Scheduling for Dental Success

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Scheduling by design is a strategic approach to increasing access, improving patient satisfaction and attaining financial viability. The majority of safety net dental practices face the challenge of trying to meet an overwhelming demand for care from disadvantaged patients. In some cases, they may be the only access point in their service area that provides affordable oral health care to underserved populations. When a patient comes into our practice, we need to place a high priority on eliminating that patient's disease, providing preventive services to head off future problems and educating and empowering that patient to better manage their disease. To accomplish this critically important work, patients in active treatment need ready access to appointments. When patients are required to wait weeks, and perhaps months, for follow-up appointments, the chances of losing them before treatment is completed are greatly enhanced. And finally, to ensure we generate enough revenue from patient care to meet the costs of running the dental program, we need to use the schedule to get enough of the right patients in our operatories. Below are the steps you need to take to create a scheduling template that will set your dental program up for success.

Step 1: Determine what the revenue goal is for the dental program

To determine the daily revenue goal, divide total direct and indirect expenses by the number of clinic days per year (the number of days per week the clinic is open x 46 weeks)—that is the daily net revenue goal that must be achieved to break even.

For example:
Total expenses = $800,000
Clinic operates 5 days per week x 46 weeks = 230 clinic days
$800,000 ÷ 230 = daily net revenue goal of $3,478

Step 2: Develop productivity goal based on capacity

Each program has a definitive capacity based on the number of chairs, providers and hours of operations. It is important to understand the number of patients the dental program can serve and how that equates to visits and what happens during the visit. For example, the standard national benchmark for an FTE General Dentist working out of 2 operatories with at least 1.5 FTE Dental Assistants can see 1.7 visits per clinical hour. An FTE Hygienist can see about 1.2 visits per clinical hour.

For Example:

1 Dentist working 8 hours per day x 1.7 visits per clinical hour = 14 visits per day
2 Hygienists working 8 hours per day x 1.2 visits per clinical hour = 19 visits per day
Total daily visits = 33 visits per day

Step 3: Determine the daily demand for emergent care:

The practice should do a retrospective study of sample days spread throughout a year's time to determine the average number of emergency patients the practice can expect to see each day and develop a strategy for accommodating that number. There are many different strategies for managing emergencies and no right or wrong way. The key is documenting the level of demand and creating a strategy to meet that demand.

Step 4: Determine Average Revenue per Visit and per Payer Type:

In creating the schedule template, it is critically important to understand the potential each visit type and payer type brings to the attainment of financial goals. Looking back at sample days from different days of the week, weeks of the month and months of the year, develop an average revenue per visit estimate for the following visit type for each payer type (e.g., Medicaid, commercial and self-pay/sliding fee scale):

For example:

- **Emergency visits: $25 for self-pay/SFS, $53 for Medicaid and $65 for commercial = average of $48**
- **New Patient Hygiene Adult: $50 for self-pay, $140 for Medicaid, $160 for Commercial = average of $117**
- **New Patient Hygiene Child: $50 for self-pay, $170 for Medicaid, $180 for Commercial = average of $133**
- **Recall Hygiene Adult = $50 for self-pay, $100 for Medicaid, $125 for Commercial = average of $92**
- **Recall Hygiene Child = $50 for self-pay, $125 for Medicaid, $130 for Commercial = average of $102**
- **Restorative visit: $50 for self-pay, $180 for Medicaid, $200 for Commercial = average of $143**
- **Extraction visit: $50 for self-pay, $140 for Medicaid, $175 for Commercial = average of $122**

Step 5: Construct the template

Time	Operatory 1—Dentist	Operatory 2—Dentist	Operatory 3—RDH1	Operatory 4—RDH2
8:00	Emergency ($48)		Adult new ($117)	Child sealants ($140)
8:30		Restorative ($143)		Recall child ($102)
9:00	Extraction ($122)		Scale/root plane ($125)	Child new ($133)
9:30		Restorative ($143)		Recall child ($102)
10:00	Extraction ($122)		Child new ($133)	Scale/root plane ($125)
10:30		Restorative ($143)		
11:00	Extraction ($122)		Child sealants ($140)	Adult new ($117)
1:00	Emergency ($48)		Adult new ($117)	Child sealants ($140)
1:30		Restorative ($143)		Recall child ($102)
2:00	Extraction ($122)		Scale/root plane ($125)	Child new ($133)
2:30		Restorative ($143)		
3:00	Extraction ($122)		Child new ($133)	Scale/root plane ($125)
3:30		Emergency ($48)		Recall child ($102)
4:00	Restorative ($143)		Child sealants ($140)	Adult new ($117

In the sample above, providers can be expected to net the following revenue for the day:

Dentist = $1,612
RDH1 = $1,030
RDH 2 = $1,438

Total projected net revenue is $4,080. In this example, it costs the practice $3,478 per day to operate (total direct and indirect expenses of $800,000 ÷ 230 clinic days).

Tips to making the scheduling template work:

- Develop clinical protocols for each visit type so that the standard of care is consistent and predictable
- Make sure staff understands how to schedule dental appointments
- Create treatment plans for each patient so front desk schedules the appropriate appointment length
- Dental fees should be set at the usual and customary rate
- Front desk should collect payment at the time of visit
- Patients need to be educated about what their financial responsibility is, where they fall in the sliding fee scale and how much insurance covers, as well as what procedures are covered under their insurance and how much their cost will be out of pocket.