



THE MILLION DOLLAR HYGIENE DEPARTMENT

If you are a dental practice owner thinking there is NO WAY a practice can have a hygiene department that produces a million dollars (or more!) per year - this article is for you. If you believe that the only way to make 7 figures from your hygiene department would be to over-diagnose and/or under deliver quality - this article is for you. If you are a dental hygienist who read the title of this article and thought "my hand would fall off" or "why would I work that hard to make the same money I'm making now?" - whelp, you guessed it, this article is for you.

Let me begin by saying, not only is it possible to have a million dollar hygiene department (I've built them, worked in them and know others that build them too) it's more of a concern that you don't have a million dollar hygiene, if you have an established practice.

PART I - Things that are preventing you from having a million dollar hygiene department:

1. Insurance Dependence. I recently heard a clinician say, "We're not insurance dependent but our patients are". What a cop out. Properly trained and given the space, dentists and hygienists can and should have the skill to lead patients to health-centered decision making. If your patient broke their leg would they tell the hospital just to shave and moisturize it? No. It's our job, no, it's our mandate and obligation to bring that kind of understanding to our patients about their mouths - after all, their mouth is more likely to kill them than a broken leg. There is a mountain of science to support that statement.
2. "Our Patients are Different". Whenever I begin to work with a practice on Case Acceptance, I invariably am told about how their patient pool is an exception to the rule. "Our patients are VERY insurance dependent" (see #1), "Our patients don't have any money" - really? are they on a barter system and pay for gas with chickens? Some of our most successful clients have been in low socioeconomic areas, sparsely populated areas and even a third world country. No, your patients are just like everyone else that walks into a dental practice: they are either in desperate need of dental care (in pain) or they care, on some level, about their teeth.
3. Cleanings as Lead Magnets. When we devalue the very significant, life-improving, life-saving services that your hygiene department can provide, we're throwing money out the window. A marketing approach that discounts hygiene services spreads a message that does a disservice to the public and our bottom line. We're also fishing with the wrong bait and facilitating poor health care

decisions by any patient who walks in our door. \$99.00 exam, xrays and cleanings is no way to build a profitable dental practice. It's a never-ending cycle of diminishing returns.

4. Hygienists should see 8 to 10 Patients per day. Ugh. How many patients should a dentist see in a day? 12? 25? 2? What does it even matter? **This line of thinking puts a limit on your success.** Places a cork firmly in the Bottle of Profitability. The truth is: seeing LESS patients is MORE profitable. The number that is important is not the number of patients. It's the production per patient that matters. Period. Move that number up and your profit margin goes up.
5. Hygienists do prophys, perio maintenance, SRP, sealants and fluoride. **There is so much more to hygiene than that!** Given the training and the space, your hygiene department can be a business within a business. Wellness Driven Preventistry (that's what we call it) is a booming industry. Prevention, patients know, saves lives. There are many other protocols, therapies, techniques and technologies available to assist patients in their wellness. Hygiene is a cornucopia of wellness - if you build it that way.

“Facts are true, whether you believe them or not”.

PART II - So, how do I come up with the “million” dollar hygiene department? Let's start with facts.

1. Everyday in the United States 11,500 people turn 65. Sometime in the 2020's we will have more grandparents than grandchildren.
2. Baby boomers are the wealthiest segment of the population, they have more teeth in their mouths than the previous generation and they grew up learning about prevention.
3. Our teeth were meant to last 35 years - then we were eaten by a saber toothed tiger.
4. The average lifespan is 76 years.
5. 40% of the population (all ages) at any given time, takes medicine that has oral side effects.
6. 80% of patients over the age of 65 have some degree of periodontal disease.
7. At least 60% of patients over the age of 18 have some degree of periodontal disease.
8. The younger the patient with gingivitis the more serious it is - exposure events accumulate - starting the accumulation of damage younger means health problems earlier.

9. Periodontal disease is now associated with 53 different diseases. When I began developing hygiene departments - it was 2 diseases + smoking. Every year, we find another association, it seems.
10. It's been 21 - yes TWENTY ONE - years since the Surgeon General told us the oral cavity cannot be separated from the rest of the body.
11. Drilling and filling a cavity takes care of end stage symptoms of a dental disease - it does not treat the dental disease.
12. There is a very steep increase over time of root caries:
 - 7% of 18 - 34 year olds
 - 21% of 35 - 44 year olds
 - 39% of 45 - 64 year olds
 - 70% of 65+ have root caries
13. Laser - it regenerates periodontal ligaments, reattaches soft tissue to roots, decreases pocket depths, facilitates home care. Yes, the science supports that. They use lasers for facials to complex surgeries for a reason.
14. Baby periodontal ligaments have difficulty embedding themselves in cementum if patients are grinding.
15. Up until cavitation, caries is completely reversible.
16. Resin infiltration - it's amazing.
17. It takes 70 to 90 days for bacteria to migrate beyond the reach of brushing and flossing.
18. The Specific Bacteria Model of periodontal disease has been scientifically disproven anyway - bacteria is needed, but it is NOT THE CAUSE of periodontal disease.
19. Calculus doesn't cause periodontal disease - it's presence or absence is irrelevant does not dictate a periodontal treatment plan.
20. The reason 1 to 3 mm pockets are "ok" is that is how deep a brush and floss can reach (and even that is generous). After 70 to 90 days, 4mm pockets are filled with billions of bacteria. Left untreated, 4mm pockets will become 5mm pockets 100% of the time.
21. Wait what? After 70 to 90 days billions of bacteria have recolonized? Huh. 4 month recall frequencies do not help patients do anything but remain in a chronically disease state. There is no science supporting a 4 month recare frequency, there is lots of science that shows it doesn't work.
22. The body doesn't know if there is a little bit of bleeding or a lot of bleeding - it's responding the same deleterious way.
23. 6 month hygiene visit frequency is based on ZERO SCIENCE - it was made popular by a TV commercial back in the late 1950's. Maybe it's just me, but I would like my healthcare providers to not make recommendations based on a successful marketing campaign from the 20th century.
24. Oral Hygiene Instruction has been shown to be the least effective way to improve periodontal status.
25. I have lots more of these facts but this article is getting long. The point is: the opportunities are endless.

Excellence and Wellness Driven Preventistry generates 7 figures per year in practices with 1500 - 1800 Active Patients. At 1200 - 1500 Active Patients it will generate about \$750,000. No high pressured sales, no over-diagnosis, just facts, truth, skill, integrity and success.

We have the receipts!

To Build Your Million Dollar Hygiene Program - Call or Text (310) 489-4020 or send us an email at happier@thedentalhygienius.com