

SAFETY NET SOLUTIONS BENCHMARK GUIDE

How to use this guide:

A benchmark is a point of reference from which measurements can be made. Benchmarks are for comparison only and are not precisely relative to each individual dental program. They demonstrate a national average that can be used for comparison, but can vary markedly based upon unique variables within programs.

The Safety Net Solutions Benchmark Guide is a tool designed to assist in the creation of productivity goals for a safety net dental program. The benchmarks in this guide are widely accepted among experts in the field of community health dentistry. In addition, the Health Resources and Services Administration (HRSA) collects data from federally qualified health centers (FQHCs) each year. The data is collected in a system referred to as the Uniform Data System (UDS) and can also be referenced for comparing productivity with other programs serving the underinsured and uninsured (<https://bphc.hrsa.gov/datareporting/index.html>).

Dentist Productivity and Efficiency Considerations:

- These benchmarks are for typical safety net programs with an average mix of children and adults.
- When dentists are treating patients out of two or more operatories, productivity is increased when dental assistants are allowed to assist to the top of their license.
- FTE: This represents the hours worked by one employee on a full-time basis.
- (FTE) Employee: A combination of employees, each of whom individually is not a full-time employee because they are not employed on average at least 40 hours per week, but who, in combination, are counted as the equivalent of a full-time employee.
 - For example, two employees, each of whom work 20 hours per week, are the equivalent of one FTE. Don't know how many FTEs you have? Visit the Healthcare.Gov website: <https://www.healthcare.gov/shop-calculators-fte/>.

Best Practice Tips and Recommendations for Maximum Efficiency:

- 2 chairs per 1 FTE dentist is a recommended minimum (3 operatories for maximum efficiency).
- The 3rd chair is often used for emergencies, post-op checks, denture adjustments, treatment plan presentations and consults.
- 1.5 dental assistants per 2 operatories is recommended and seen most often. However, when utilized correctly, 1 DA per operatory provides maximum efficiency. In busy practices it helps to have additional assistants for sterilization, emergency triage, x-rays, and chair turnover.
- Expanded function dental assistants (EFDAs) can greatly improve productivity, but they must be used to the top of their licenses to increase efficiency. For more information about EFDAs and what allowable duties they can perform in your state, visit the Dental Assistant National Board's website at <http://www.danb.org/en.aspx>.

PRODUCTIVITY BENCHMARKS

Dentists

- 2,500-3,200 encounters/year/FTE dentist
- 1.7 patients/hour or 13.6 patients per 8-hour day
- 2 chairs/dentist (3:1 is ideal)
- 1.5 assistants/dentist (1 DA per chair is ideal)
- Gross charges = >\$400k-\$500k/FTE dentist/year

Hygienists

- 1,300-1,600 encounters/year/FTE hygienist
- 8-10 patients per 8-hour day

Program Benchmarks

- 230 work days/year (after holidays and vacations)
- 2,700 encounters/year with 1,100 patient base

Procedures/Visit

- 2.5 CDT coded services/visit
- Recare visit standard guideline: the period exam, cleaning, fluoride, and any needed radiographs would all be performed at the same visit
- All sealants needed at one sealant visit

Using Benchmarks to Determine Visit Goals: Dentists and Hygienists

Visits/Hour Capacity Goals for General and Pediatric Dentists Benchmarks

Variables	Number of Operatories	1 Operatory (Not Recommended)			2 Operatories				3 Operatories		
	Number of Dental Assistants	1 DA	1.5 DA	2 DA	1 DA	1.5 DA	2 DA	2.5 DA	2 DA	2.5 DA	3 DA
Provider Type	General Dentist	1.2	1.4	1.5	1.4	1.7	1.9	2	2	2.2	2.4
	Pediatric Dentist	NA	NA	NA	1.7	1.9	2.1	2.3	2.3	2.6	3

The 1 operatory model is not recommended. This is the least efficient model and is almost always unsustainable. However, since some established clinics already have this model, we have provided benchmarks for capacity determinations.

Instructions for using the chart to determine the appropriate visit per hour benchmark:

1. Identify the number of operatories each dental provider works out of.
2. Find the number of FTE dental assistants (DAs) staffed in your clinic per provider.
3. Choose the provider type you are setting productivity goals for (either Dentist or Pediatric Dentist).
4. Follow the row of the chosen provider type and match it up with the identified number of operatories and DAs. This is your visit per hour benchmark.

Example: General dentist works out of 2 operatories with 1.5 FTE DAs. The visit per hour benchmark for a general dentist is 1.7.

