

ADVANCED

January 2023

Exclusively to Clients and Friends
of Advanced Practice Management

BULLETIN



Bill Rossi

DENTAL DOW

2022 WRAP-UP: “Kind of Normal”

For the mature area practices sampled, Production was up **3%** and Collections were up **2.9%**. Total Patient Flow was about even for the year and New Patients were down about 8%. The Production per Patient Examined was up 2.3%.

About 2/3rds of practices in this sample reported growth and 1/3 reported declines.

A word about our sampling: We only pick mature practices, and we change out the practices we sample, eliminating those that have had major events such as; new facility, dropping Delta, adding or losing an associate, etc. So, this is a measurement of the marketplace meant to give our clients a steady frame of reference.

You may recall that in 2021 Practice Production was up 22% and Collections were up 21% compared to 2020. So, 2022’s statistics looked more **“normal.”** However, many practices are short-handed, which probably pinched potential growth (see Brooke’s article).

THE CALIFORNIA DENTAL ASSOCIATION SUES DELTA DENTAL OF CA:

Delta Dental of California recently announced that they were slashing fee allowances for Specialists by 20% or more starting this year. They also did some fee revisions for GP dentists (Delta of California’s fees are still from about 2010).

The lawsuit claims that Delta’s paid board members are paid exorbitantly. Plus, their top executives all make over \$1,000,000/year. In most **non-profits**, the Directors are not paid and the compensation to Delta’s executives is far beyond what is normally seen. There are dentists on the board, but they are virtually powerless. Most of the board members are not dentists.

They say Delta’s claim that they need to reduce fees to be “competitive” is bogus since Delta is sitting on massive reserves and it’s officers are profiting at the expense of its dentist members.

What’s Inside:

- The Dental Dow—2022 Wrap-Up: “Kind of Normal”
- Your Hygiene Backlog/Assisted Hygiene
- The California Dental Association Sues Delta Dental of CA
- A Great Resource for Your Office Administrators—AADOM

So, they want to stop this year’s fee reduction and presumably change how Delta governs so that dentists are truly represented.

Delta Dental of California is tough. New dentists are restricted to the PPO level, which has a very low reimbursement. They control the majority of the insurance market in California.

We have helped dentists in California and around the country leave participation with Delta Dental, but it involves substantial risks as well as rewards – not something for the faint-hearted. It will be nice if the CDA can “tame” Delta. We’ll see!

THE NATIONAL LAWSUIT:

That is a Class Action suit, and these can take years to resolve. As I understand it, the thrust of that suit is that Delta eliminated fair competition by having all of the Deltas of the various states not compete with each other, thereby, being able to give the Delta entities more power in suppressing fee schedules to dentists and in other matters. The case is progressing along, but it will go until at least late 2024.

My advice to dentists is and continues to be, **“The calvary is not coming! You’ll have to deal with Delta on your own terms.”** Fortunately, we’ve found that dentists have more power than they think when it comes to patient loyalty and their network status.

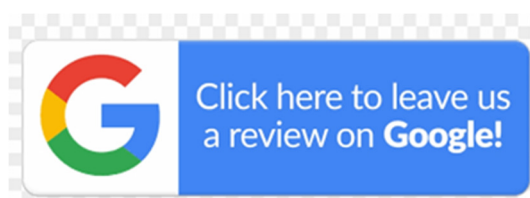


Brooke Ackerman
MSDH

YOUR HYGIENE BACKLOG A Serious and Expensive Problem:

We are seeing this all the time in our office visits; New patients may have to wait *months* to get in for a check-up and it’s very difficult to schedule Perio patients in a timely manner that represents the urgency and necessity of treating their infection. Also, recall is backlogged with little or no pursuit of past due recall patients. All this makes it hard to keep your active patient base *cared for and active!*

Please help
us spread
the word!



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Review is
Appreciated!

Ironically, the hygiene department may be jammed but their limited capacity affects how busy the doctors are – and their schedules may be relatively light.

