

Increasing Dental Hygiene Productivity



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CE Credits: 1 hour

Intended Audience: Dentists, Dental Hygienists, Dental Assistants, Dental Students, Dental Hygiene Students, Dental Assisting Students, Office Managers

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- Participants must always be aware of the hazards of using limited knowledge in integrating new techniques or procedures into their practice. Only sound evidence-based dentistry should be used in patient therapy.

Conflict of Interest Disclosure Statement

- Dr. Levin reports no conflicts of interest associated with this course. He has no relevant financial relationships to disclose.

Short Description

Learn about Increasing Dental Hygiene Productivity. This free continuing education course provides strategies that can be easily implemented into the office to increase hygiene production..

Overview

Dental hygiene is the second largest and only other production center beyond the doctor in dental practices. Yet, the dental hygiene department has been marginalized to a large degree in regard to reaching potential for practice production.

Given the impact dental hygiene can have on practice production, this course will identify those strategies that can be easily implemented into the office to increase hygiene production. Some strategies can be implemented almost immediately, and others require coordination with the doctor and/or the administrative team.

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Learning Objectives

Upon completion of this course, the dental professional should be able to:

- Understand how the traditional role of a dental hygienist can be transformed to increase overall practice efficiency, and production.
- Learn the specific strategies that hygienists can add to their allotted appointment time (without rushing) to increase the number of hygiene services provided.
- Recognize the barriers that keep hygienists from being more productive and efficient and create specific steps to make improvements.

Introduction

Dental hygiene is a standard component of dental practices. From a clinical standpoint, hygienists provide the preventive aspect of dentistry and have helped millions of Americans to achieve optimal oral health and maintain their teeth for a lifetime. To a large degree, dental hygiene is to be credited for fewer people having extractions or debilitating intraoral issues that can negatively

affect their lives. From a business standpoint, dental hygienists stand with dentists as being one of the two production centers in most dental practices.

Hygiene and Practice Production

Dental hygiene, as already mentioned, is the second largest and only other production center in dental practices. Yet, the dental hygiene department has been marginalized to a large degree in regard to reaching potential for practice production. So why hasn't dental hygiene been a major focus in dental practices to increase practice production while expanding beneficial services to patients? Here are a few of the commonly held beliefs that have actually proven to be counterproductive to advancing the business benefits of dental hygiene:

1. **For many years, dental hygienists were seen as the people who "clean teeth."**
In fact, the dental hygiene appointment is typically referred to as a cleaning. This word alone tends to diminish the value of a dental hygiene appointment when, in fact, these appointments mainly serve as an opportunity to prevent or treat disease and diagnose any potential oral problems.
2. **In the 1980s, dental hygienists were included in a business model that assumed all team members on an "ideal" dental team contributed equally to practice productivity.** As producers, hygienists were overlooked for almost 40 years as the concept of team and equality amongst all job positions was promoted. The reality is that dental hygienists are different from all other team members. As the second largest producers in a dental practice, dental hygienists play a major role in practice production, which is the key to long-term practice success and stability. While it's beneficial and desirable for hygienists to think of themselves as team members, they must first focus on providing hygiene services only and prioritize their efforts on practice production-related treatment.
3. **Hygienists see eight patients with one-hour appointments and all patients show up.** This has been the traditional thought

process surrounding dental hygiene and very little consideration has been given by most practices to making hygiene more productive. It is not that the practice leadership (typically the doctor) does not believe that hygienists cannot be more productive, it's just not considered. However, you should consider this: even if there is only one hygienist in the practice, each hygienist can be at least 20% more productive without adding any time to the hygienists' schedule, asking a hygienist to work faster, or suffer higher stress.

4. **Hygienists often resist changes or additions in the hygiene appointment.**

This is natural in that they already feel that they barely have enough time to properly complete the hygiene visit and can be adversely affected by no-shows or doctors and/or patients running late and thereby delaying the hygienist for the next patient. These are practice management challenges that have solutions, and when those solutions are put in place, practice production will grow.

There are other reasons why dental hygiene has evolved the way it has in most practices. The primary challenge, simply summarized, is that businesses develop habits, and dental practices are no different. When was the last time your practice had a strategic session, staff meeting, discussion, or meeting with hygienists on how to increase hygiene productivity? The answer is probably never or minimally a long time ago. Given the impact dental hygiene can have on practice production, typically contributing about 25% of total production, it makes sense, as you complete this course, to identify those strategies that you can easily implement into the office to increase hygiene production. Some strategies can be implemented almost immediately, and others do require some coordination with the doctor and/or the administrative team.

