



Creating A Profitable Hygiene Department

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The dental hygiene component of a general practice can and should be a profit center for the practice. Yet in too many practices it is viewed as a break even, or even worse, a loss leader. The following miss-steps contribute to the perception that a hygiene department is unprofitable:

- Lack of hygienists fully utilizing their skills
- No soft tissue management program grounded in the philosophy of the practice
- Low fees
- Patient commitment and compliance issues
- Lack of verbal skills utilized by the dental team
- Little statistical measurement or knowledge of what are the acceptable range norms for the hygiene department

Hygienists can and should provide all procedures that are allowed by the state dental practice act. This diversifies their delivery models which supports the development of an "Ideal Day." The Ideal schedule allows the hygiene team to reach a production goal, provide appropriate care for all patients, and will prevent monotony (and burnout) in their careers. A step "0" is to check your Dental Practice Act and brainstorm with your hygienists on how to fully utilize all of their skills to create the most efficient and profitable continuing care department.

Where to start?

Make sure there is a hygiene philosophy of care that ties into your practice philosophy, vision and



strategies. A soft tissue management program can be a comprehensive approach that partners with your patients to provide the utmost in quality care. If a practice has over 90% of its patients seen for routine prophys with hygienists trying to manage periodontal disease in this manner, but your practice vision states you are committed to state of the art care, then there is a disconnect between what you say you want and what is actually being done.

A complete and effective new patient evaluation will lead to a diagnosis and treatment plan that allows for soft tissue management of periodontal case types. You and your clinical team can brainstorm the treatment protocol for each case type and designate fees for the procedures provided (always with a profit margin included). Additionally procedures performed by hygienists can include: taking blood pressure, doing oral cancer screening, caries risk assessment, applying chemotherapeutic

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agents, taking impressions, giving anesthesia, screening patients for TMD, utilizing lasers, (and the list goes on). With appropriate fees tagged to these procedures, your hygiene schedule will be filled with diverse and profitable procedures. Additional product sales can contribute also.

But how do you keep the “puppies in the basket?”

The commitment of each unique patient for initial care and the on-going compliance to their re-care visits can make or break hygiene departments. Sometimes keeping the hygiene schedule full can feel like trying to keep your puppies all in one basket (or even worse...“herding cats”)! The national average for no shows and cancellations resulting in unfilled appointment time in hygiene is over 20 percent. Simply reducing this is a major step toward a more profitable hygiene department. There is no silver bullet solution to this epidemic; it’s a combination of upgrading systems and the commitment by all team members to focus on new and better verbal skills that are the essential elements to battle this very frustrating statistic. Every department in the practice has responsibilities toward increasing patient compliance.

Examples are: hygienists performing focused, effective debriefs at the end of appointments to build value for the next appointment and scheduling that next appointment in their operatories; assistants reminding patients of their next hygiene visit at the completion of a restorative appointment; dentists assuring they are influencing patients to the importance of following your hygienists recommend re-care intervals; scheduling coordinators assuring that the courtesy call (or email or text) is having the desired outcome of having patients keep their appointments; and there are many more! To take your team’s skills a la, Emeril, “up a notch,” starts with skilled questioning, actively listening

and determining the motivators and concerns of patients. Utilizing these “M & C’s” to formulate statements that the patient hears as a benefit to them go a long way in building awareness and then commitment by patients.

Once they’re in the chair...the gift that keeps on giving!

Of course, the true key to a profitable hygiene department is what goes on during chair time. And the best opportunity comes during the all important periodic examination – the choreographed dance between the dentist and hygienist that result in value and commitment. Over 60 percent of the restorative care in a general practice can be generated from the diagnosis of care needed on patients of record. The hygienist’s skill in recognition of not only periodontal needs but additionally the restorative needs and conveying this information and influencing the patients’ decision is paramount. Working with your hygiene team to determine the information to be gathered, the choreography of the conversation triangle between the patient, doctor and hygienist will pay off major dividends in the increase case acceptance in patients of record.

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