

Ep #60: The 3 Roles of Dental Hygienists with Wendy Briggs



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With Your Host

Allison Watts, DDS

[Practicing with the Masters](#) with Allison Watts, DDS

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Welcome to *Practicing with the Masters* for dentists with your host, Dr. Allison Watts. Allison believes that there are four pillars for a successful, fulfilling dental practice: clear leadership, sound business principles, well-developed communication skills, and clinical excellence. Allison enjoys helping dentists and teams excel in all of these areas. Each episode she brings you an inspiring conversation with another leading expert. If you desire to learn and grow and in the process take your practice to the next level, then this is the show for you. Now, here's your host, Dr. Allison Watts.

Alison Watts: Welcome to practicing with the Masters podcast. I'm your host Alison Watts and I'm dedicated to bringing you masters in the field of dentistry leadership and practice management to help you have a more fulfilling and successful practice and life. Wendy, it should be just you and me just to let everybody know you can raise your hand by pushing star two, and I'll say that a few times during the call. Wendy and I are super excited to be here and Wendy is happy to take questions, right Wendy?

Wendy: Absolutely.

Alison Watts: Yeah, so we want this to be interactive so if anybody has a question or a comment we'd love to hear and I am going to go ahead and officially introduce Wendy as my speaker tonight. I am so thrilled to have you here Wendy. Wendy is a registered dental hygienist with more than 25 years of experience and for more than 16 years, Wendy has helped thousands of dentists take control of their practice and uncover millions of dollars of unseen and untapped revenue by serving their patients at a higher level. Production is never the goal it's the result of taking

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great care of our patients. Wendy has consulted with more than, well I'd say close to 4,000 dental practices in 12 countries and she's a published author who's been featured in virtually any dental publication and has lectured for and consulted with many of the top leaders in the industry.

In addition to her managerial expertise, Wendy has one of the most highly regarded hygiene and periodontal programs in the industry. Dental service organizations and privately owned practices soar when they adapt her protocol. As a speaker she shared the stage with every name in dentistry including Tom Orent, Woody Oakes, The Dawson Academy and she has appeared at the Chicago Midwinter Yankee Dental meeting, the Greater New York Dental meeting, the Townie meeting, the Rocky Mountain Dental Implant Institute, the Big Apple meeting, there's more.

Wendy: It goes on and on.

Alison Watts: It goes on and on I will not keep doing that but it's amazing and then I know your own conferences have included Bill Rancic, James Malinchak, Rulon Gardner, Larry Gelwix and Justine Mooney and Samantha Meis from Shark Tank. You're also a published author for RDH magazines Dental Town, Dental Economics, the Journal of Practical Dental Hygiene, the ADD Impact, Henry Shine and others and you have your own book as well, the Business Side of Hygiene.

Wendy: Yeah, it's got a few there. The Business Side of Dental Hygiene. I've got a couple on Amazon that are available. Depending on the audience but it's been great fun. I've been so fortunate and blessed to work with the leaders in

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the industry and I guess being asked to share that knowledge is another honor and blessing so I'm just happy to be here.

Alison Watts: Awesome to have you here and I had another person message me today and said that they were so excited to hear you. That they had heard great things about you and were looking forward to being on the call and hearing you so thank you for being here and blessing us with your knowledge. I think I'm just going to let you have the floor. We're all here to listen and obviously, I said if you have questions please ask, Wendy is open to that. We don't want this just to be an hour long lecture but we do want to hear about your philosophy Wendy and what you have to share with us about the business side of hygiene.

Wendy: You bet, I'd be happy to. There's probably people on the call tonight but I think in our society in our profession at large right now I find many dentists and practices have come to a crossroads. There's a lot of increased challenges in practicing dentistry today, we have the emergence of corporate dentistry, we have venture companies squeezing us for every dollar we have then becoming more bold and actually interfering in the doctor patient relationship. We have areas in the country where we have a high level of competition and I think dentists are faced with lot of difficult decisions in today's world and just about everywhere I go, every Facebook group I'm on, on Dental Town there's always questions posed about how to maximize potential in hygiene.

I find this quite interesting because there's more than one way to increase hygiene and what we have really become passionate about myself and my team is making sure the doctors are armed with the knowledge about how to do it

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in our minds the right way. You read in introduction that in our world production is never the goal, production really is the result that comes when we do the right thing for the patients that we serve so I find it really sad and disheartening that many practices are following terrible advice and sometimes it's because they really have no other options, they don't know of any other options. We're seeing practices try to increase hygiene revenue by shortening hygiene appointments. I hear from hygiene providers from all across the country that are just frustrated their appointment times are being slashed to 45, 40 sometimes even 30 minutes for an adult preventive maintenance appointment.

They're frustrated because they're practicing below their own personal ethical code and they're practicing below the standard of the care of the patient. Really our mission with the whole book of Business Dental Hygiene and the ultimate guide so many other books that I've written, every lecture I give, every workshop we provide our goal is to help dentists and hygienists see a different pathway. What we find is that we don't need to focus on increasing the number of patient encounters in dental practice, instead we help providers know how to focus on increasing the production per encounter because what we found is there's a lot of patients that we serve that really desperately need the services that we have on our menu of services but maybe we're not very effective at getting across the why to those patients.

