

# TROJANTODAY

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A NEWSLETTER FOR CLIENTS OF TROJAN PROFESSIONAL SERVICES, INC.

## Seven Factors Preventing Your Hygiene Department From Growing

by Ramona Colbert and Tracy Baker

*"If I had eight hours to chop down a tree,  
I would spend six hours sharpening my axe."*

—Abraham Lincoln

Is your hygiene department swinging a dull axe? Sharpening your protocols reduces stress, facilitates quality of care, and increases profitability. Those experiencing frustration in their hygiene departments often share similar challenges.



### COMMONLY HEARD FROM DENTISTS:

We see very little profit  
from our hygiene department.

Our hygienist is not seeing  
enough patients.

VS.

#### TRANSLATION:

I don't know  
if we can afford  
a hygienist.

I'm working hard and  
I haven't had a full hour lunch  
in a month.

The schedule is hit or miss.  
I don't have any patients or  
I'm double booked.

### COMMONLY HEARD FROM HYGIENIST:

#### TRANSLATION:

The hygiene department  
consists of me.  
I need support from  
other team members.

### We have a solution.

Having assisted hundreds of practices in implementing, improving, or modernizing hygiene departments, we have identified **seven factors** that low producing hygiene departments have in common.

### **FACTOR 1: The belief that more hygiene patients = More hygiene department profit**

This belief perpetuates the problem. The number of patients a hygienist provides care for in a day is not as important as the revenue per patient. When a hygiene department becomes a prophy machine, it loses opportunity and provides substandard care.

### **FACTOR 2: Treatment performed does not meet the standard of care**

When you look at your clinical notes, do you see “4-5 mm pockets, moderate bleeding and light to moderate supra and sub calculus” followed by “prophy completed. Next visit—6 month recall?” It’s likely the schedule said “Prophy” and the patient wanted her “teeth cleaned.” Implementing a comprehensive approach to hygiene results in treatments that are indicated for the patient’s level of disease, elevation of the patient perception of the practice, and a profitable business.

### **FACTOR 3: Four Bitewings**

An FMX causes havoc with the hygiene schedule; however, the full mouth series is important. A pano does not provide the same opportunity to diagnose perio, endo, hygiene, and restorative. The rule of thumb in any business is “use each team member to the highest extent of his/her abilities.” We want the DDS doing dentistry, the RDH doing hygiene, the DA’s facilitating these production-generators, and the front office supporting the process.

Hygiene time should be reserved for the perio evaluation (which is facilitated by the FMX), the education/treatment recommendations by the RDH and initiation of treatment. Having patients arrive in the hygiene chair with x-rays already exposed will facilitate this. This also converts our Dental Assistant into a Producer.

### **FACTOR 4: “Spot Probing”**

The single most important tool a hygienist has in influencing patient health and hygiene production is the Comprehensive Periodontal Assessment.

An abundance of evidence supports the oral-systemic link of the eighteen different diseases that are currently associated with periodontal disease. The modern RDH must complete a full body analysis: review medicines, diet, lifestyle habits, family history, oral hygiene habits, fluoride exposure, and causative factors. Excellence in hygiene! THIS is the key to increasing hygiene production.

### **FACTOR 5: Scaling and Root Planing**

Changing our approach to a “medical disease of the mouth” and providing customized and comprehensive hygiene recommendations result in profit and a full schedule of people who refer their friends and family. In the year 2000, the Surgeon General made it clear that sick gums mean a sick body. We do a disservice to patients and the profitability

of the practice when we are calculus removers rather than comprehensive health care providers. When this is omitted, we have low patient retention.

Advanced technologies, such as adjunctive laser therapies, to reduce gram-negative anaerobic bacteria and bio-stimulate the patient’s own immune system offer your patients an additional weapon against disease.

### **FACTOR 6: Full Mouth Debridement**

The full mouth debridement is considered a diagnostic modality. When a patient has so much calculus that you cannot do a proper diagnosis, we remove the calculus that interferes with visibility. Dental practices that are routinely billing for this are exposed to liability, are initiating unnecessary bacteremias, devaluing the benefits of hygiene services, and missing opportunities. Patients who have a mouth that just “feels clean” are less likely to return for their periodontal therapy because the potential ramifications of their periodontal disease has not been clearly communicated.

### **FACTOR 7: Performing as a prophy practice**

The prophy is a preventive procedure defined as “removal of plaque, calculus, and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors.” The D1110 procedure is indicated for the patient that is “generally healthy.”

Depending on the study, 70-95% of the adult population in North America has some degree of periodontal disease. This means 70-95% of adult patients should be receiving more than a prophy. Patients who truly understand what periodontal health is and the detrimental impact of periodontal disease on the entire body become motivated to find out what needs to be done to treat their diseases. We must be careful to diagnose for the patient, not the insurance company.

