We have a separate code for products now and actually give her 25%; that was what it worked out to be for the most part.
3. Bleaching trays—we were doing trays for awhile. Charged a lot of money for them; she took her %, which was a heck of a lot of money for a couple of alginates that my husband then delivered and monitored.
4. Bleaching—we had situations where the hygienist would start a bleaching and the assistant would finish. [The] hygienist felt she should have the full two-hour fee credited to her and not split between her and the assistant.
5. Sedation fee—we do sedation and sometimes only on hygiene patients getting SRPs done. She would also credit the sedation fee to herself. Of course, I always changed them to my husband and told her it was his fee not hers.

These are just examples of areas that went wrong in our office. I'd again have a clear document on what % she gets of things. I am sure that others may be able to give more ideas.

By the way...my hygienist is on hourly wage now and has been for three out of her five years with us. We learned some tough lessons, as we had never done the % with hygiene employees. And on top of her % (which was more than 33%, by the way) she still got all vacations, holidays, personal time, meetings, and contribution for 401(k). When all was said and done we were at about 52%.

We have had a new FD [front desk] for three months now, ironically the hygiene production is the best it has ever been in these three months! She hates open hygiene time! Go figure! I am sure the hygienist will be popping in one of these days looking for more money now that she is "busy" again.

Timmy G | Tim Goodheart | Total Posts: 3,707 | Member Since: 4/14/2002 | Location: Kansas City, MO | Posted: 7/7/2005 5:05:01 AM | Post 14 of 47

Okay, let's approach this from a different tack. Of those opposed to the 33% of production to the RDH and/or are paying a set hourly or daily fee, how many of you can tell me what % you're paying now. I'd venture most dentists have no idea and of those who do, I'd also venture to say it's way above 33% of production. By the way, I still pay a hourly wage, but I'd switch to commission-based pay in a heartbeat if I could.

ia-rdh | Total Posts: 1,234 | Member Since: 10/19/2003 | Posted: 7/7/2005 5:51:26 AM | Post 15 of 47

Tim, I just figured it out yesterday! We are currently (last six months) sitting at 32%. That is without any benefits—just straight production. I now have the staff monitoring the numbers and we discuss monthly. It was interesting to note at Tuesday's meeting, that now that our new FD has the schedule full, the hygienist is a little more interested in her numbers again. She feels she is working "really hard" and that is why I am sure she will be in soon looking for more money, or back on %, but she has already told us she will "take no less than 40%"—even though she is sitting at 32% right now! The 40% was also straight production with benefits on top, that is why we were sitting at over 50%. Also, due to new babies and other family issues, I personally didn't watch the numbers the way I do now and that is why she was getting so much more production numbers due to taking credit where it wasn't always hers to take. In the beginning, we just wrote out the checks. Oh well, lessons learned. I personally am not saying that I would never go back to %. It's not a bad idea really, just needs to be fair to all concerned.

cdamna1 | Chris Anderson | Total Posts: 1,301 | Member Since: 1/16/2003 | Location: Tullahoma, TN | Posted: 7/7/2005 10:18:45 AM | Post 19 of 47



Just to clarify some issues:

The procedures that count towards her 33% are prophies, perio, sealants, and x-rays.

Take-home products, whitening, Dr. exams, and sedation/anesthesia fees do not count towards her production.

The main sticking point for us concerning what counts is FMXs. I don't like the idea of paying 33% of an FMX to a hygienist when it can easily be done by an assistant. So, we try to schedule all FMXs with assistants. We also try to not let the hygienist take pans...1/3 of the pan fee for pushing the button? No way.

With her current pay at \$32/hour, she can at times make over 50% of production. For example, on a day where she only has six pts, and is doing only prophies at \$60/each, she may only produce \$360, and then her daily salary is \$256. This rarely happens, but you see how the hourly pay can hurt.

At least at 33%, she gets fair compensation for the WORK DONE...not the time spent at the office. Keep the suggestions coming.

ewoehl | Emily Woehl | Director of Consulting Services, The McKenzie Company | Total Posts: 62 | Member Since: 12/29/2004 | Location: San Diego, CA | Posted: 7/7/2005 11:27:08 AM | Post 20 of 47



...Percentages are based on industry standards—provided so you can get an idea of how to set goals and what to expect from your hygienist. The range could be 30-35%.