They don't understand why they should move forward or why we're recommending a change and once they have clarity on that we find a magical result and that is that the practice goal we see production increase, we haven't had to compromise our own ethical code, we're serving

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patients at a higher level and as a side benefit of that production also goes up. What we've really tried to do is we've tried to help practices see that maximizing the potential in hygiene really is possible while providing a higher level of care to the patient. It's not about the quantity of service we provide in hygiene, in our world it really about the quality and taking truly excellent care of the patients that we serve. I think one of the reasons why this program and the lectures that I give have been so effective and our demand has grown to the extent it is today is because everything we teach works.

These are real world practical solutions that hygienists are hungry for so that's in a summary really different about what we teach and what we do. We really help find a pathway and help hygienists establish and embrace systems, dentists and hygienists working together to really maximize what we call three roles of the world class hygiene, hygienists or hygiene department. When we look at that we look at everybody needs to win. There's three parties that really need to win before we recommend making a change and that's the patient first and foremost it's always about the patient, the patient always comes first, then we have the dentist and obviously the hygienist. We all need to benefit if we're going to introduce a change or a system change.

Before I get into these three roles one other point I want to clarify and that is that there's a lot of people out there in our industry that will tell hygienists what we should be doing. A lot of dentists will say gosh your hygiene should be doing between 20 and 30% periodontal codes, hygiene should be producing 30% of your overall practice revenue but there's very few people in our profession that will actually tell the hygienist how to do those things. For

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the most of you but showing them how to do it that's a missing link and that's what we bring and that's what we help provide. We do this in a very simple way. When we focus on these three roles either we dive into the role of a preventative therapist, a role of a periodontal therapist and the role of a patient treatment advocate.

This really is all about driving restorative to the dental restorative side of the practice. Dr. Alison you can interrupt me at any point if you have a question or you want to open it up to questions but I tend to talk pretty fast and sometimes I can just steam role the conversation. If you feel there's a good time if someone raises their hand or if you want to stop for a minute and take questions don't feel sorry about interrupting me but also I hadn't started talking about the first role and that is the role of a preventative therapist. When we look at everything that's happening in our society today our patients desperately need preventative services but what's interesting about this is we find ourselves in a unique circumstance because many of these preventative services especially in adults are not covered in United States anyway by their insurance.

By my understanding I know we have a few people on the line from Australia and my understanding with Australia is that sometimes if the patient has their insurance card or their plan they have so much money to spend and sometimes they're not limited on the services that they can have but other plans we're starting to see in the UK in Australia and Canada some private indemnity insurance plans pop up and some of those plans do have limitations. What we strive to do is have a process or a plan that everyone can implement. Our technologies of these preventative services that patients need they're not

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covered by insurance so sometimes as a provider we find ourselves in situations where we're just not consistently offering these services to our patients because we've assumed they don't want to pay out of pocket number one.

Number two it can also be that we haven't assumed that the patient actually told us that. Don't we all love that patient that comes in and says, hey just so you know I don't want anything today that insurance doesn't cover. That's a very real scenario that we face. The other thing is often we may be being told by other people in our practice that maybe the dentist has said hey we don't do that here or an office manager that says if it's not a covered benefit we don't do it. These are very real circumstances that we run into quite frequently but the challenge is patients need these services. If insurance companies paid for everything that our patients need we would all be living in a completely different world. We have this challenge of overcoming this perception in the patient's mind.

They think that if it was really necessary then insurance would cover it and one of the most proper ways that we overcome that perception is we do a risk assessment. We have a systematic process that we teach utilizing risk assessment as a part of every preventative maintenance visits that we do and it's a very simplified system, we create a risk assessment brochure that the hygienists actually do as a part of that appointment and they do it. We always coach them and help them figure out how to do it in 90 seconds or less. They're going to fill out this risk assessment form and they're going to identify the patient that's sitting on the chair what risk level are they, what challenges do they have and almost always when we do this we find that just about every patient we serve

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is high risk by the American Dental Association definition anyhow. Then it changes the conversation completely and we go into a lot ...

Alison Watts: Is the high risk for perio or caries or occlusal disease or others.

Wendy: Really good question. The risk assessment we're talking about right here because we're talking about the preventative therapist role is about risk for carriers. We're talking about right now about carries risk. I'm really glad you asked that question because when we're talking about the preventative therapist's role that's what we're trying to identify. What risk do they have and if they're high risk for decay then it changes the conversation about vanish and filling opportunity and bonded desensitized agents on the classified area. There's a lot of preventative services that may change our x-ray frequency recommendations based on the risk status.

There's a lot of preventative services that these patients desperately need that they aren't aware of and sometimes when I listen to hours of video of hygienists and dentists serving patients and we can be dealing with a high risk patient in the term and when we get to the end of the appointment we might say something like, "We should probably do a fluoride overview today it would really benefit you, insurance doesn't cover it, what do you want me to do?" What's the patient going to say to that?

Alison Watts: I kinda get it or do I ... file insurance and paperwork.

Wendy: Yeah, thank you. We haven't really done a good job of building value for that so that's what the risk assessment changes and so we take the team when we're doing training all the way through the process of having this risk

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assessment conversation and we talk about the PH of things, sodas and soft drinks and juices and bottled water. The PH threshold and we do a little bit of a scientific update and review so they can understand how to have high level conversations with the patients. We also provide a chair side toolkit for them really powerful images that help prompt and inspire the patient to say yes. When we look at preventative therapist's role these services are so needed, we don't ever have to talk about unnecessary services. Our program is not about pitching or selling or pushing unnecessary services, there's just no need to do that.

