

# Harnessing the Power of the Dental Schedule



Beyond the Basics: Strategies for Enhancing Dental Program Success, Part 2

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# Learning Objectives for Today

1. Understand the crucial role scheduling plays in dental program success
2. Understand the common pitfalls that undermine scheduling success
3. Learn strategies to maximize the usefulness of the dental schedule



What's the  
Big Deal  
with  
Scheduling?

# What Are We Trying to Accomplish?

- Fill schedule!
- Yes, BUT also:
  - ✓ Patients who are likely to show up
  - ✓ Right patients in the right slot
  - ✓ Appropriate balance of new and existing patients
  - ✓ Right amount of time each patient needs



# The Dental Schedule....



MAXIMIZES ACCESS



MAXIMIZES  
OUTCOMES



MAXIMIZES  
REVENUE



# Common Scheduling Pitfalls

Scheduling  
out too far

Multiple  
appointments

Too many new  
patients

Appointments  
lengths

Misuse of  
provider time

Double-  
booking

Unused time

Schedulers



# How Far Out to Schedule?

- Generally, <4 weeks (6 max.)
- Even hygiene
- Maintains patient engagement
- Completes treatment faster
- Reduces broken appointments
- Schedule recall out 6 months only for faithful, established patients
- Need effective recall system
- Pressure to go beyond 4 weeks may signal too many new patients



# Giving Out Multiple Appointments



Only for procedures (eg, dentures, RCTs) requiring multiple visits to complete



Pressure to schedule multiples to ensure patients get the follow-up care they need signals too many new patients



# Too Many New Patients

- New patients constitute bulk of calls to call centers
- When someone calls the call center, they typically get an appointment
- If too many new patients is a problem, look here!
- May need to template designated access to new patients to control number
- Provide talking points for call center staff to explain situation to callers looking to get in as new patients
- Monitor the schedule to ensure call center staff are complying with restricted access and not putting new patients in elsewhere



# How Many New Patients is Too Many?

- Depends (new vs. existing practice)
- Signs:
  - Difficult to find follow-up appointments for existing patients (long waits in between appointments)
  - Scope of Service reveals high percentage of diagnostic services and low percentage of treatment
  - Low percentage of completed Phase I treatments



# Appointment Lengths

- Too long, too short—both are problematic
- Too short means limited time for providers to complete meaningful work—frustrating for both staff and patients
- Too long means a precious resource (provider time) is being wasted
- Striving for “just right”—enough time to do the work required but no more
- Identify all work in the visit and time required (RVUs help with the actual dental services)
- 10-minute increments if possible

New Adult Patient Exam (Dentist)	# of Min
Seat/place bib and glasses	2
x-rays	20
Review medical HX/take vitals	4
Chart existing	4
Exam/oral cancer screen	15
Treatment plan/chart	10
Unseat/escort/turnover room	5
<b>Total time required</b>	<b>60</b>
New Adult Patient (RDH)	# of Min
Seat/place bib and glasses	2
Review medical HX/take vitals	4
Perio charting	5
Prophy/OHI	20
Unseat/escort/turnover room	5
Document	5
<b>Total time required</b>	<b>41</b>
New Child (4-14)	# of Min
Seat/place bib and glasses	2
x-rays	15
Review medical HX	3
Chart existing	4
Prophy (D1120)/OHI	10
D1206	5
D0150	10
Unseat/escort/turnover room	5
Document	6
<b>Total time required</b>	<b>60</b>





# Misuse of Provider Time

- Dentists being dentists, hygienists being hygienists
- Everyone works to the top of their license
- Diligence to make sure appointments are being scheduled appropriately

# To Double-Book, or Not to Double-Book: That is the Question

- Workaround for problem of patients not showing for scheduled appointments
- Feast or famine!
- Judicious double-booking okay
- Widespread double-booking not okay
- Tackle the root issue—BAs



