

THE HIDDEN FLAWS IN DENTAL SOFTWARE: ARE YOU OVERPAYING YOUR STAFF?



Many dental software programs were designed by people with clinical backgrounds, not business management backgrounds, and that gap shows up in places that matter.

Let's talk about production categories. Dentists, associates, specialists, hygienists, and even expanded duty dental assistants may all perform treatments that get allocated into different production accounts.

Specifically, let's look at dental hygiene.

In many software systems, the recall examination fee is blended into the total hygiene fee for the purpose of recording production. Quite often, radiographs are also included in that calculation.

For a dentist who pays a hygienist a commission on production, or perhaps a production-based bonus, this creates a problem. There is artificial revenue sitting in the hygienist's production numbers. And that inflated revenue is what their commission or bonus is being calculated on.

Same thing with dental associates.

In one instance, every time the associate went in to perform the recall examination for a standard hygiene appointment, all radiographs were entered into the associate's production column even though they may not have taken them or read them.



In the situation I am discussing, the principal insisted on reading all radiographs, but they were accidentally recorded under the associate's production. The associate ended up earning a 40% commission on radiographs they neither took nor interpreted.

This is not a very common situation, but it is just another example of why you need to be extremely careful about where revenue is recorded when people working in your dental practice are paid through commissions or bonus systems.

It may be an issue with the dental software or simply a misunderstanding in the business office regarding who should receive credit for specific treatments and procedures and whether that credit impacts compensation.

It shouldn't be this complicated, yet I have seen many practices bragging about the production of their dental hygiene department, even though all recall examinations and radiographs are included in the numbers, even though the hygienist did not take the radiographs and certainly did not perform the recall examination.

For absolute clarity, preventive codes for scaling, prophylaxis, oral health instruction, and any other procedures the hygienist performs should be the only items entered into the dental hygiene production column.

Regardless of whether you pay a salary, hourly rate, commission, or bonus, you need to know what they actually produce based on the procedures they perform.

Don't confuse treatment provided with treatment charged and collected.

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