Many of our patients have a desperate need for the services we offer and they need them. Our program is really about how to help move the decision process forward and help the patients understand the why. Why do they need these services? What's the benefit for them? Then we also help the hygiene team know how to have the financial conversation with the patient and say good news bad news. Bad news is insurance isn't going to help you but the good news is fluoride varnish in our office is \$29, that's less than one trip to the nail salon or one afternoon in the golf course. We're really guiding the team on how to gain higher acceptance on patients on services that the patient needs.

What's amazing is the return that happens with this. Preventative services and offering them and getting acceptance for them and doing them same day revolutionizes hygiene productivity. We've seen hygienists go from 600 dollars a day 700 dollars a day being a struggle to 2600 dollars a day average just for a night. I have case study after case study proof after proof that these are not truly exceptional gifted talented

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hygienists, it's not the crème of the crop, these are everyday hygienists. I'm a hygienist just like you, I'm no better than you I just follow a system that helps me achieve better results.

Alison Watts: I love what you're saying too because I think a lot of hygienists potentially and doctors I just know when we started our parallel program that some of the hygienists get out of school or even after years maybe become bored, or a little bleeding is okay, a little of this is okay and after you go through the motions first several years, you get lax about what you think is needed, and I'm air quoting needed. It feels like you're increasing the awareness of the hygienist and the motivation and making it okay for them to really talk about what they see and making it okay and giving them the words to ...

Wendy: Yeah, you're exactly right and helping them understand. What I see with a lot of hygienists that become, I don't want to use the word complaisant but become willing to tolerate less than healthy conditions. I think the reason that some of us end up that way is because those conversations are hard. To have a conversation with a patient that's been coming every six months for the last 15 years and all of a sudden say, you know that regular cleaning that the free cleaning that your insurance covers we're not going to be able to do that for you today. That's a tough conversation, and of us have been sat down and rejected and dealt with angry patients to the point that we just quit talking about it. As a hygienist I'd rather just put my head down and get the work done. What I find if a lot of hygienists are doing the work, we're doing perio, we just may not be coding it out and getting paid for it.

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That leads us to the periodontal role when the preventative role is where we always begin and I think the reason for that is just about every single practice has tremendous opportunities. We go in and do a quick survey and we'll look at between eight and 10 different preventative codes and we'll focus on the codes that we feel provide the biggest immediate impact because Dr. Alison my job is to help provide a result, an immediate return on investment and we're really not satisfied if it takes us a few weeks to get there, we want to see it the next day and that's what we do. That's how we get it on the preventative side, that's really where we began. Then we get into the periodontal therapist role and this one is more complex and a little bit more challenging because as you mentioned, we may have years of mindset to address and adjust.

Thankfully we walk into many practices and if they have any periodontal systems at all, often they're certainly not working because they've hired us for a reason or maybe they're super complex, they might be outdated, we may be dealing with a situation where we've got multiple hygienists. I've talked to a practice today that has 20 hygienists in one location so that's a rarity. When you have 20 hygienists in one location you have a challenge with alignment whether you know it or not. You have some patients that are seen by hygienist number one and they're told one thing and the same patient to go be seeing by another hygienist on the other side of the practice and be told something completely different so we see that a lot. We see a challenge of consistency between providers.

These are just in reality when we look at all of these issues we find that usually it's not the fault of the

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providers when we're not getting the results we want when it comes to periodontal therapy, more often than not it's the lack of a clear system. We always look at how can we adjust the system, how can we adjust and create a systematic process that everybody will follow and that the doctor is doctor lead so we don't go to you and say, hey we think 40% of your patients should be coded on the perio. We go to you and say, doctor what percentage do you feel is healthy for your practice and where do you want to begin. Let's start for half of that the first share because the last thing we want to do is become overly aggressive and not use our words as you mentioned before in an effective way and drive all of our patients away, nobody wants that to happen so we have to be a little careful with that.

When we look at the role of periodontal therapists it's very much driven by a systematic process, we break everything down and just like you mentioned the risk assessment form when we talked about a risk assessment for carriers, we also have a process by which we walk the patient through for periodontal therapy and perio risks. We talk about the oral systemic link a lot, in fact that's how we met one another. A good friend of ours Dr. Susan Maple is an incredible mind in the industry and she talks about the total health approach. We're very much in alignment with that and we talk about the science behind it, we talk about a lot of research and risks that exist for patients if they have pathogens in the mouth, if the bacterial load is out of control what does that do to the heart valve and the rest of the body. We talk a lot about that and then we walk the hygienists through a very simple assessment process.

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We actually have an assessment worksheet that we introduced so that every hygienists even 20 full time are all using the same process for assessing the patient. We don't always have the same outcome with the assessment but we're always close enough that we know what to do. It's a great way to take this really confusing complex situation and simplify it so that when we know the process to follow we're going to achieve better results. Then we also talk about five steps to increase perio acceptance, so the five steps that we need to walk the patient through so that they understand. There's incredible technology available to us today. For example, we have a camera that can actually show us, using a different wave lengths of light, the camera will highlight plaque, calculus and information so that the patient can see it for themselves. It's a wonderful thing. I love it so much that I'm actually the national spokesperson for this campaign.

Alison Watts: What is it? I don't think I've heard of it.

