PPO –
How to Make Hygiene Profitable

This is a fair question, and it begs the question is hygiene a profit center or loss leader for a PPO practice.

What are your thoughts on how to make hygiene profitable in a PPO office? Please help!

1) We do 45-50 minutes for an adult prophy (with two BW [bitewing] and periodic exam).
2) We do 30 minutes for a child (with two BW and fluoride and exam).
3) Make sure hygienists never wait for more than 60 seconds for an exam. Of course interrupt them whenever for an exam. They know it’s now or they’re going to wait five minutes at the end of the appointment.
4) Never spend more than five minutes during the exam and chatting. If you do, the hygienist is now behind schedule.
5) Get non-clinical time on the pay clock down to a minimum (if they start at 8 a.m., they can’t clock in until 7:45 a.m., 10 should not be more than 40 minutes per day. Is this too much?)
6) The doctor is scheduled and productive during the same time they are (they both work 8 a.m.-5 p.m. The reason this is important is that overhead is reduced when both are producing. Therefore if the doc is done early, but could do one more filling, she/he needs to do it because it is much more profitable to do it right now and work until 5 p.m. exactly!
7) Here 5mm probings are sc/rp [scaling and root planing] and 6mm probings with bleeding are sc/rp and arrestin.
8) Here 15-20 percent of new patients are getting four quads or at least a scaling 1-3 and a prophy (60 minutes). They get perio re-eval appointments in the future.
9) Perio Comprehensive Exams are done (probings, etc.) and coded as insurance benefits; for these are much greater than other exams (0180, roughly $20-25 over a 0120).
10) A new patient - if they haven’t been in this year, may get an adult prophy now for 30 minutes (do the left side) and in two weeks for 40 minutes (do the right side). You can charge a prophy twice and do an excellent job.
11) Quick lists are active, up to date. If there’s a cancellation, it gets filled!
12) If two patients fail appointments, there is zero profitability. You must get open spots filled. Have updated cell phone numbers. Additionally, if homeschooled kids (and moms) are in the practice they can be quickly found to fill a 30 minute appointment.
13) Two quads sc/rp is blocked on the schedule weeks in advance and held for a new perio patient. There can be different times for different hygienists so the number of periodic exams per hour is reduced. Obviously one week in advance the block is removed for two prophies.
14) Their time at the autoclave/sterilization is a minimum.
15) They use the Cavitron on all patients for the “moderate calculus 22-27 lingual, buccal of upper molars.” It’s fast and does a great job.
16) Coronal polishing with prophy paste is accomplished in 90-120 seconds. No more. It does nothing for tissue health past a week’s time.

17) Insurance is studied and if a panorex is due, take it! If they pay for four BW instead of two, do four!

18) If one of the hygienists likes to leave early, and another has a patient fail, they should switch the patient over to the other hygienist to get the non-production off the clock.

19) Adult fluoride if insurance pays (Haven't done this yet, do you?) PPO overhead for hygiene is very close to what is collected. The profit margin is slim (two patients) and I need to understand it. Please help me.

What are your thoughts?
Where am I wrong?
Do you always make a six month recall appointment?
What production numbers do you track exactly?
How do you reward good hygienist performance?
Thanks so much! ■ Steve

You just don’t bother with hygiene recall or perio maintenance because you are so booked out with other new patients demanding your services, right? When they do come back, repeat SRP again. ■

Exactly! Give them two years and back to sc/rp! I think lean and mean says to do away with recall (seriously, at least as a business principle). Profit is in new patients only (again Kushner).

Does anyone have an assistant set up hygiene rooms before the first patients, and also clean the hygiene rooms after lunch, and at the end of the day? This would allow the assistant for an additional 30 minutes of payroll (at $18 per hour) and the hygienist less (at $30 per hour).

I’m looking for real, profitable, efficient practice management tips. ■

I work with PPOs in my practice.
I find that if you treat patients properly and treat each individual the same regardless of insurance then hygiene is profitable.

In my opinion, you should diagnose and treat patients not their insurance companies.

This is a narrow view of the purpose of hygiene in the dental practice. If you work the team in this get-em-in-and-out manner you are jumping over dollars to save pennies. By allowing your hygienist time to assist in diagnosis and promotion of treatment you will make your hygiene department extremely effective and profitable. Each additional crown/onlay your hygienist is able to gain acceptance on is worth nearly an entire day of hygiene! Don’t cut corners here. ■ tarun

I agree with the T.
If you manage to push your hygiene patient total hard, you might be able to squeeze in 10 or 11 patients a day instead of the eight with the one hour appointment we currently do.

“TheInvincible!”
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Stephen M. Kuzmak, DDS
“skuzma2dds”
Posted: 12/12/2009
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Tarun Agarwal, DDS
“tagarwalnc”
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“saldoc”
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But what do you get with the one hour hygiene appointment?
- The ability to still see the patient when they are running a little late.
- Time for the hygienist to review any needed work and use the intra oral camera.
- A more relaxed setting for the hygiene patient. They can tell if they are being herded through the practice.
- And my favorite... hygiene will run on time about 99 percent of the time.