# Unused Time: A Sneaky Thief

Sample Hygiene Schedule			
	MONDAY		MONDAY
8:00 AM			8:00 AM
8:15 AM			8:15 AM
8:30 AM			8:30 AM
8:45 AM			8:45 AM
9:00 AM			9:00 AM
9:15 AM			9:15 AM
9:30 AM			9:30 AM
9:45 AM			9:45 AM
10:00 AM			10:00 AM
10:15 AM			10:15 AM
10:30 AM			10:30 AM
10:45 AM			10:45 AM
11:00 AM			11:00 AM
11:15 AM			11:15 AM
11:30 AM			11:30 AM
11:45 AM			11:45 AM
12:00 PM			12:00 PM
12:15 PM			12:15 PM
12:30 PM	Lunch		12:30 PM Lunch
12:45 PM			12:45 PM
1:00 PM			1:00 PM
1:15 PM			1:15 PM
1:30 PM			1:30 PM
1:45 PM			1:45 PM
2:00 PM			2:00 PM
2:15 PM			2:15 PM
2:30 PM			2:30 PM
2:45 PM			2:45 PM
3:00 PM			3:00 PM
3:15 PM			3:15 PM
3:30 PM			3:30 PM
3:45 PM			3:45 PM
4:00 PM			4:00 PM
4:15 PM			4:15 PM
4:30 PM			4:30 PM
4:45 PM			4:45 PM
5:00 PM			5:00 PM
	9 Visits		7 Visits



75 minutes of lost access!

# Schedulers



- Should be part of dental team
- Should be well-trained and supported
- Should be held closely monitored and held accountable
- They are the ones who can make or break dental program success!





How Often  
Does Your  
Schedule Fall  
Apart Because  
of Broken  
Appointments?



"The Definition of  
Insanity...  
Doing the same thing  
over and over again  
and expecting  
different results."  
- Albert Einstein



Broken Appointments Wreck  
Schedules!

# Define the Scheduling Process

How far out to schedule?

How many appointments at a time?

How to use available operatories?

Define appointment lengths for various procedures

Who is needed when in each appointment?

What visits can be double-booked?

Start and end times each day

Who can schedule appointments?

Ideal patient mix

Available practice  
resources

Hourly visit goals for each  
provider type (general  
dentists, specialists,  
residents/externs,  
hygienists, EFDAs)

Appropriate appointment  
lengths for various visit  
types

# Scheduling Basics

Build and test the  
templates

Use 10-minute increments  
if possible



# Common Staffing Benchmarks

- General dentist, 2+ operatories, 2 assistants = 1.7 visits/hour
- General dentist, 1-2 operatories, 1 assistant = 1 visit/hour
- General dentist, 3+ operatories, 1 EFDA and 1-2 assistants = 2.5 visits/hour
- 4<sup>th</sup> year dental students = 0.5 visit/hour
- GPR Resident, Q1 = 1 visit/hour
- GPR Resident, Q2 = 1.2 visits/hour
- GPR Resident, Q3 = 1.5 visits/hour
- GPR Resident, Q4 = 1.7 visits/hour
- Hygienist, 1 operator, unassisted = 1 visit/hour (typically, unless lots of kids)
- Hygienist, 2 operatories, assisted = 1.5 visits/hour



# Scheduling for Dentists



Minimum of two operatories and ideally two assistants



Staggered appointments in two columns (possible use of 3<sup>rd</sup> column for overflow)



Define workflow for each standard visit - where and for how long the dentist is needed



Line up the blocks so the dentist's time is maximized



Consider each dentist's individual characteristics but aim for standardization

# Sample Dentist Template



**Key:**

- Complex Treatment** 60-minute appointment  
Fillings, Extractions
- Simple Treatment** 45-minute appointment  
Fillings/Extraction
- Crown Delivery** 45 minutes  
1 slot per week
- SS Crown** 60-minutes  
Can be put into any 60-minute slot
- Crown Prep** 90 minutes  
1 slot per week
- New Adult Patient Exam** 60 minutes  
1 slot per day
- Denture, Initial Impression** 1 case per week
- Short Visit** 30 minutes  
Emergency Follow-up Interim Denture Denture Adjust