Wendy: It's called the Soprocure Camera and it's made by Acteon and right now it's one camera that has a daylight mode, a caries mode and a perio mode. No other camera that I know of has a perio mode. That's something that we teach as a part of our five step process and right now they just launched the campaign through Henry Schein. I don't work for any of these companies. I'm not compensated in any way by them but when I find something that I believe in, we spread the word because I can take ... Just the camera alone can revolutionize patients' acceptance for periodontal therapy but when you put the perio mode camera in the hands of a hygienist that's following our five steps, we see practices go from .016% acceptance to a much healthier level where pretty soon given 18 months

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and their perio numbers are between 20 and 30% right where they should be.

Alison Watts: Are you willing to share the five step process?

Wendy: Yeah. It takes me about an hour and a half to teach it so it's probably more than we have time for it today but I do actually clarify. I go through some of those in the book and I'm going to actually be giving everybody on the call tonight and everyone who listens afterwards a chance for a free book so they'll be able to get that. The five steps really quickly I'm just going to give you the principles but obviously there's a lot of supportive material that we don't have time to get into. The first one if the probe correctly, I can give you the quick verbal skills for that and when we say probe correctly I'm not talking about the angle of the probe in the focus, I'm talking about how we explain it to the patient before we take them to probe.

With that we say things like I'm going to do a quick health assessment of your tissues and your gums and make sure that we don't have any infection so I'm going to read those numbers out loud one to three is considered healthy, anything higher than a four means there's an infection, anything higher than a five means the infection has already spread into the bone. If you have a patient and you're probing and you're calling out 646 756 what's the result of that going to be. They look at you their eyes get big, all of a sudden go still and they know they've got a problem before we have to say there's a problem. It's a really critical point.

Those verbal skills, just those skills alone. I have to tell you I've been a hygienist long enough that my daughter now is a hygienist. Kind of embarrassing to say that but

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it's been really fun to share this profession with her and she had a patient who came in and a few months out of school she said, mum I really need help talking with patients about perio. It's different than in school, in school everything was covered, they paid their 15 dollars and everything was included in that but now it's different. We went through the verbal part of probing and she came to me two weeks later and said, "I'm done." Just those verbal, with a patient who's declined perio for four years but his disease had progressed to the point that it was he had eights and nines. He even had an area where he had a 10.

That's another discussion for another time what to do with those patients, are we continuing to probe them because that's considered supervised neglect. We don't have time to get into all of that but anyway long story short she used the verbal skills and the patient moved forward and had the perio treatment done and the doctor was just blown away because they've been talking about it for all that time and he finally got it when she actually used that language, so that's the first step. The second step is to use visual tools so to help them see what we see and that's when we talk about the Soprocure camera. The third step is to do our help assessment and walk them through the worksheet that we've created, the fourth step is to use the perio brochure that's mostly like the risk assessment brochure that we've created that really helps bring it all together.

We make a recommendation as a spot on the brochure where we have the hygienist check off the services that they're going to employ with that patient so it personalizes the recommendation for each individual patient. The fourth step is finding the money and we go through how to

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propose periodontal therapy costs and treatment fees much like we do other services. We talk about it in total dollar amount, we try to never use the word cleaning we use gum infection therapy instead. There's a lot of nuances to it but it takes about an hour and a half to teach it all the way through and when we're teaching how to maximize the role of a periodontal therapist that's another eight-hour day.

We spend eight hours on the role of a preventative therapist too because we get all the way through the preventative therapist and then we talk about keeping the schedule full, which is an important part of maximizing hygiene and revenue. I mean if we have patients on the chair we're really not going to be productive at all. Eight hours for that and another eight hours on perio therapy. I recognize it's a little bit hard when we do these contacts, these phone calls because there's so much we could talk about but hopefully that gave you a little bit of a glimpse of what we teach. We're very much proactive when it comes to the science of what we do in fact, so much so that we've even been involved in creating a product line that can really help patients see success both with the caries risk and the periodontal risks.

That's something that was never on my radar, never thought I would be involved in that side of it but when I started going and doing lectures and working with practices abroad so Australia, UK, Canada, the main product that I'd recommended for 12 years for perio therapy, they don't ship internationally, so we ended up collaborating. I had the opportunity of working with an incredible mind, a scientist, a dentist, who also has a masters degree on medical research from Harvard. We created a mouth rinse called Essential Smiles that's got

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essential oils in it, it's got a therapy, there's xylitol in it and it also has ingredients that will neutralize the pH of oral environment. That has helped us revolutionize perio therapy and ...

Alison Watts: I'm so excited, we ordered ours it's not here yet but I cannot wait to try it. I've heard it's amazing.

Wendy: I'm super excited for you. What we need to do is we need to set you up with an orientation now so that your hygiene team, and your whole team really knows how to use it, when to use it but it's been amazing that the results that we get from patients Dr. Maple raves about it, she calls it dental crack because it flies off the shelves. They can't keep it in stock it's really funny. It's got a pleasing taste, and it helps patients form their bottle they can refill a sprits, and the idea is to have three to five applications of xylitol every day and that's a known cavity fighter and the essential oils too, I mean the science is really compelling. We've gotten so much into the science of periodontal disease that we've turned it into a little bit of science geeks ourselves.

We're just thrilled to be able to put our name behind this product because in the interest of full disclosure, this is one product where I do own. I'm a co-creator of this product so this is one thing that we're passionate about. We're passionate about it because I feel our patients need every single tool that they can get to help them win this battle. They deserve to have the best chances of success, and I felt that a lot of the products that we had out there especially given recent science about chlorhexidine. Chlorhexidine is not recommended now and a lot of people haven't really gotten the word on that yet, that was a study that was just released in 2014. That

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chlorhexidine is, it's really in a way working against us and there's been an entire class of super bacteria evolved because of products like chlorhexidine.

