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Exclusively to Clients and Friends
of Advanced Practice Management

BULLETIN

DENTAL DOW 2021 Wrap-Up

In 2021, the mature practices sampled showed increases of 22% in Production and 21% in Collections, compared to 2020. Patient flow was up 21%, new patients were up 31%, and Doctor production per hour increased 5%. Hygiene production per hour was even or down slightly.



Bill Rossi

Compared to 2019

Since 2020 was such an unusual year, it's helpful to compare 2021 statistics to 2019. Our data shows that practices have recovered back to the 2019 level (the "before COVID" times) and then some, with practice production and collections being up about 7%, and patient flow even with 2019. New patients are up about 6%. Crown and bridge is up 9% compared to 2019's averages.

SCRAMBLED SCHEDULES

Anecdotally, practically every practice we've talked with have experienced lots of last-minute "COVID cancellations." On the other hand, many practices are a bit shorthanded in hygiene and overall demand for dental services remains strong. Somewhat mysteriously, it seems like stronger than ever!

When I look through the statistics, they show for the fourth quarter that cancellations were up about 10% in the Doctors' and hygienists' schedules, but still below open time percentages in 2019.

What's Inside:

- The Dental Dow—2021 Wrap-Up
- Scrambled Schedules
- Helping Your Team Win
- Don't Fail Your Next Exam—Debunking D1080

HELPING YOUR TEAM WIN

When you are playing any game, you always want to have your eye on the score. That's how you know if your team is winning or losing.



Robyn Theisen

In a dental office, how do we know if we are winning or losing? It starts with setting goals. That determines the targets for your practice.

A goal you may have is to **increase the number of new patients**, especially **emergency patients**, that return to the practice.

It can be surprising and somewhat disappointing to know that in the typical dental office, less than 50% of all new patients reappoint. Obviously, if more new patients reappoint, your retention is better and the practice growth will be stronger.

A reasonable goal here may be, ***"We'd like to make sure we reappoint (commit) 65% of our new patients after their first visit."***

Other Ways to Score: You can set up goals for targets for things as varied as:

- Comprehensive exam **new patient** per month.
- The percentage of adult patients on **perio maintenance**.

We Believe In You!

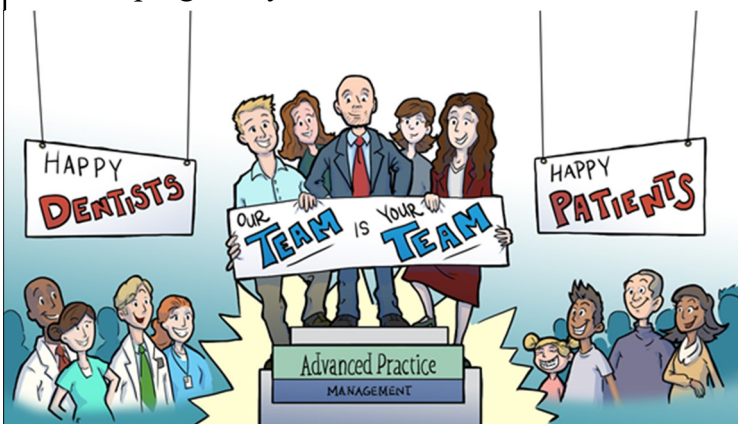
We believe that Independent Private Practice is the best way to deliver dentistry. It is best for the patients, the doctors and the staff. Private practices can be more selective with their continuing education and technology. They can also be more adaptable and efficient. **Most importantly, the people who make decisions about patients' dental care are the ones in direct contact with them.** We also believe that professional management support helps **good practices be better** and thrive in a competitive environment.



- **Fluorides** delivered to adults as a percentage of adult prophies.
- **Hours cancelled/open** percentage of scheduled time.
- **Collections over the counter** (an important measurement of patient flow and conversations at the front desk – plus, of course, very helpful in Receivables control).
- **Doctor Production per Hour:** If you want to grow, but don't plan on working more days, your Production per Hour *has* to go up.
- **Hygiene Production per Visit:** This is mostly affected by the range and depth of services that Hygienists deliver.

We can help you set these targets and help your team know the score. Just ask.

It has been said that, ***“Success in business is the process of setting and reaching goals.”*** We've seen over and over again that goals-setting and scorekeeping really work.



DON'T FAIL YOUR NEXT EXAM—DEBUNKING D1080

This code was created, in part, to give periodontists an exam/evaluation code. General Dentists are held to the same standard of care as Periodontists, and since a complete periodontal exam (CPE) for all adult patients is recommended annually, utilizing code D0180 (Comprehensive Periodontal Evaluation) can and should be utilized in general dental practices. It is a myth that this code can only be used in specialty clinics.



*Brooke Ackerman
MSDH*

According to the code description, this code can be

used for either a new *or* established patient. If a new patient has signs or symptoms of periodontal disease or any risk factor associated with periodontal disease, it may be preferable to use this code rather than D0150 (Comprehensive Oral Evaluation), as D0180 includes all elements of a comprehensive restorative and periodontal exam. However, it would be inappropriate to report both D0150 and D0180 on the same visit.

For established patients, code D0180 may be used in the presence of signs/symptoms of periodontal disease, with a history of periodontal disease or other risk factors such as smoking/diabetes. It would also be acceptable to use for a past-due periodontal patient when more time is required to properly assess and diagnose their case. Offices may alternate between D0120 and D0180 for when a CPE is performed annually. A higher fee is acceptable for D0180 because of the extra time needed to conduct a full-mouth, six-point probing and recording for all teeth plus charting of recession, furcations, mobility, exudate, etc.

To put this into perspective, in our area, Delta Premier pays, on average, \$82 for 0150, \$48 for 0120 and \$82 for 0180. Especially for those offices who are alternating 0120 and 0180 for their periodontally involved and at-risk patients, the difference adds up. Take for example, a practice with roughly 1,500 active patients of which 15% are periodontally involved, could see an increase in profits of over \$6,500 - \$13,000 just by alternating D0120 with D0180 annually.



OUR TEAM IS YOUR TEAM!

Advanced Practice

MANAGEMENT and TRANSITIONS