Table One: Visits/Hour Capacity Goals for General and Pediatric Dentists

Variables	Number of Operatories	1 Operatory (Not Recommended)			2 Operatories				3 Operatories		
	Number of Dental Assistants	1 DA	1.5 DA	2 DA	1 DA	1.5 DA	2 DA	2.5 DA	2 DA	2.5 DA	3 DA
Provider Type	General Dentist	1.2	1.4	1.5	1.4	1.7	1.9	2	2	2.2	2.4
	Pediatric Dentist	NA	NA	NA	1.7	1.9	2.1	2.3	2.3	2.6	3

Table Two: Visits/8 hour day Goals for General and Pediatric Dentists

Variables	Number of Operatories	1 Operatory (Not Recommended)			2 Operatories				3 Operatories		
	Number of Dental Assistants	1 DA	1.5 DA	2 DA	1 DA	1.5 DA	2 DA	2.5 DA	2 DA	2.5 DA	3 DA
Provider Type	General Dentist	10	11	12	11	14	15	16	16	18	19
	Pediatric Dentist	NA	NA	NA	14	15	17	18	18	21	24

The 1 operatory model is not recommended. This is the least efficient model and is almost always unsustainable. However, since some established clinics already have this model, we have provided benchmarks for capacity determinations.

Instructions for using the chart to determine the appropriate visits per day benchmark:

1. Identify the number of operatories each dental provider works out of.
2. Find the number of FTE dental assistants (DAs) staffed in your clinic per provider.
3. Choose the provider type you are setting productivity goals for (either Dentist or Pediatric Dentist).
4. Follow the row of the chosen provider type and match it up with the identified number of operatories and DAs. This is your visit per 8 hour day benchmark. *Example:* General dentist works out of 3 operatories with 2.0 FTE DAs. The visit per day benchmark for a general dentist is 16.

Table Two: Visits/8 hour day Goals for General and Pediatric Dentists

Variables	Number of Operatories	1 Operatory (Not Recommended)			2 Operatories				3 Operatories		
	Number of Dental Assistants	1 DA	1.5 DA	2 DA	1 DA	1.5 DA	2 DA	2.5 DA	2 DA	2.5 DA	3 DA
Provider Type	General Dentist	10	11	12	11	14	15	16	16	18	19
	Pediatric Dentist	NA	NA	NA	14	15	17	18	18	21	24

Hygiene Productivity Goals:

The productivity benchmark for hygienists is **1-1.2 visits per hour** and is not included in the table because the variables do not apply. In most safety net dental clinics, a hygienist works out of one operatory without a dental assistant.

One consideration is patient population; practices with a mix of adults and children should use 1.2 as the visit/hour benchmark and clinics mostly serving adults should use 1 visit/hour as the benchmark for hygienists.

Using Benchmarks to Determine Visit Goals: Dental Residents and Dental Student Externs

Dental Resident Productivity and Efficiency Considerations:

- These benchmarks are for typical safety net dental programs providing care to an average mix of children and adults.
- Each dental resident's efficiency will improve over the course of their residency. Improvements are expected with every three months of experience. At the completion of the first year, their productivity should be close to that of a staff dentist.
- Dental residents do not typically utilize EFDAs.
- Be sure to check your state's practice act for dental residents.

Dental Student Extern Productivity and Efficiency Considerations:

- These benchmarks are for typical safety net dental programs providing care to an average mix of children and adults.
- Fourth year dental student externs typically provide care to no more than approximately one **patient every 75 minutes - 2 hours**. This means in an eight-hour day they would see a maximum of 4-6 patients.
- Dental student externs either work alone or with one dental assistant.
- Staff dentists providing supervision of dental students may be required to become adjunct faculty at the students' dental school.
- Programs that utilize dental students may experience slightly reduced productivity and efficiency for the staff dentists tasked with providing supervision.
- Dental student externs have extremely limited productivity which inhibits access to care; therefore, safety net dental programs considering becoming a teaching health center for dental student externs should have a minimum of 7 operatories. (Some experts consider 10 to be the minimum.)
- A good reason to consider utilizing dental students is to introduce future dentists to the dental safety net and your program.
- SNS recommends a minimum of 6 week student rotations.
- Be sure to understand your state's practice act for dental student externs.