I think our hygiene patients are somewhat in shock that year after year, appointment after appointment, they rarely wait more than 30 seconds before they are seated for their appointment. The vast majority are greeted by name by the hygienist as soon as they enter and directed into their room.

There's an amazing amount of good that will be generated with that set up. Patients will be more likely to refer friends and family, and I think they are more likely to accept treatment.

Assisted hygiene. I’m firmly and completely convinced it’s a terrific format to make it work. And that’s not assisted hygiene to simply see more patients. That’s assisted hygiene to be able to complete more work, better work every day. You get a well trained hygiene assistant with a motivated hygienist as a honed machine working together and you’ll blow away any single hygienist, every time.

I’m sitting here thinking about the subject this morning. I also agree with WTP. In my opinion, it is a big mistake to operate your hygiene department as a loss
leader. These are extremely important considerations Steve is making. I’m not sure one hour is the magic number that allows hygienists to co-diagnose or do effective touchy feely stuff.

The truth is when dealing with the limitations the Delta Premiers or other PPOs put on us; we need to be able to operate at a profit. I don’t know about you folks, but I want to do a good job, certainly. But much more importantly to me is providing myself and family with a good income.

So I think the big picture means somehow wrapping up efficiency, customer service, good dentistry and the touchy feely stuff in one package.

I’m not sure the one-hour prophy thing is the absolute criterion by which we decide this matter. I think, the efficiency we run our hygiene department and how effective the result clinically and business-wise profitability is where the rubber meet the road.

To simply add to this, I really have no idea where this “one hour” per prophy thing came from anyway and I doubt anyone else can say where either. Take for example restorative work. Now when I’m seeing a new patient for a procedure, we all have a pretty good idea how much time to schedule. But that is subject to a lot of variation. I have patients that I know are more difficult to work on and I might schedule twice as much time. I have a few old farts that actually request no anesthetic! These folks we plop down in the chair and go immediately to work. Same in hygiene. It’s an absolute waste to schedule every patient for the exact same time. Luckily all my hygienists have been with me for a while and they know very well how much time to allot for hygiene procedures on patients they’ve seen before. For some folks that’s 30 minutes, some 40, some 50 and some 60. Some patients want lots of chit-chat. Others want to get the cleaning done and move on. And in order to effectively see a large number of patients with PPO plans (and I see a bunch) you have to be keenly aware of time needed and schedule accordingly. You can’t really just try and place them all into the same size schedule hole. Trying to do it otherwise is going to really almost make it impossible to be effective and profitable as Greg said.

I have a PPO practice, and I could probably improve hygiene as well. One thing you have to do is diagnose perio instead of watching it. You can’t have your hygienists drowning in blood and just charging out a prophy. Learn the perio codes and tell your patients about their perio problems. My former owners watched a bunch of perio disease.

It is also good to have a hygienist that is good at promoting bleaching trays. It is one thing that you don’t have to worry about insurance. It is very low overhead and rewarding. I think we keep a special of $250 for upper and lower trays.
I keep most adult cleanings at an hour and children at 30 minutes. In 2010, I am going to start telling hygienists to cater the time to the patient. Especially, when it comes to patients with half of their teeth. I just don’t like checking more than two patients per hour. It also gives time to chat and discuss their problems. I like to come into a room with an educated patient. I just tell them their problems, what will happen if they do nothing, and what we can do about it. Some patients also like having two different people see the exact same things. It makes my suggestions more valid.

We also make sure we are getting pans when the insurance will pay for them. Letting these slip through the cracks is throwing production away. Another thing I don’t have to contend with is outrageous hygiene salaries. This keeps me from having to do 30 minute cleanings. I look at hygiene mainly to cultivate patient relations and to keep my schedule full.

I would like to make hygiene more profitable. I think the best thing for my practice would be to renegotiate some fees. I would love some help from you PPO experts (Greg, Sal, Timmy, Tarun, etc.) to help me with how this works. I bought a practice where the old docs have never asked for higher fees. I would love specifics on how to do this. Thanks in advance.

A lot of good information shared on this thread. You can have a profitable hygiene department. Start with finding out how you are doing. Most practices don’t really have a clue. There are many missed opportunities in hygiene.

If you have a hygienist that is upbeat, willing to try new things, adds value to each visit, promotes you and the practice, is focused and productive, you will be able to accomplish your goals. If you have a hygienist not willing to routinely probe, document, not willing to promote dentistry instead of talking about what color she should paint her bathroom at home, you will have a tough time. I see it all of the time. I also see hygienists that are fantastic for the practice and with the patients. It’s a real eye opener to see these two very different personalities working in ops next to each other.

Some practices might need to consider replacing their current hygienist if she is not willing to change. Remember, you don’t get a second chance for 2009 and you’ll get the same results in 2010 if you don’t make changes. The most valuable asset in every practice is “Time.” Make good use of it, that is.

Start tracking your numbers, track provider’s hourly production so you know which hygienist is producing, if you have multiple hygienists. This is a real eye opener and can motivate the low producers. Give them a target, something to shoot for. Have them report it to you.

Another important thing here is having these hygiene patients show up so that there is no wasted time in the day.