Bacteria is now tolerant and resistant to chlorhexidine. There's also recent study just published, I believe it's only been 18 months ago, about how chlorhexidine is toxic. Here we have this gold standard product that's been widely used for years that Dr. Sam Low, who's a renounced periodontist and lectures worldwide, is now saying don't touch that, don't use that, it's not benefiting our patients. When somebody asked him, "Okay, then what do we use?" He said, "Essential oils." I was thrilled because that meant we were going in the right path. Anyway, I don't want to get sidetracked too much on that but I know that you are excited about that product and a lot of people really are excited about it,

Alison Watts: I am, I'm excited about it, yeah, I'm excited you brought it up, I appreciate that and I know people will have your contact information or you guys can get in touch with me if you need any information on any of this. I can get you to the right people. We got the phone number and got it ordered, so I'm excited.

Wendy: Great. Well I am too and I can't wait to hear your insights and if patients like it and all that. People can just go to www.essentialsmiles for that information and they can request a webinar, a science review that also offers CE credits so anyway, good fun with that. That's periodontal therapy and when we look at practice opportunities, usually we often see practices, even the practices that feel like we're doing well with perio, we sometimes we'll see that there're below 5%. Experts out there are all over the map on this but I strongly feel we should be probably

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between 20 and 30% perio codes, that's what I feel is a healthy level. There's a lot of work to do when it comes to perio.

Before we ran out of time I want to talk about two another really important role and that's the role of patient treatment advocate because this role is the one I think most dentists get excited about because this really is about how do we leverage the hygienist and the relationship that they've built with our patient to drive to restorative care. Again, just like the preventative services I'm not talking about unnecessary care, I'm not talking about diagnosing more crown, I'm talking about having the right verbal skills and the tools and the process to get more patients to accept the care they already need. I'm also talking about a process and a system so that when doctors come in to do the exam at the end of the hygiene appointment that whenever the doctors come to do the exam it's more of a streamlined process and it minimizes doctor time in that chair.

There's a way we can do all of that. What's fascinating to me is we have hygienists who go through rigorous schooling and training and board exams and all of that and when we really take a step back and look at how many courses do we have to prepare us to discuss restorative dentistry, the answer is none. Here we have the people that are trusting these situations where the dentists are saying, I wish my hygienist would help me diagnose more dentistry or treatment plan and sell more dentistry and the hygienists are feeling very ill equipped to do this, we're also quite frankly terrified because we are taught in no one certain terms how to diagnose anything restorative so what we have to do is we have to bridge that gap.

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I was at a lecture a workshop or a seminar conference whatever you call them three-day event in Nash a couple of weeks ago and there was another dental speaker really quite brash and he said, hygienists assistants get over yourself just diagnose the dentistry. You know what the doctor is going to say anyway so just say it and I thought gosh that's not going to go over very well because we often we're not comfortable with that but we can say things like, I'm not the doctor but my best guess is. We help them know how to use words that can help preheat the patient with the doctor and we actually walk the doctors and the hygienists through again an exercise to help create alignment. They need to be calibrated because ever doctor has a different level of what I call diagnostic assertiveness and that's exactly how it should be.

No two doctors, even doctors practicing under the same roof don't always agree and I don't think they should be accepted to but as your hygienist I need to be able to accurately predict what you're going to say and sometimes that can take me years to figure that out on my own. What we want is we want a new higher to be adequately prepared, we have a 90-day process, we want them to be able to accurately predict what the doctor's going to say in 90 days. It really shouldn't take that long but many practices don't focus on it, we don't work on it, we don't have any systems in place, we aren't all even speaking the same language when it comes to patient acceptance so in many ways we shoot ourselves in the foot.

We go into a practice and we pull a treatment plan report and it's often in the millions and we got the doctor looking at me saying, hey Wendy I need more new patients. I'm

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like you absolutely do not, that's the last thing we need right now. What we need to do is to get better with the patients that you're already serving and seeing every day, we need to get more of that treatment that's pending actually done and he's how we're going to do that. This is a really interesting role, I love this role, I love talking about all things new patient experience and case acceptance and it's a process.

Again, we do not come in and change anything that the doctor's doing, we don't change the recommendations, we don't push the doctor to find more crowns or anything like that. What we're doing is we're trying to create systems to support what your ideology is, what your practice philosophy is and just educating and inspiring the team about your vision and what type of dentistry you want to be doing and then empowering the team to know how to have those conversations with patients to change your starts. Just because I love this one, what's the definition of insanity again, what do they say that is?

Alison Watts: Doing the same thing over and expecting a different result.

Wendy: Yeah, and that's what we do all the time in dentistry. Maybe this bunch it's going to be different I don't know why we really haven't changed anything but this month we're going to have a different result at the end of the month. Sometimes you need to take a step back and realize how big of an idiot that makes us. We're sitting there expecting the results to change but we're still doing the same things. When we look at the role of treatment advocate it really is about how can utilize technology. We often find that many dentists have invested in technology that is not being utilized to the fullest extent and there's

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usually a reason, usually it's not the fault of the individual it's the lack of a good system.