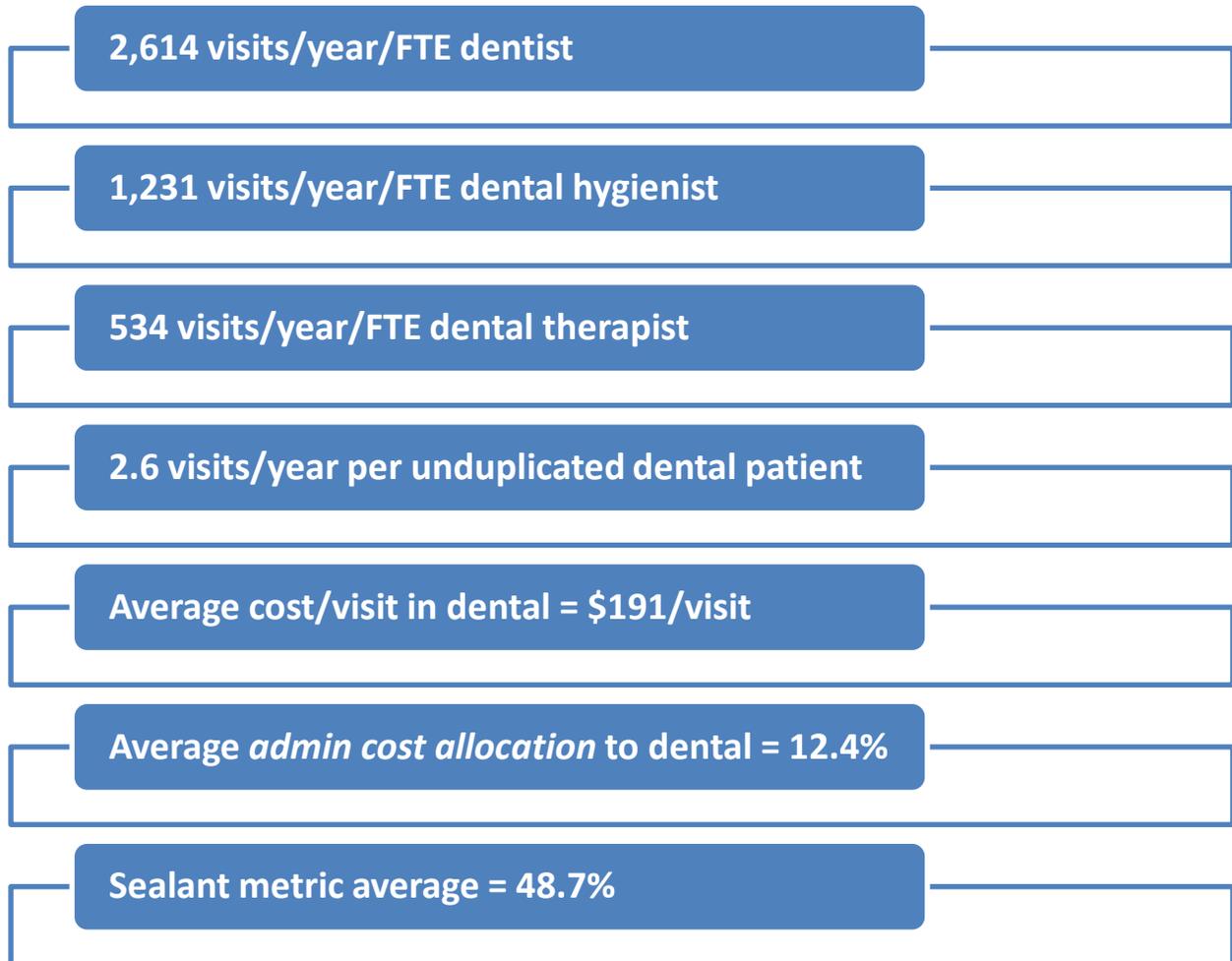
Table Three: Visit/Hour Capacity Goals for Dental Residents

Variables	Number of Operatories	1 Operatory		2 Operatories		
	Number of Dental Assistants	1 DA	1.5 DA	1 DA	1.5 DA	2 DA
Provider Type	GPR Resident, Q1	1	NA	NA	NA	NA
	GPR Resident, Q2	1	1.1	1.1	1.2	NA
	GPR Resident, Q3	1	1.3	1.2	1.4	NA
	GPR Resident, Q4	1.1	1.4	1.3	1.5	1.6

Table Four: Number of Visits/8-Hour Day Goals for Dental Residents

Variables	Number of Operatories	1 Operatory		2 Operatories		
	Number of Dental Assistants	1 DA	1.5 DA	1 DA	1.5 DA	2 DA
Provider Type	GPR Resident, Q1	8	NA	NA	NA	NA
	GPR Resident, Q2	8	9	9	10	NA
	GPR Resident, Q3	8	10	10	11	NA
	GPR Resident, Q4	9	11	10	12	13

2016 UDS* NATIONAL DATA AVERAGES



***Uniform Data System (UDS)** - A federal system used to track a core set of information appropriate for reviewing the operation and performance of Health Centers, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs and revenues. UDS data is collected annually and required by HRSA for all Federally Qualified Health Centers.

Source: <https://bphc.hrsa.gov/datareporting/index.html>