	Dentist w/o EFDA			Dentist w/ EFDA		
	Op 1	Op 2		Op 1	Op 2	Op 3--EFDA
8:00-8:15	Treatment	Short Visit	8:00-8:15	Treatment	Short Visit	Treatment
8:15-8:30			8:15-8:30			
8:30-8:45		Treatment	8:30-8:45		Treatment	
8:45-9:00			8:45-9:00			
9:00-9:15			9:00-9:15			Treatment
9:15-9:30	Treatment		9:15-9:30	Treatment		
9:30-9:45			9:30-9:45			
9:45-10:00			9:45-10:00			
10:00-10:15		Treatment	10:00-10:15		Treatment	Treatment
10:15-10:30			10:15-10:30			
10:30-11:00	Treatment		10:30-11:00	Treatment		
11:00-11:15		New Adult Patient Exam	11:00-11:15		New Adult Patient Exam	
11:15-11:30			11:15-11:30			Treatment
11:30-11:45	Treatment		11:30-11:45	Treatment		
11:45-12:00		Treatment	11:45-12:00		Treatment	
12:00-12:15			12:00-12:15			
12:15-12:30			12:15-12:30			
12:30-12:45	Work-In		12:30-12:45	Work-In		
12:45-1:00			12:45-1:00			
1:00-1:15	Lunch		1:00-1:15	Lunch		
1:15-1:30			1:15-1:30			
1:30-1:45			1:30-1:45			
1:45-2:00			1:45-2:00			
2:00-2:15	New Adult Patient Exam	Short Visit	2:00-2:15	New Adult Patient Exam	Short Visit	Treatment
2:15-2:30			2:15-2:30			
2:30-2:45		Treatment	2:30-2:45		Treatment	
2:45-3:00			2:45-3:00			Treatment
3:00-3:15	Treatment		3:00-3:15	Treatment		
3:15-3:30			3:15-3:30			
3:30-3:45			3:30-3:45			
3:45-4:00			3:45-4:00			
4:00-4:15		Treatment	4:00-4:15		Treatment	Treatment
4:15-4:30	Simple Treatment		4:15-4:30	Simple Treatment		
4:30-4:45		Treatment	4:30-4:45		Treatment	
4:45-5:00			4:45-5:00			
5:00-5:15	Short Visit		5:00-5:15	Short Visit		
5:15-5:30			5:15-5:30			
5:30-5:45			5:30-5:45			
5:45-6:00			5:45-6:00			

Key:			
Treatment	60-minute appointment Fillings, Extractions	New Adult Patient Exam	45-minutes max 2/day
Short Visit	30 minutes ER exam/palliative Follow-up		



# Scheduling for Hygienists

- Easiest schedules to fill; hardest to KEEP full!
- Broken appointments can wreak havoc
- Limit 6-month recall appointments
- Limit new patients in the daily schedule
- Double-book?
- Develop tasks for hygienists whose patients fail to show
- Generally only one column





# Sample Hygiene Template

	MONDAY
8:00 AM	
8:15 AM	
8:30 AM	
8:45 AM	
9:00 AM	
9:15 AM	
9:30 AM	
9:45 AM	
10:00 AM	
10:15 AM	
10:30 AM	
10:45 AM	
11:00 AM	
11:15 AM	
11:30 AM	
11:45 AM	
12:00 PM	
12:15 PM	
12:30 PM	Lunch
12:45 PM	
1:00 PM	
1:15 PM	
1:30 PM	
1:45 PM	
2:00 PM	
2:15 PM	
2:30 PM	
2:45 PM	
3:00 PM	
3:15 PM	
3:30 PM	
3:45 PM	
4:00 PM	
4:15 PM	
4:30 PM	
4:45 PM	
5:00 PM	