We may have bought the latest intraoral camera or cavity laser or cone beamer, whatever the technology is but we haven't had a very clearly defined system for implementation. Whatever that is we tweak that, we help make that adjustment, we help the hygienist know how to fit it all into the appointment and still provide that world class experience. All those variables are super important. When you look at the role of a treatment advocate, it really doesn't impact hygiene revenue but it can fuel practice growth and that's what we absolutely love to see.

Alison Watts: I think it also builds confidence and trust and I think if I were a hygienist, I would think that was pretty fun. To be able to help people choose what we can offer them to be as healthy and happy as possible.

Wendy: Absolutely. I tell hygienists all the time, if I had to choose between my intraoral camera and my power scaler I would choose that intraoral camera all day long. I might cry about it a little bit because I love my power scaler but the point is the intraoral camera changes lives. It has the power to help change our patients' lives for the better and our scalers are important but they don't have that same power. That's why our role as the patient treatment advocate is so fun to work on and just like you said, we see hygienists, we get emails from hygienists all the time saying, I've never had as much fun, I'm re-energized, I feel challenged every day, I was completely burned out and ready to be done and now I'm back. They're so grateful and so appreciative of that and again it's not us, it's not really anything we do we just lay out the system

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and provide them with the tools and then when they apply it and they realize success it's accelerating.

Alison Watts: Yeah. Well and it's so hard for us practices to do this by ourselves, I don't know why but just first of all to have that third person come in that objective person come in and show you what you're doing and what you could be doing is one thing but also just when you have somebody come in and help you put aside the time. Like you said it takes 90 days to calibrate, like I don't know how long it takes to calibrate without somebody coming in and doing this so intentionally but it seems like years if ever you feel the need to calibrate it.

Wendy: If you think about it, you've probably have some hygienists over the years you're like, oh my gosh, we work so well together, she really helps solve the dentistry and if you think back at ... or he, I should say we are seeing more and more guy-gienists which is an awesome trend, I love that. The hygienists that we work with sometimes it can take them years to really figure us out and you look back at those providers and you're like, you know what, it probably clicked in about year two year three and that's usually what it takes. We're like, no, you can hire a fresh new face to your practice and not lose any ground if you have systems built in that are intentionally designed to create and develop those skills because I can tell you this too.

A hygienist with 15 years' experience comes to your practice and is a new hire, we've got to almost start all the way over and we've got to learn how you do things and how do you want your paperwork and how do you want your notes and how do you want me to talk about dentistry. It's starting over and so everybody has to learn

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our system and sometimes it's really hard because we really don't have a clearly defined system at all. Anyway, that just summarizes the three roles of what I consider world class hygiene department and just so you know, we have hygienists that are embracing and doing these things. In rural America, we've got hygienists that are doing \$50,000 a month's production by themselves.

Alison Watts: I totally don't believe that it's ... What people say, "You can do that where you live," but I can't do that. I know better than that. I think it's all about what you believe and what you stand for.

Wendy: To be fair, there is some differentiation and fluctuation in fees. Fees in New York city are very different than fees in Iowa but the reality is, we have hygienists at the top of their game in Iowa doing 50,000 in revenue a month and we have hygienists in New York city doing 80,000. It just depends on the fees. The fees do vary but the systems work everywhere. These systems are not just unique to America. We have very successful case studies that we've done in Australia, Canada, UK, we're going into China fairly soon, which will be really interesting because I do not speak Chinese. All the other countries I listed speak English and so it's been pretty easy but they have a desperate need and are just hungry for that information in China.

Hygiene in many of these countries is still a fairly new profession and they're just still finding their way. It's been just an absolute pleasure, like I said, to be able to learn from the best and the brightest in our profession. Every practice, my coaches or myself, every practice we visit, we learn something. We just love it. Working with doctors, like Dr. Susan Maples is a classic example. We've

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lectured together at the AAOSH meeting, the American Academy of Oral Systemic Health and she said, "I've got to have you come to my practice." When I went to her practice, I said, "Oh my gosh! I've never seen a practice that's operating this way."

We learned something from just about everybody we work with and it's such a gift to be able to share what we've learned. Everything that we talk about, everything that we teach, proven, tested, replicable, systemizable, we work with small practices that have one location, two treatment rooms split up to the largest entity, have 700 locations. It runs the gamut. These things, they work across the board. These are principles that are tried and true.

Alison Watts: I love it. I think it's so cool that you're going to China, so you're going to have a translator, I suppose?

Wendy: Isn't that neat?

Alison Watts: Yeah. That's really cool.

Wendy: I actually have a dentist over there that speaks Chinese. He's an American dentist and they have, it's such a really unique structure, they have dental hospitals. They'll have 300 dentists in one building. It's a very different structure but it's super interesting, so I'm excited to learn and very little preventative care and periodontal care over there for right now.

Alison Watts: I know we only have like 15 minutes so I definitely want to open it up for Q&A for you guys and then I'll ask Wendy a couple of questions but if anybody has a question or comment or anything you want to say to Wendy, push star two and I'll see your hand go up and I'll open up your

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line for you to ask a question. We'd love for you to, and if nobody has a question Wendy I just want to ... The question I would ask you is there anything I didn't ask that I should have asked? Is there anything that is really a powerful, drop the mic thing that we should hear you say something.