**Creating, developing, and implementing excellent protocols (axe sharpening) and a team that works together to deliver a patient experience that has “Wow!” factor (efficiently chopping the tree) will raise the patient perception of your practice, deliver higher quality of care, and increase production and profitability.**



**Ramona Colbert** is the founder and CEO of 1 Source Solutions and has more than twenty-five years of dental practice management strategy consulting experience.

**Tracy Baker** is a trusted advisor to 1 Source Solutions and brings more than twenty-five years of experience in clinical dental hygiene.

**FMI:** 310.344.5846 or [www.1sourcedentalsolutions.com](http://www.1sourcedentalsolutions.com)

## Ask the Consultant

**Q:** May we discount services based on a person's financial situation?

**A:** Yes, but it depends on how you apply the discount.

Dentists need to remember that for plans they're contracted with, that plan may require them to bill patients for, and make an effort to collect, deductibles and co-payments. Because of the contracts dentists have with dental plans to be part of their networks, dentists have surrendered their absolute right to charge what they will for various dental procedures. Of course, a dentist is typically limited by the allowable fee in a provider contract regarding what can be charged for a procedure.

Plan contracts also typically stipulate that whatever the plan pays for, certain procedures may be "payment in full" for those procedures, and a dentist cannot bill the patient for the balance. Where plans allow balance billing of patients, typically for more high-cost procedures, dentists are still limited to a balance based upon the plan's recognized allowance, not the dentist's usual, customary, and reasonable fee. Dental plan provider contracts usually require participating dentists to collect all deductibles and/or co-payments from patients.

Let's assume, for example, that a patient is coming in for a procedure for which the dentist has a UCR fee of \$200. The patient's plan may cover 50 percent of the fee, with the ability of the dentist to recover, or balance bill, the patient for the other 50 percent. So, normally, the plan would pay \$100 of that \$200 claim, and the patient would be responsible for paying the remaining \$100 balance. But what if the dentist, in a desire to grant a discount to the patient, cuts the patient's co-payment responsibility in half?

The claim was for a procedure with a fee of \$200. The plan paid \$100, based on the claimed amount; and the dentist only billed the patient \$50 of the remaining balance. Is there anything wrong with this? Most likely. What's wrong with this scenario is that the cost of the procedure really wasn't \$200 but \$150. The plan, should it determine later that the dentist filed a claim for \$200 on a procedure that in actuality carried a charge of \$150, might determine that the dentist fraudulently overcharged the plan claiming a \$200 fee, which was actually only \$150.

If a dental office receives a new patient and wants to extend a discount for the initial exam, X-ray, or whatever, it should include the discounted amount in the claim submitted to the plan. Instead of filing a claim for \$200, if the intent is to offer a discount to the patient, send the full sum of the procedure on the claim to the patient's plan: \$150, of which the plan might pay \$75, and the patient might then pay the balance of \$75. The patient gets a discount of \$25, for which s/he will mostly likely be grateful; and obviously the plan has gotten the benefit of the discount as well. And the dentist has avoided billing a plan an amount more than s/he intends to actually charge for that particular appointment.

So, discounts to patients are allowed, but check your contract (if you're in contract with the patient's dental plan) in terms of whether a patient co-payment is required. And if you are not in the patient's plan network, reflect your intended discount in the actual claim to the plan.

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Response provided by **Kathleen Johnson**, President of Kathleen Johnson Consulting

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## What Clients Say

*"I absolutely love this service. Verifying insurance has never been easier and more precise. Nine times out of ten, Trojan's breakdown of benefits is more detailed and specific than speaking with an insurance company representative, and it is ALWAYS better than information available online. In as little as ten minutes, I'm able to verify accuracy for as many as twenty patients. I ABSOLUTELY love it! The Trojan representatives are equally as great!"*

— Whitney Franklin



## Write for TROJAN TODAY

Share your dental and front office experience with others! Articles should be no more than 750 words. Include a short bio and recent photo.

**SUBMIT TO:** [nikkim@trojanonline.com](mailto:nikkim@trojanonline.com)

Trojan encourages a wide variety of contributors and subjects to its newsletter.





## Updating Trojan Benefits in Easy Dental

*Over the next year, we will review the Trojan Update process for various integrated Practice Managements Systems. Trojan recommends running updates at least once a week for web downloads of any Practice Management System.*

This month we will look at updating Easy Dental over the web. When updating Easy Dental, everyone can still be in Easy Dental but may not click on the Trojan Viewer during the update process. The time it takes to download and process the updates will vary depending on Internet speed, speed of computer, and the length of time since the last update. Trojan recommends weekly updates to keep download times at a minimum.