A Quick Look at the Numbers. Conservatively, the average hygiene visit brings in \$550 worth of treatment to a practice – around \$180 in hygiene and \$370 in doctor treatment to diagnose and deliver. The difference of even five hygiene visits a week can be a 10% difference in a typical solo practitioner's production and even more than that for their bottom line.

“Assisted Hygiene is not Accelerated Hygiene.”

Using Assisted Hygiene just one ½ day per week per hygienist can therefore make a difference in your ability to deliver patient care. **I have been polling hygienists on this and we know that many object offhand to Assisted Hygiene, but it is time to take a second look.** Some key points:

- Appointments Stay the Same – 60 minutes.
- The Assistants and Hygienists Work Together – **Doctors have Assistants, and it doesn't hurt their quality.** The same can go for Hygienists.
- You must be **selective** on which patients can fit into the Assisted Hygiene slots. This means that you do **not** schedule:
 - ◆ Perio
 - ◆ New Patients
 - ◆ High Maintenance Patients
 - ◆ Patients that are long overdue

With the Hygiene/Assistant team there is always something to be done. Use interoffice communication to check in with each other and find a timely way to switch off. Make use of note templates to make documentation efficient and effortless.

Assisted Hygiene can be a very fun and effective way to meet the needs of your patient care.

Please see the example below. Of course, this can be modified to suit your office.

7:00		PRO A, PEXAM, D1206	X
10		H: (507) -	X
20		C: (507) 227-1997	X
30	4BWX, PRO A, PEXAM, D1206		X
40	H: (507) -		X
50	C: (507) 227-1997		X
8:00		4BWX, PRO A, PEXAM, D1206	X
10	H		X
20		H: (507) -	X
30	PRO A, PEXAM, D1206		X
40	H: (507) -		X
50	C: (507) 227-1997		X
9:00		4BWX, PRO A, PEXAM, D1206	X
10	H		X
20		H: (507) -	X
30	4BWX, PRO A, PEXAM, D1206		X
40	H: (507) -		X
50	C: (507) 227-1997		X
10:00		PRO A, PEXAM, D1206	X
10	H		X
20		H: (507) -	X
30	4BWX, PRO A, PEXAM, D1206		X
40	H: (507) -		X
50	C: (507) 227-1997		X
11:00		D1206, PRO C, PEXAM, 2BWX,	X
10	H		X
20		H: (507) -	X
30	LUNCH	C: (507) 227-1997	X
--		LUNCH	

Ask your team to keep in mind the big picture...**that an essential aspect of patient care is being able to see the patient!** By keeping an open mind, giving each other a little grace in learning to adapt and roll, this model of care can really be a nice change up for the better.

The Three “C’s” of Assisted Hygiene:

1. Control the Schedule:

- Patients need to fit specific criteria that the entire team is aware of .
- 60-minute appointment lengths staggered at 30-minute intervals.
- Incorporated elsewhere, blocks for new patients and SRP.

2. Communication:

Assistants want clear, kind and concise direction from the hygienist. Use the Morning Huddle to get the team focused on today’s patients and reflect on what worked well or could have been improved from the previous day.

3. Cohesive:

Assisted Hygiene is fluid. Be flexible. As much as you plan and set guidelines, there may be times when things do not go as planned. Use your full scope of practice within your licensure.

And one more thing - the Doctor must do their part by getting to exams in a timely matter.

A GREAT RESOURCE FOR YOUR OFFICE ADMINISTRATORS:

AADOM (American Association of Dental Office Managers) was started 18 years ago. There are about 10,000 members nationwide. We recommend that your Office Managers/Administrators join.

They will have access to many online resources, plus local chapters’ Continuing Ed on the latest trends (insurance, leadership, technology and HR).

Your Administrators can test drive this. Click on the following link: <http://dentalmanagers.com/aadom-test-drive>. Membership is \$179/year.

Doctors and team members active with Continuing Education do better and enjoy their occupations more.




OUR TEAM IS YOUR TEAM!

Advanced Practice
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