**60-min block**  
New child 4-14  
Recall Adult  
SRP (1 quad)

**45-min block**  
Recall child 4-14

**45-min block**  
New Adult  
(exam in DDS column)

**30-min block**  
Child <3

# Focus Populations

- Children
- Pregnant women
- Patients with chronic diseases such as diabetes, heart disease and HIV/AIDS

Designated Access for  
Focus (Priority)  
Populations



# Designated Access

- The daily schedule ensures access for all patients
- But a *certain number* of appointments are reserved
- These reserved appointments can't be filled with other patient types until the day before
- Designated access also protects slots for patients in the midst of specialty services requiring multiple visits such as dentures





# SCHEDULE BUSTERS

- Last minute cancellations
- No-shows
- Late patients
- Too many emergencies/walk-ins
- Too many new patients
- Overbooking
- Logjams at check-in or out
- Providers who fall behind
- Not enough support staff
- Wrong appointment types
- Wrong appointment lengths
- Insufficient instruments
- Technology issues



# Strategies For Resolving Schedule Busters

- Attack broken appointments
- Be strategic with double-booking
- Control emergencies/walk-ins
- Limit new patients
- Revisit capacity
- Resolve logjams at check-in/out
- Determine why providers/practice fall behind
- Resolve scheduling errors
- Ensure sufficient instruments
- Tackle technology issues





## Document the Scheduling Process

- Create a formal scheduling policy
- Include scheduling templates as attachments
- Review the policy with entire staff
- Train staff how to use the templates
- Monitor, provide feedback and tweak as necessary



# Client Case Study

- Large health center in Michigan
- Two main dental centers
- Call Centers in both sites answered dental phones and made appointments
- Goals:
  1. Hit encounter goals for providers
  2. Hit revenue goals for practice
  3. Increase percentage of completed Phase I treatments
  4. Eliminate scheduling errors made by Call Center staff





# Targeted Approach: More Encounters

- Administrative team did research to determine appropriate benchmarks for FQHC dental providers
- They also researched benchmarks for dental assistant to dentist ratio and added more assistants
- They changed the dentists' and hygienists' schedule templates to meet FQHC benchmarks
- Around same time, brought D4 Practice Solutions in to conduct an overall assessment of the dental program





# D4 Practice Assessment Results

- Agreed there was an opportunity to increase daily encounter goals for dentists and hygienists
- Determined that one huge barrier to improved provider was the high rate of broken appointments
- The problem was especially acute in hygiene
- Also determined that too many new patients were getting into the schedule (hindered ability to complete treatment on existing patients)
- Borne out by low Treatment Completion Rate (~25%)



# Dental Staff Concerns

- In haste to reduce operating losses, the administrative team implemented new scheduling templates without seeking feedback from staff
- Morale issue for dental staff not to have input into decisions impacting their work and patient care
- Staff were concerned that the new templates were not realistic and achievable
- Staff also concerned about scheduling errors made by call center staff



# Dental Templates

Previous template:

DDS: 12 pts/day

RDH: 7 pts/day

## Goal:

New template to meet the productivity goal of:

DDS: 14 pts/day OR 1.7pts/hour

RDH: 9 pts/day OR 1.2 pts/hour



# Scheduling Improvement Goals

- Enough time in visit to provide quality care
- A productive schedule to meet visit goals
- Ease of scheduling to minimize errors
- Ability to provide definitive treatment for urgent care at the time of the appointment
- Get staff involvement to improve morale and increase buy-in



# Appointment Lengths

- Identified the workflow associated with major visit types and assigned times (based on industry standards and relative value units)
- Met with providers to review and discuss workflows and times
- Also discussed and came to consensus on how to manage new adults:
  - One per day per dentist (to restrict number)
  - Exam (60 minutes) in dentist's schedule
  - Hygiene (45 minutes) in hygienist's schedule



# Adult New Patient Workflow Assessment

<b>New Adult Patient Exam (Dentist)</b>	<b># of Min</b>
Seat/place bib and glasses	2
x-rays	20
Review medical HX/take vitals	4
Chart existing	4
Exam/oral cancer screen	15
Treatment plan/chart	10
Unseat/escort/turnover room	5
<b>Total time required</b>	<b>60</b>