### Updating your Easy Dental Web Procedure Using the Trojan Communicator

#### Downloading Trojan Benefits for Easy Dental:

- Double-click the Trojan Communicator icon and your download will begin.
- The file transfer status screen will show the progress as each file is downloaded. The time remaining is indicated.
- When the download is complete, you will be prompted with a screen with two options.
- Click "Option 1.) Click here to minimize this program."
- This will minimize the Trojan Communicator program and allow you to update benefits in your Practice Management System.

#### Updating the Benefits in Easy Dental:

- Double click the Trojan Update Utility icon.
- If you do not have this icon on the Windows desktop, then you can click:
  - Start
  - Programs
  - Easy Dental Trojan Viewer #
  - Easy Dental Trojan Update Utility
- If you are unable to run the Trojan Data Update now, please call Software Support at 800.451.9723 Ext.1.  
**DO NOT DOWNLOAD A SECOND TIME!**
- When you have opened the Easy Dental Trojan Update Utility, click on Database Update. You will see a screen alerting you the database will be modified. Simply click on OK to continue.
- Be sure all computers are exited from the Trojan Viewer and remain out for the entire update process.
- You will then be prompted to choose the location of your updates. In the "Install Update from:" box type the path of **C:\tro** then click OK to proceed.

- The Easy Dental Trojan Insurance Update will immediately begin to process your update. You will see a series of events processing, beginning with Deleting Records.

#### **DO NOT STOP THE UPDATE.**

- Do not interrupt the update process once it has started.
- Once the update is complete, you will see Easy Dental "Trojan Insurance Update Done! Click OK." Then click File, and Exit.

#### Completing the Process:

Now that your Practice Management System has been updated, you will need to finalize the Trojan Communicator Process.

- Click on the Trojan Benefit Update Download program that was minimized to the Windows Task Bar (at the bottom of the screen).
- Select "Option 2). Click here only after you have processed the Trojan Update."
- Confirm you have processed the update by clicking Yes.
- The Trojan Communicator program will close and the benefit files that were downloaded will be purged to free up space on your computer. If you were unable to process the downloaded files into Easy Dental, do not download again before calling Trojan. You will have gaps in your data.
- The entire Trojan Communicator and Update process is now complete.

***If you have questions about updates for your office, please call Trojan's Software Support Team at 800-451-9723 Ext. 1. We are here to help you Monday through Friday from 6:00 AM to 4:00 PM PST.***

## GOOD WORK!!!

Patterson Dental and the American Association of Dental Office Management have teamed up to support Oral Health America's (OHA) programmatic work for children. Through "A Future to Smile About," Patterson Dental and AADOM will each donate \$50 to OHA's Smiles Across America® program for every AADOM annual membership purchased by dental practices, using the promo code "OHA16" through January 31, 2017.

**FMI: [afuturetosmileabout.com](http://afuturetosmileabout.com)**

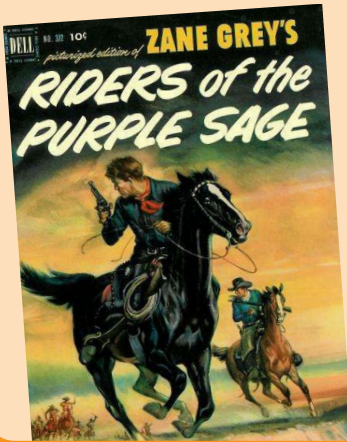


## Fun! Fact

In 1904, Pearl Zane Grey, **a dentist in New York**, published his first book himself when he couldn't find a publisher.

After the book was a hit, he closed his practice to write full time, dropping his first name and becoming **Zane Grey**.

He ultimately wrote more than sixty books and became known as **one of the most prolific authors of Westerns**.



## Quote-Worthy

“ At times our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us. ”

— Albert Schweitzer



## TROJAN Closing

**November 24-25, 2016**

Thanksgiving Holiday

**December 23, 2016 –**

**January 2, 2017**

Christmas/New Year Holidays



## Seminars

**December 2, 2016**

Baltimore, MD

**Front Office Rocks - Laura Hatch**

<https://frontofficerocks.com/event/washington-dcbaltimore-md-area-front-office-training-actual-location-tbd/>

**January 6, 2017**

Portland, OR

**January 13, 2017**

Los Alamitos, CA

**Jumpstart: Hygiene Department Success by the Numbers - Debbie Seidel-Bittke**

[www.Dentalliveevents.com](http://www.Dentalliveevents.com)

Find us on 



*We provide support services to dental practices:  
improving case acceptance, production, and collections.*

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