

# Focus on Excellence Instead of Numbers

PERIODONTAL THERAPY

By Casey Hein, RDH, MBA

Whether providing products or services, owners of the most successful businesses readily admit that it is the pursuit of excellence that nets the highest profit. And dentistry is no exception. Unfortunately, that concept has not translated well to the treatment of periodontal disease within many general practice settings.

Practice management seminars over the past 25 years have spun nonsurgical periodontal therapy as a profit center for dental hygiene departments. Sadly, many of these soft tissue management programs have focused on revenue enhancement with little regard for establishing methodology and treatment protocols that are supported by scientific research.

The irony is that a preoccupation with periodontal therapy's revenue potential is often what derails endeavors to provide comprehensive periodontal care. In contrast, the practices that are breaking records for production capability have clinicians who are trained to assess risk, diagnose periodontal disease, develop evidence-based treatment recommendations, and evaluate clinical outcomes.

## PERIODONTAL EXCELLENCE

The lag in the transfer of research and technology to practicing dental professionals is widely recognized as a significant hurdle to providing optimal periodontal care. Ongoing discoveries related to the possible systemic sequela of chronic, gram-negative infections inherent to periodontal disease is changing how consumer-patients prioritize periodontal health care. All this comes at a time when hygienists are being encouraged by public health mandates and the American Academy of Periodontology to step up to the plate. In addition, there is a growing number of hygienists and dentists reporting frustrations with practice manage-

ment consultants who insist that production can be enhanced by increasing the number of periodontal procedures without teaching the clinical skills and scientific knowledge necessary to perform at this level.



Casey Hein is an independent periodontal therapist contractor in the Washington, DC/Baltimore, Md, area and founder of PointPerio, LLC, a consulting firm committed to coaching general dentists and hygienists in progressive periodontal therapeutics within a collaborative framework. She is a member of the American Dental Hygienists' Association. She lectures nationally on the role of the periodontal therapist in general practice, is the author of the monthly "Perio Pathways" column in *Contemporary Oral Hygiene*, and publishes her case studies. She welcomes visitors at her Web site, [www.pointperio.com](http://www.pointperio.com).

I urge dentists to forget the numbers and concentrate on excellence. The practice philosophy that supports this tenet is simple: Bring together the right people for your practice, require excellence from your clinicians and staff, and provide them with the tools and training they need to perform at that level. Paul Schwartzman, DMD, of Rockville, Md, and his staff embody that commitment to excellence and advanced education and training in periodontal therapeutics.

Even before Dr. Schwartzman asked me to provide on-site clinical education and over-the-shoulder technical training for his clinicians, his practice revenue ranked near the top 5% in the country for a sole proprietor. With two topflight hygienists, the periodontal care he provided to his patients was excellent. So, how do you make this kind of successful general practice even better? Although Dr. Schwartzman was initially skeptical that his periodontal program could be improved, he realized that there was far more he and his staff could learn to provide optimal periodontal treatment.

Three months after his hygienists and business staff went through training in periodontal therapeutics, Dr. Schwartzman's practice profitability was well beyond his accountant's wildest expectations. The practice is on track to experience more than a 30% increase in total revenue, with the lion's share coming from the remarkable increase in hygiene revenue (close to 60%) by year end. While most practice management consultants consider 35% of total revenue a reasonable production goal for a dental hygiene department, Dr. Schwartzman's



practice will likely have dental hygiene revenue that exceeds 60% of the practice's total revenue.

## AWARD-WINNING DENTIST

Selected by his peers as one of the top dentists in the Washington, DC, area in *Washingtonian* magazine last year and one of the "best dentists in America," Dr. Schwartzman personifies integrity. As a result, patients accept his treatment recommendations. Regarding the comprehensive education and training his hygienists have received in nonsurgical periodontal therapeutics, Schwartzman says, "We no longer recommend treatment based on outdated information, traditional paradigms, or anecdotal evidence—only treatment options based on scientific substantiation. New patients say, 'You sure are a lot more up to date than my previous dentist.'"

As a result of Dr. Schwartzman's commitment to excellence and his pursuit of the science that drives it, the profitability of his practice far surpasses what most practice management consultants would have projected. And he will be the first to tell you that it was about pursuing excellence, and not about developing profit centers. As one of Dr. Schwartzman's hygienists points out, "We are now on the leading edge of periodontal therapy and setting a new standard of care." Dr. Schwartzman welcomes inquiries related to the success of his comprehensive periodontal program. He can be reached at 240-499-0179. ●

# Offer Patient Financing Plans with Tact

PATIENT FINANCING

By Susan Richardson

Have you priced a new automobile lately—for instance, a decent Acura? Try \$33,000 and at least another \$4000 for taxes, title, etc. If you're like most of us, the sticker shock didn't wear off for days, or perhaps never. You may have bought one and experienced a sort of reverse sticker shock when you learned how much the car depreciated when you drove it off the lot.

We acknowledge that it's apples and oranges when comparing buying a car to professional services that preserve a person's dental health and self-concept, but it might help to empathize with the patient who's told that replacing the broken bridge that cost less than \$1000 twenty years ago now runs to at least \$4000 to \$5000. They sure can't look for

a good used model or continue driving the old bridge. If the patient has great dental insurance, they can relax, but realistically, that's unlikely. If they can pay upfront, more power to them. Give this patient a bookkeeping courtesy and take them to lunch. Then there's the consumer who makes the buying decision based on their monthly payment.

Your practice has its own ongoing financial obligations, and if you're like most dentists, you didn't go to school to become a banker. That's where a really top-notch patient financing company comes in—one that will take full responsibility for the risk of getting paid back and pay you the day the treatment begins.

When and how should you bring up

patient financing? It can and should be handled with the same professionalism with which you approach your practice as a clinician.

Most of all, the experts say, any discussion of patient financing, whether by you or a staff member, should be handled in a relaxed, matter-of-fact manner. For example, you could say, "Many of our patients use our financing plans, which even include no-interest plans for up to 18 months."

The first concept to master in offering patient financing is screening. Give up any preconceptions about screening being unprofessional. By screening or prescreening patients for financing, you're doing the patient and your prac-

tice a big favor. Finding out whether dollars are an issue will help you tailor an appropriate treatment plan. It's a fact of life that most dentists don't have patients without budget restrictions.

When to screen is a judgment call based on the patient's preferences and the screener's human relations skills. The personality and judgment of the screener is key; be analytical. Presenting the financing option is primarily an exercise in tact and poise, and can be done at different times, including the following:

- **Initial inbound call.** Most likely, a member of your staff will answer the prospective patient's call. The key here is evaluating the patient's reaction. Generally, the screener must decide on the