The Role of the Dental Hygienist

As mentioned above, the role of the dental hygienist was typically seen as treating up to eight patients per day on average in one-hour appointments. No-shows, which have a negative effect on practice production and productivity,

are highest with dental hygiene patients. Patients frequently view dental hygiene appointments as "less important", to be skipped when necessary and simply rescheduled. All too often, practices make it easy for patients to just reschedule, which merely serves to reinforce their belief that skipping a dental hygiene appointment is acceptable and without negative consequences for both the patient and the practice.

One approach to increasing dental hygiene production and productivity is to re-examine the role of the dental hygienist. Dental hygienists have many other areas where they can contribute to improving patient clinical care and optimizing practice production and productivity. The following suggestions can be incorporated into any dental hygiene program and in any dental practice to create a win-win situation for patients and the practice.

1. **Address overdue services, such as x-rays and fluoride.** Overdue x-rays and fluoride can cost practices tens of thousands of dollars per year in lost production. Encourage hygienists to check each patient's file to see who is due or overdue for x-rays and fluoride and then focus on ensuring that those patients are caught up.
2. **Dental sealants are an excellent way to help prevent decay in both children and seniors.** Pediatric dental practices tend to place many more sealants than general practices, most likely due to a matter of loss of focus. Each child should be evaluated for sealants and practices should be comfortable making these recommendations to parents. In most cases, parents are very positive about preventive dentistry. In certain circumstances, sealants for the elderly are also appropriate and can contribute to prevention and increase practice production.
3. **Follow up on incomplete or unaccepted treatment.** The dental hygienist should review every patient's record for incomplete or unaccepted treatment. Once this is identified, hygienists should use basic scripting to remind patients that they have not completed treatment or acted on the

recommended treatment plan, and this should be done at every visit. Hygienists will be amazed to find patients who will then decide to act on recommended treatment that they previously had either postponed or ignored for six months, two years, five years, or even more. The reasons are multifold that patients do not follow through with treatment; however, if the hygienist does not discuss this with the patients, then it is most likely to be forgotten, and treatment will never be provided.

4. **Recommend elective services.** The dental hygienist typically has an hour with a patient where the dentist typically spends approximately five minutes. When the dental hygienist uses part of the chair time to educate patients about elective services, such as cosmetics or implant dentistry, they can create awareness and motivation for patients to investigate further treatment. This can add 5 –10% to annual practice production.
5. **Identify potential treatment.** In this case, we are not referring to elective treatment. We are referencing treatment that needs to be performed to maintain optimal oral health. Failing restorations, crown margins that are now more open, and newly observed decay are all examples of opportunities for the hygienist to point out to patients that there is a need for dentistry, referring these findings to the doctor so that the doctor can confirm this during the doctor hygiene examination.

Hygienist Dentist Communication

It is important to note that communication between the dentist and hygienist needs to be at an optimal level. All too often, hygienists take specific actions only to have dentists either not understand or pursue what the hygienist has put in place. A typical example is a dental hygienist who identifies potential treatment only to find that the dentist either misses the same treatment opportunity (because they didn't communicate beforehand) or that the dentist overrules the hygienist's indication of additional treatment. Here is how to deal with both scenarios:

1. **Dentists and hygienist do not meet prior to the dentist's exam.** This is a formula for continually missing opportunities, as the dentist must then find those same indications in a limited amount of time and educate the patient about why potential treatment is needed. I estimate that tens of thousands of dollars are easily lost each year by practices that do not act on necessary dentistry. The dentist and hygienist should meet for a minute or two prior to the dentist's hygiene exam to review the hygienist's findings.
2. **Dentists overrule the hygienist.** Dentists will sometimes determine that treatment identified by a hygienist is unnecessary, or they tell the patient about the diagnosis and recommend "watching it for the future." The clinical reality is that if there is a legitimate indication that treatment(s) need to be performed, the situation will almost never improve on its own and will have to be performed later with greater breakdown, complexity, or expense. It is in everyone's best interest, especially the patient, to hear about necessary treatment at the first signs of diagnosis.

Overcoming these two common barriers will enhance patient clinical care and improve practice production. In many practices, when communication between dentist and hygienist is improved, practice production increases immediately. Dentists and hygienists should work together to determine the best way to communicate prior to the dentist hygiene exam to achieve best practice results.