Wendy: Yeah, there's probably one thing. One thing real quick. I want to let everybody how they can go get the copy of the book here before it's too long. I actually had it pulled up and of course now I'm not seeing it. Give me just a second and I'll pull that up. The one thing that we didn't talk about that is the elephant in the room, is compensation and obviously for hygienists, if they're going to do the hard things that we're talking about and I'll be honest, practicing at the world class level is hard work. It's exhausting and if there's not a return on effort, it's not sustainable. That's one of the things that we help dentists and hygienists figure out, is the compensation plan that makes sense. What we found too often is when we're paying an hourly wage, we get an hourly minded employee. We don't get a producer.

I view this as a tactical mistake that we've made in dentistry and we have systems that are very easy to transition to. Very few of our clients are on full commission because for the hygiene provider, think about that, that's stressful because we're often not involved in the decisions on which plans to accept. We're not the ones collecting the money. I would say our most successful formulas are a hybrid where the hourly wage doesn't change but we figure out what the profitability threshold is, then once we're producing above that profitability threshold then there's a little bit of profit sharing that goes on. Compensation matters, it's totally

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important and we don't call this a bonus for the hygiene department, we call this the change to their salary compensation and it's fully embraced. It's called production based compensation.

This is a very important element but it's also important that you have it figured out and I talk about it a lot in the book so to register for the book, you can go to www.doubleproductiontoday.com and that will pull up the landing page where you can register for your book. That issue will be discussed in more detail and the book that actually we're giving away here is actually called The Ultimate Guide to Doubling and Tripling Practice Production. It's really a quick and easy read designed to just give you an idea of our philosophy but we do talk about compensation in that book and that's just an important thing. If I had to say one thing that we didn't cover that needs to be covered is the compensation piece, because practices that makes that change, they're the ones that have the sustainable result. The hygiene team never goes back to the way they were.

Alison Watts: Do you find that it doesn't matter what the hygienist's personality is or there's some hygienists that are super anti-sales kind of not motiv- ... I've just had some hygienists that love this idea of sharing, having commissions and I have had some that just are like, "No I don't want to do that." Is that something you find?

Wendy: Yeah, that's a really good question and I would say after we're done with them and they understand the why, so they all get excited about it, but I think what's intimidating and maybe a little off-putting about going to a commission structure is we as hygienists, we care about our patients, so do dentists. We got into the profession because we

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wanted to help people and serve people and so sometimes we don't want to become that kind of hygienist that's motivated by money only and we explained that that's not what it's about at all. We certainly don't want them to compromise their ethics and the practice, it's good to embrace a standard of care.

If we find a provider is too motivated by the money then we have a conversation about how this behavior is not in alignment with our core values and we need to make sure we are following the standard of care. Very rarely do we have to have that conversation, but when hygienists understand the why and that listen, practicing this way and embracing change in dentistry and embracing preventative therapy codes and periodontal care codes, it takes a lot of effort. When we present it the right way, we find consistently hygienists are excited about the opportunity. They're not worried about it. It's also because, like I said before, most of our formulas, the hourly wage doesn't change, so they have that security blanket that many of them want.

Alison Watts: Yeah, that makes sense.

Wendy: We have figured out the right way and the wrong way. Believe me, this program, we've been doing this 18 years now and the early years, what we teach is very different than what we teach today. We had to learn, sometimes the best teacher is experience and sometimes the experiences we learn from, the most powerful are the bad ones.

Alison Watts: Yeah, the most painful.

Wendy: We've learnt what worked well and how to position these things and how to inspire and uplift and provide the tools

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and we have some dentists, I have one dentist in particular that has been in the Florida Keys that I remember specifically our conversation. She said, "I'm really worried about one, she's very stuck. She's been a hygienist for close to 35 years. I don't think she's going to embrace it and run." I said, "Let's give her a try." What we find is usually when the expectations are raised and we provide the tools, almost always, performance will rise to the level of the new expectation and that's exactly what happens with this provider.

I got a text the very next day after the coach was there that she had a \$1,600 a day which was just incredibly exciting because before getting to \$900 a day was a struggle and she's just doing amazing things. Sometimes we make these judgements based on past experiences but what dentists don't realize is that we're not talking about proceeding at the same standard that we always have. We're equipping them and empowering them with a very strong why because we lead with the science and then we're providing them with the tools that they need to really get the win.

Alison Watts: I love that. The way you even are talking about it right now, I can hear your passion about it and I can hear your belief and conviction in what you're doing. I think even just that alone, if I'm a hygienist, I'm going to be like, "Yeah, okay. I'm going to try it." Because obviously you've got years of this working too, you've got all your proof.

Wendy: I appreciate that. It's good to know. Another thing that is powerful, is we're one of them. Every single one of my hygiene coaches are practicing hygienists who live what they teach and so it's not somebody, it's not the accountant or the MBA or somebody saying, "Hey, here's

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what you need to do." This is one of them who does it and so it's a very different thing. I've heard dentists say, "Oh my gosh, Wendy I've been trying to get them to do this for years and you guys come in and now they're doing it." I'm like, "Well, it's a different voice."

Like you said, an outside voice has power and an outside voice that's one of them has tremendous power. That's another hidden secret that we are able to do is we can motivate and inspire hygienists at a different level, which is why we love it. We tell hygienists, the very first thing we do is we pull them aside and say, "This is not about making more money for the practice, that will happen as a side result but this is about taking better care of your patients." That puts them into use from the very beginning.

