

[Keys to Success - Released in December 2017](#)

Defining Dental Program Capacity

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Defining capacity for the dental program is the first step to creating a successful dental program. Often times, the dental program is being asked to see a high number of patient visits to generate enough revenue to cover costs. The problem with that is more visits do not necessarily equate to more revenue depending on your patient/payer mix. According to the UDS reporting statistics from the Bureau of Health and Human Resources, the average cost per visit in 2016 for a Federally Qualified Health Center Dental Clinic was \$191 per visit. If the dental program you are working in is like many community health dental clinics in the nation, many patients may be self-pay and the average revenue per visit could be significantly less than the cost per visit. Another issue is the length of dental visits, which typically range from 45 minutes to 90 minutes depending on the procedure and even longer for more complex procedures. Dental programs working beyond their capacity tend to have shorter appointments and/or too many appointments, which results in less time for providers to perform necessary treatment. The chaos caused by too many patients interferes with important tasks such as collection of patient payments, completing the new patient registration process, verifying insurance and sliding fee scale eligibility and documenting treatment appropriately for clean claim submissions to third party insurers which all need to be done accurately and in a timely manner for the dental program to bring in revenue. Appointments become unpredictable, which leads to fragmented and episodic care that negatively impacts quality and patient outcomes.

The mission of your dental program should include maximizing access to dental services for patients in the community; however, the dental clinic only has a certain number of dental chairs, providers, support staff and hours in the day.

Determining Potential Visit Capacity

Potential capacity refers to the number of patient visits the dental program can expect to achieve based on the number of FTE providers, hours of operation and standard national productivity benchmarks. Potential capacity needs to be determined separately for dentists and hygienists as each has different productivity standards. Of course, potential capacity can be negatively impacted by factors affecting provider productivity such as no-shows, insufficient support staff and scheduling inefficiencies. Below are provider benchmarks widely accepted among experts in the field of community health dentistry.

Productivity Benchmarks for 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)

Productivity Benchmarks for Hygienists:

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

Click [here](#) to download the Productivity Benchmark Guide to learn more about how to use benchmarks and tweak them based on your clinics staffing structure.

Table 1 shows how potential visit capacity is determined for dentists, and Table 2 shows the same calculation for hygienists.

Table 1

	# of Providers	# of total clinical hours worked	X recommended # of visits/ clinical hour	Potential Daily Visit Capacity
Mon.	2	16	1.7	27
Tues.	2	16	1.7	27
Wed.	2	16	1.7	27
Thurs	2	16	1.7	27
Fri	2	16	1.7	27
Total Weekly Dental Visits				135

Table 2

	# of Providers	# of total clinical hours worked	X recommended # of visits/ clinical hour	Potential Daily Visit Capacity
Mon.	1	8	1	8
Tues.	1	8	1	8
Wed.	1	8	1	8
Thurs	1	8	1	8
Fri	1	8	1	8
Total Weekly Hygiene Visits				40

In the example above, this practice had a weekly potential capacity of 175 visits adding up the dentist and hygienist total visits. For the year, this would equate to 8,050 visits (175 visits per week x 46 weeks). Working under capacity is also problematic. Empty chairs equals missed opportunity to provide access to dental services,

generate revenue and improve the oral health of people in the community. If the dental program only achieved 6,250 visits, that would mean the program is operating at 78% of capacity. There are many factors that lead to underachieving capacity that need to be addressed such as:

- No-shows and last-minute cancellations
- Scheduling issues
- Insufficient support staff (dental assistants)
- Lack of goals and accountability
- Individual provider issues (unmotivated, inexperienced, health problems, life issues, etc.)
- Insufficient instruments, supplies
- Equipment issues (outdated, missing, broken)
- Lack of an electronic dental record/practice management system (or inability to use it maximally)
- Competition in the area
- Unsatisfied patients

If patient demand greatly exceeds your capacity, consider the following possibilities until clinic expansion is a viable option:

- Purchase portable oral health equipment to provide services outside of the clinic walls
- Find another access point to dental services in the area so that you can refer patients
- Integrate oral health services into primary care
- Implement designated access scheduling to protect slots for patients most in need of oral health services
- Focus on target populations that are at high risk for oral disease or who benefit most from access to oral health care
- Limit the number of new patients until existing patients' treatment is complete

Click [here](#) to download the Productivity Goals Tool to calculate your dental clinic's capacity and create realistic visit goals for your clinic and individual providers. The tool should be used in conjunction with the Productivity Benchmark Guide referenced above.

File attachment:

Copy_of_Productivity_Goals_Tool_2016-unlocked.xlsxProductivity_Benchmark_Guide_2017_FINAL_1.pdf