<b>New Adult Patient (RDH)</b>	<b># of Min</b>
Seat/place bib and glasses	2
Review medical HX/take vitals	4
Perio charting	5
Prophy/OHI	20
Unseat/escort/turnover room	5
Document	5
<b>Total time required</b>	<b>41</b>



# Other Workflow Assessments, Hygiene

<b>New Child (4-14)</b>	<b># of Min</b>
Seat/place bib and glasses	2
x-rays	15
Review medical HX	3
Chart existing	4
Prophy (D1120)/OHI	10
D1206	5
D0150	10
Unseat/escort/turnover room	5
Document	6
<b>Total time required</b>	<b>60</b>

<b>Recall Child (4-14)</b>	<b># of Min</b>
Seat/place bib and glasses	2
x-rays (if needed, D0274)	10
Review medical HX	3
Prophy (D1120)/OHI	10
D1206	5
D0120	5
Unseat/escort/turnover room	5
Document	5
<b>Total time required</b>	<b>45</b>

<b>Child &lt;3</b>	<b># of Min</b>
Seat/place bib and glasses	2
Prophy/OHI w parent/caregiver	10
D1206	5
D0145	5
Unseat/escort/turnover room	5
Document	3
<b>Total time required</b>	<b>30</b>

<b>Recall Adult (&gt;14)</b>	<b># of Min</b>
Seat/place bib and glasses	2
x-rays (if needed, D0274)	10
Review medical HX/take vitals	4
Prophy (D1110)/OHI	20
D0120	5
Unseat/escort/turnover room	5
Document	5
<b>Total time required</b>	<b>51</b>

<b>Scaling/Root Planing (1 Quad)</b>	<b># of Min</b>
Seat/place bib and glasses	2
Review medical HX/take vitals	3
anesthetize	5
D4341	40
Unseat/escort/turnover room	5
Document	5
<b>Total time required</b>	<b>60</b>



# Color-Coded Hygiene Appointments

60-min block	New child 4-15	45-min block	Recall child 4-14	45-min block	New Adult
	SRP (1 quad)				(no exam)
	Recall Adult				
30-min block	Child <3				

Goal was to simplify scheduling process to minimize errors





# Final Hygiene Template

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 AM	Orange	Green	Orange	Green	Orange
8:15 AM	Orange	Green	Orange	Green	Orange
8:30 AM	Orange	Green	Orange	Green	Orange
8:45 AM	Orange	Orange	Orange	Orange	Orange
9:00 AM	Pink	Orange	Orange	Orange	Pink
9:15 AM	Pink	Orange	Orange	Orange	Pink
9:30 AM	Orange	Orange	Orange	Orange	Orange
9:45 AM	Orange	Orange	Orange	Orange	Orange
10:00 AM	Orange	Orange	Orange	Orange	Orange
10:15 AM	Orange	Orange	Orange	Orange	Orange
10:30 AM	Orange	Orange	Orange	Orange	Orange
10:45 AM	Orange	Orange	Orange	Orange	Orange
11:00 AM	Orange	Orange	Pink	Orange	Orange
11:15 AM	Orange	Orange	Pink	Orange	Orange
11:30 AM	Orange	Orange	Orange	Orange	Orange
11:45 AM	Orange	Blue	Orange	Blue	Orange
12:00 PM	Orange	Blue	Orange	Blue	Orange
12:15 PM	Orange	Blue	Orange	Blue	Orange
12:30 PM	Lunch	Lunch	Lunch	Lunch	Lunch
12:45 PM	Yellow	Yellow	Yellow	Yellow	Yellow
1:00 PM	Yellow	Yellow	Yellow	Yellow	Yellow
1:15 PM	Yellow	Yellow	Yellow	Yellow	Yellow
1:30 PM	Green	Orange	Green	Orange	Green
1:45 PM	Green	Orange	Green	Orange	Green
2:00 PM	Green	Orange	Green	Orange	Green
2:15 PM	Orange	Orange	Orange	Orange	Orange
2:30 PM	Orange	Orange	Orange	Orange	Orange
2:45 PM	Orange	Orange	Orange	Orange	Orange
3:00 PM	Orange	Orange	Orange	Orange	Orange
3:15 PM	Orange	Orange	Orange	Orange	Orange
3:30 PM	Orange	Pink	Orange	Pink	Orange
3:45 PM	Orange	Pink	Orange	Pink	Orange
4:00 PM	Orange	Blue	Orange	Blue	Orange
4:15 PM	Pink	Blue	Pink	Blue	Pink
4:30 PM	Pink	Blue	Pink	Blue	Pink
4:45 PM	Yellow	Yellow	Yellow	Yellow	Yellow
5:00 PM	Yellow	Yellow	Yellow	Yellow	Yellow