The Dental Hygiene Assistant

Providing an assistant for a dental hygienist can increase dental hygiene productivity by over 30% immediately. This is a mathematical analysis, where the hygienist focuses only on specific hygiene treatments, such as scaling and root planing, and the dental hygiene assistant manages all other aspects of the hygiene visit. In order for this to work properly, a hygienist will utilize two rooms moving comfortably back-and-forth while the dental hygiene assistant handles his or her part of the appointment and process. Although with the current hygiene

shortage, few practices utilize dental hygiene assistants, and it will take time to catch up. This can be an excellent solution to increasing the number of patients that can be seen in dental hygiene in a practice.

Hygienists are often concerned that moving between rooms with a dental hygiene assistant will cause rushing and more fatigue later in the day. However, based on observation and interviews with dental practice teams, the opposite is true. Having a dental hygiene assistant handle all the administrative and lower-level tasks, such as taking radiographs or fluoride treatments, allows a dental hygienist to focus specifically on his or her part of the patient appointment in a relaxed and

comfortable manner. Practices also tend to run more on time as dentists become aware that the increased volume handled by each dental hygienist will be thrown off more if the dentist is running late to perform their part of the hygiene exam.

Summary

Dental hygiene is the second largest production center in a dental practice and there are many recommendations in this course for this area of practice production that can be implemented immediately. Applying the recommendations in this course can help practices to offer the highest level of patient care while improving their performance, productivity, and production.

Course Test Preview

To receive Continuing Education credit for this course, you must complete the online test. Please go to: www.dentalcare.com/en-us/ce-courses/ce705/start-test

1. A dental practice has how many production centers?

- A. One
- B. Two
- C. Three
- D. Four

2. The dental hygiene department can produce approximately what percentage of practice production?

- A. 10%
- B. 25%
- C. 45%
- D. 100%

3. The responsibilities of the dental hygienist should include:

- A. Hygiene services and front desk administrative tasks.
- B. Hygiene services and dental assisting.
- C. Hygiene services only.
- D. Answering practice phones.

4. How do no-shows impact hygiene production in a dental practice?

- A. No-shows provide hygienists with extra time to sharpen their instruments, thereby increasing overall practice production.
- B. No-shows are a common occurrence and should be anticipated regularly.
- C. No-shows significantly decrease practice production and disrupt the hygiene schedule.
- D. No-shows can still be profitable if the patient eventually comes in for their appointment.

5. One approach to increasing dental hygiene production and productivity is:

- A. Making sure dental hygienists read their journals regularly.
- B. Having the dental hygienist handle all administrative hygiene tasks.
- C. Having regular staff meetings.
- D. Re-examining the role of the dental hygienist from the standpoint of increasing practice production.

6. Which of the following will increase hygiene production rapidly?

- A. Keep patients' x-ray and fluoride treatments up to date.
- B. Have the hygienist build great relationships with every patient.
- C. Make sure customer service is of a high level.
- D. Check each patient for caries.

7. General practices typically provide:

- A. More sealants than pediatric dental practices.
- B. The same number of sealants as pediatric dental practices.
- C. Fewer sealants than pediatric dental practices.
- D. Most general practices do not provide sealants.

8. One large opportunity for dental hygienists to increase practice production is:

- A. Reminding patients to keep their appointments.
- B. Talking to patients about their personal lives.
- C. Remaining energized and positive.
- D. Identifying treatment that can be referred back to the doctor, including incomplete treatment or new treatment.

9. To increase practice production, hygienists should look for opportunities to...

- A. Recommend elective services.
- B. Ask patients about their hobbies.
- C. Let patients know when the doctor is running late.
- D. Personally call all patients for confirmation of their appointments.

10. Hygienists communicate with dentists before the dentist hygiene exam by which of the following:

- A. Meeting briefly before the doctor examines the patient.
- B. Handing a note to the doctor.
- C. Letting the doctor find any dental concerns during the doctor exam.
- D. Explaining the hygienist's findings in front of the patient.

References

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Additional Resources

- No Additional Resources Available

About the Authors

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Dr. Roger P. Levin is the CEO of Levin Group, a leading dental management consulting firm. Founded in 1985, Levin Group has worked with over 30,000 dental practices. Dr. Levin is one of the most sought-after educators in dentistry and is a leading authority on dental practice success and sustainable growth.

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Dr. Levin sits on the editorial board of 5 prominent dental publications and has been named as one of the “Leaders in Dentistry” by Dentistry Today magazine for the last 15 years. He was recently named one of the “32 Most Influential People in Dentistry” by Incisal Edge magazine and voted Best Dental Consultant by the readers of Drbicuspid.com. He has been featured in the Wall Street Journal, New York Times, and Time magazine and is the creator of the Levin Group Tip of the Day which has over 30,000 subscribers.

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