If your hygienist is not producing 33% in perio, that is OK and there is always room for improvement. However, it is important to keep your overhead costs down. You want to be able to afford your hygienist and you also want an employee who wants to WORK for you. If hygiene production is not 33% of doctor production, the place to look for to increase is perio and new patient flow. Bottom line...you can aim to pay her 33% (Ex: produce \$1,000/day—make \$330/day) of hygiene production. If she wants to be paid more, she needs to increase production (produce \$1,200/day make \$396/day). Perio will do that. Just something to consider.

newsmile | Total Posts: 1 | Member Since: 3/1/2005 | Posted: 7/9/2005 5:21:15 AM | Post 28 of 47

Just to mix things up a bit, here is what a colleague of mine does at his office. We are currently in the process of evaluating this method to see if it'll work for us, and so far it looks good.

He pays his RDHs a base salary of \$20/hr AND also gives a commission of 15%. This does three things: First, it allows him to have them do other things during down time because they are still on the clock. Second, when they do procedures that could have been done by an assistant (taking a Pan radiograph), they are getting 15% of the fee vs. 33%, which is a little easier to swallow (he also has a hygiene assistant who takes all the x-rays so that rarely happens, the assistant's production is added to the Dr., not the hygiene). And thirdly, as the hygiene production goes up, the overall percent the RDH is getting goes down (i.e. if production is \$1,000 in an eight-hour day, RDH gets \$160 base pay plus \$150 commission for a total of \$310 or 31%. If they produce \$1,500, they get \$160 base pay plus \$225 for a total of \$385 or 25.7%).

This seems to cover all bases and since he has a hygiene assistant (who is

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certified for prophylaxis) the production for the hygienist comes from mostly perio procedures, which boosts her hourly production, giving the Dr. a higher profit margin. This allows him to pay for the extra hygiene assistant without feeling the crunch. (He says he does better with the assistant than without).

He still pays medical and vacation/holidays, but no sick/wellness days. He states this method gives the hygienist the motivation that keeps them pushing hard, but also gives him some control over paying for things that are not purely hygiene related like bleaching trays, x-rays, product sales, etc. Something must be working because his RDHs produce \$20,000-\$25,000/month working a 32 hour week, which I think works out to about \$40-45/hr and his hygiene department does one million/yr on the equivalent of four full-time RDHs. Everything seems to look good on paper and we are looking at it to see if they could be some pitfalls; just because it works in his office doesn't mean it'll work in every office. Any thoughts?

cdamna1 | Chris Anderson | Total Posts: 1,301 | Member Since: 1/16/2003 | Location: Tullahoma, TN | Posted: 7/9/2005 8:10:06 AM | Post 29 of 47



I played around with an hourly rate plus a % of production...but used a goal-related formula. Here's what I came up with:

1. \$28/hour X eight hours = \$225/day.
2. Goal of \$675/day (equal to three X salary).
3. If production exceeds \$675/day...(let's say \$975 for round #s)...hygienist gets 33% of the difference.
4. In this case, she would earn: \$225 + (0.33 X \$300) = \$325. In this case, \$40/hour.
5. In the above scenario...WHEN SHE REACHES THE GOAL, she earns a max of 33% of production.

The only problem with this if she has a REALLY slow day....(let's say she has a "full day of pts," but only does eight prophies at \$60 each for a total production of \$480)...then she's earning about 47% of her production.

So, I really like the formula Newsmile threw out there. Gives a little more protection to the doctor during those slow times.

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Reality Consultants | Total Posts: 6 | Member Since: 7/9/2005 | Location: Florida | Posted: 7/9/2005 8:34:19 AM | Post 31 of 47

...There are a thousand ways to pay hygiene (and any other staff for that matter).

The reality is: What TYPE practice do you have?

An excellent hygienist, and as everyone claims they have excellent employees, will do the PROPER and COMPLETE job no matter what approach you take. The TRUTH is if your employees TRUST you they will always do their best.