Orange = new child, SRPs, recall adult  
 Green = new adult (no exam)  
 Blue = recall child  
 Pink = < age 3



# Dentist Templates

- Big Goal: increase the number of visits allocated to complete treatment on existing patients
- Identified the workflow associated with major visit types and assigned times (based on industry standards and relative value units)
- Dentists proposed 60-minute slots for “Planned Care” that could be used for fillings/extractions and other treatment services
- One 60-minute slot per week to start new denture case (to control number)
- One 90-minute slot per week for crown prep
- One 60-minute new patient exam slot per day per dentist (to control number)



# Color-Coded Dentist Appointments

Planned Treatment	60-minute appointment Fillings, Extractions, SS crowns	Crown Prep	90 minutes 1 slot per week	Crown Delivery	60 minutes 1 slot per week	Denture, Initial Impression	1 case per week	Nonbillable Visit	30 minutes Follow-up Interim Denture Denture Adjust

Goal was to simplify scheduling process to minimize errors



# Final Dentist Template

	Monday		Tuesday		Wednesday		Thursday		Friday
	Op 1	Op 2	Op 1	Op 2	Op 1	Op 2	Op 1	Op 2	Op 1
8:00-8:15	planned care	nonbillable	Denture,	Denture,	planned care	nonbillable	Crown Prep	Crown Delivery	planned care
8:15-8:30									
8:30-8:45		planned care							
8:45-9:00									
9:00-9:15	planned care								planned care
9:15-9:30			planned care						
9:30-9:45		planned care							
9:45-10:00									
10:00-10:15	planned care								planned care
10:15-10:30			planned care						
10:30-11:00		planned care							
11:00-11:15									
11:15-11:30	planned care								planned care
11:30-11:45			planned care						
11:45-12:00		planned care							
12:00-12:15									
12:15-12:30	planned care								planned care
12:30-12:45									
12:45-1:00									
1:00-1:15									
1:15-1:30									
1:30-1:45									
1:45-2:00	Adult New Patient Exam		Adult New Patient Exam	nonbillable	Adult New Patient Exam		Adult New Patient Exam	nonbillable	Adult New Patient Exam
2:00-2:15									
2:15-2:30		planned care							
2:30-2:45									
2:45-3:00	planned care		planned care		planned care		planned care		planned care
3:00-3:15									
3:15-3:30		planned care							
3:30-3:45									
3:45-4:00	planned care		planned care		planned care		planned care		planned care
4:00-4:15									
4:15-4:30									
4:30-4:45									