I have found through working and speaking with various staff and dental employees that the more % you offer, the more they try to touch the gray area to meet production. What bothers me the most is who decided medicine can work on production? Every consultant and Dr. using this method is more than likely "pushing the envelope" and does not have the patient's healthcare at heart. Either patients need work or they DON'T!

We pay straight salary, our dedicated employees love it. They are bonused at year end depending upon what they give to the practice, the care to our patients, etc. When you are HONEST, GOOD, and CARING... it works out as it should. By the way...some of these bonuses have gone as high as \$6,000 and that is on top of paying \$28-31/hr in salary plus benefits to hygiene.

Let's go back to the PROPER way of practicing. Our practices do NOT belong to our employees. It is

about the integrity of the healthcare you provide! GET IT IN PERSPECTIVE! IF you have to "bribe" your staff to do the work, something is radically wrong. Is that how you get your family and children to do what is needed?

The consultants have RUINED the help by making them GREEDY, not healthcare-oriented and doing their jobs with pride. Remember when people had basic PRIDE? Look at them now...how do you think they got that way? (Of course, there are exceptions.) Treat your staff properly. The good ones will stay, you will "weed out" the bad and MAYBE, JUST MAYBE if we can establish trust between Dr. and staff, we may be able to get the ethics and stability you all dream of and complain about constantly.

msutor | Total Posts: 2 | Member Since: 6/12/2005 | Posted: 7/10/2005 6:16:33 PM | Post 45 of 47

I have been a periodontist for the past 14 years and I have always paid my hygienists a daily wage. Then, I monitor their production to make sure that they produce three times their salary. Every practice management person I have ever talked to or read always suggests that a hygienist should be able to produce three times their income...if they can do that, then pay her 33%, as long as she takes some ownership in how much she produces. If all she wants to do is get paid more and produce the same amount, I would have a hard time with that. I will also figure in a quarterly bonus if they have produced more than three times their salary, which I think is a fair deal for all involved. Hope it goes well.

gatoreer | Total Posts: 2 | Member Since: 5/29/2005 | Posted: 7/12/2005 6:53:29 PM | Post 46 of 47

I've seen only one other ask...are you an in-network PPO provider for any insurance? If you are, then your collections are going to be adjusted by the in-network fee schedules. Around here, we are only collecting about 70%-75% of our normal fees for in-network work, including prophyl. The rest gets adjusted per the PPO contract. If you are a PPO provider and paying RDH 33% of production, you are actually paying closer to 50% of collections. Added in the benefits, and IMHO, that is getting out of whack.

I give a base salary (35-40/hour), 401(k), 50% medical, some vacation, and no sick (I don't believe in it). She makes a 30% commission on any bleaching, which a patient chooses as a result of her convincing/selling/whatever you want to call it. Bleaching is quick, easy, and almost all profit, so why not give her a cut if she sells it. Prophyls are not nearly as profitable for you, so straight-wage it out.

We also have a monthly bonus system based on collections this month versus collections same month last year. If we beat collections by X%, then all FT FD [full-time front desk], assistants, and FT/PT [full-time/part-time] hygienists get a bonus.

It seems that the lack of hygienists is a common theme among the posts. Same holds true around here. I currently have three part-time and use temps. My FT just had high-risk pregnancy, and now cut back to one to two days per week. I'm in the same boat as everyone else...makes me feel better. Good luck with this.

zeniff | Total Posts: 1 | Member Since: 3/9/2003 | Posted: 7/15/2005 10:42:13 PM | Post 47 of 47

I wish I only had to pay 33%. Here in Sacramento, California, I pay \$360/day flat (= \$45/hr). Then, I add vacation pay (up to 15 days/year), holiday pay, 401(k), 80% of medical insurance premium, some CE reimbursement, and free staff lunches for birthdays. Toss in some bonuses for Christmas, production goals, etc. and that's probably average for the area. It's much higher in the Bay area I imagine. The amount you are willing to pay is entirely dependent on the market you are in. As long as the hygienist remains busy and produces more than she gets paid, you should be ahead.

Find it online:

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