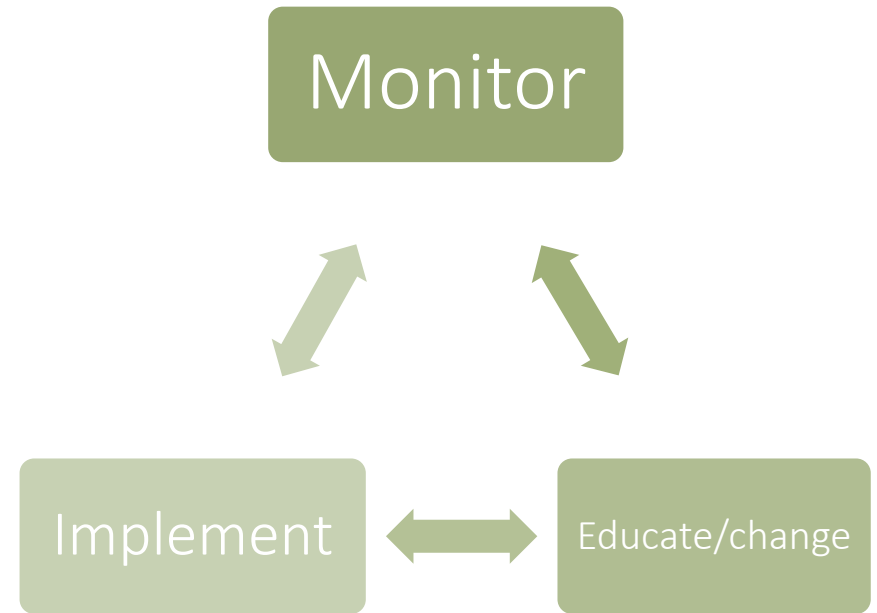
# Meanwhile...

- Parallel initiative under way to reduce broken appointments
  - Tweaked policy to reduce number of BAs before patient moved to same-day only
  - Alerts and monitoring to make sure repeat offenders aren't getting into the schedule
  - Patrolling the schedule a few days out to look for potential issues (same-day only patients, unconfirmed patients, patients with high out-of-pocket costs)
  - Piloting other best practices
  - Tracking to accurately document BA rate



# Next Steps

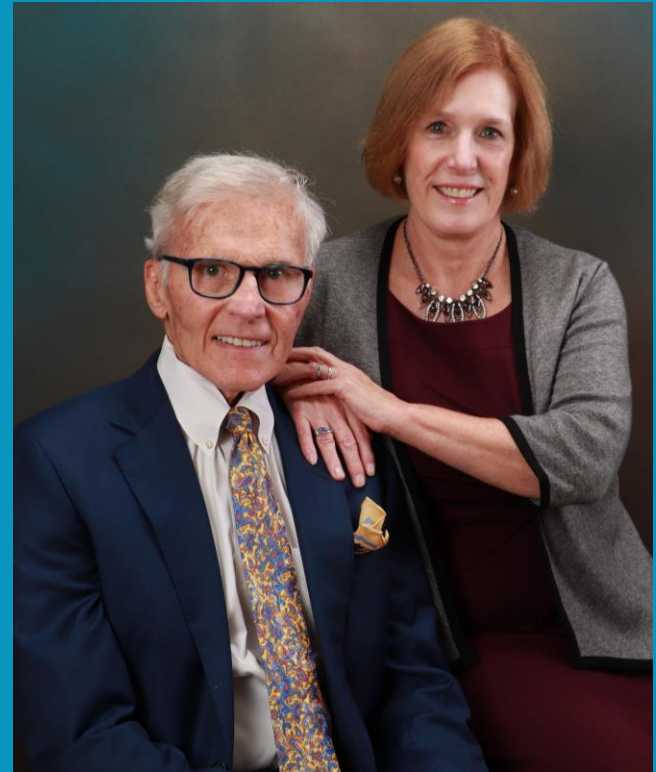
- Final templates recently implemented
- Solicit feedback from staff on how things are going
- Collect and analyze data to determine whether new templates are working
- Tweak as necessary!



# D4 Practice Solutions

- Individualized Assessments of Oral Health Programs
- Expert Guidance and Planning for New Dental Programs
- Practical and Achievable Strategies for Success
- National Experts on Oral Health Program Access, Outcomes, Quality and Financial Viability

[www.d4practicesolutions.com](http://www.d4practicesolutions.com)



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**PRACTICE SOLUTIONS**

# Questions/Discussion