Alison Watts: I love your model also when you just were talking at the beginning, it sits very well with ... Our practice is a comprehensive practice and I totally enjoy my part of the practice being fewer people that I skip to spend more time with and have more quality conversations and really talk about what they really want and how they can get it and that. I love the idea of my hygienists being able to do the same thing.

Wendy: Yeah, for sure. I agree so much. I'm so glad that we're able to visit and get some of this. I don't know if you have had anybody with questions. We've had a pretty comprehensive conversation. Sometimes we answer the questions before they can even ask them with the way we explain what we teach.

Alison Watts: I think you've done an amazing job. I'll say one more time if you want to raise your hand push star two and if nobody

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raises their hand, I will open the line. I think there's are a couple of people on here. I know there's at least one that wants to say hello to you. I think with that, because I'm not seeing anybody raise their hand, and you guys are free to say something. Let me just open it up. I've opened the lines up, so now we can hear everybody. I want to thank you all for coming and Wendy, you too. I've really enjoyed this. Thank you. I'm really excited. I've learned a lot too. I'm really excited to go back to my practice with this and like Susan said, I want to have you come to our office.

Wendy: Yeah, for sure. We love it. This is what we do and so thank you for the opportunity. We love helping people to know what they can do this to achieve the results that they're after and we love helping them change patients' lives so it's been a pleasure.

Alison Watts: Thank you for the book and I just want to ask, what's an easy contact, where do people go if they want to learn more about you? I know I probably put it in my email but just to make it easy, what is your contact information? Your website or wherever you want people to reach out.

Wendy: We have two websites. They can go to hygienediamonds.com so H-Y-G-I-E-N-E diamonds D-I-A-M-O-N-D-S.com and that will lead them to ... There's phone number there and they can send an email request as well or they can also go to www.theteamtraininginstitute.com a longer website but the hygiene diamonds, really we narrow it and we focus on the hygiene principle. The team training institute, we've got resources for entire practice management. Doctor mentors, administrative and business mentors as well as hygiene mentors. It just depends on where they

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want to go and if they don't really know what they need, they can reach out on either platform and we can help them figure out which direction to go.

Susan Maples: I have a question though.

Wendy: Okay. Who is this?

Susan Maples: Susan Maples. Hi my friend, Wendy.

Wendy: Hello, I recognized your voice. It's so good to hear your voice.

Susan Maples: I'm delighted to hear your voice as well, always. I want to say having had you in and put my team on a somewhat of a bonus structure related to their production that also we're doing a lot of cerebral diagnostics which add a lot to their bottom line but I still feel like we did more of sealant dentistry and more sealants right after you left. I wonder what's the difference when you have Hygiene Diamonds come in or you or one of your trainers come in more repeatedly versus a couple of times. I feel like they seem to be more interested in staying on schedule and having their conversations about production at least for me.

I'm not a production oriented dentist. I'm all about the health of the patient but I also realize out of convenience for the patient, that we send them with a sleep monitor, we can send them home with the cerebral diagnostics. Obviously we're doing fluoride and probably 85% of our patients, those do not add value to the patient and others]. In terms of going the extra mile and staying a little late to do, a little past their appointment, to do things and squeezing the doctors schedule, how much better do we get when we do this repeatedly versus having you in once or twice?

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Wendy: I think part of the value of having our coaches working consistently with practices is that there's a measure of accountability that also doesn't come from the doctor. They not only are cracking their services but they're having to report it to a coach and so we can say, "Hey, we noticed we saw a drop off on sealant. What's happened here and how can we help you do more? Lets' look at those opportunities." We kind of challenge them. It keeps that presence of mind. Dr. John actually kind of phrase for this that I found interesting. He said practices tend to suffer from Wendy fatigue. Right after they hear us or visit us, services ramp up and then over a few months, it can kind of taper off or wane off and then once they hear us again, back, right back up.

I think it's just a part of human nature that we lose focus on some things unless we have someone holding our feet to the fire in a way until it becomes such a part of your culture and system that that's really not needed anymore. It's just a part of who we are and sometimes I think we don't have enough accountability. It hadn't yet become a part of your culture yet to the extent that it could. Having somebody help coach them forward and also hold them accountable, I think is what's missing. I need to come back to see you again, we've talked it forever and it's just our schedules are challenging but ...

Susan Maples: For introducing my work with you, are you going to be in Salt Lake City for AS? Will I see you there?

Wendy: I am briefly. I am so I'm hoping to at least bring by parts of your neck and saying hello.

Susan Maples: We'll find the time.

Wendy: Sounds good.

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Susan Maples: We'll find the time to do that.

Wendy: I look forward to it.

Susan Maples: Me too. Thanks a lot for doing this tonight.

Alison Watts: Thanks Susan, for introducing us. I don't know if you heard me say I'm about to get my Essential Smiles. I'm excited to become a dental crack addict.

Susan Maples: Make sure you get, this is your deal, make sure you all get the sample because before someone spends \$28 or \$30 on a bottle of mouthwash which lasts a long time ... I also would buy the tops for \$5 because they make it ... They lower one more barrier to use so you don't have to uncap it. The other thing is, you definitely want to spray it in their mouth first because they'll go, "That's really good." If it's too strong for them you can talk about dilution but the idea is that we'd say, "I want to make sure you like it before you invest in it." They all go, "Oh yeah, I can totally do that." It's so good with reducing inflammation, not just from plaque but from food sensitivities and other aspects of inflammation, reflux acid and all be the rest.

Alison Watts: I might call you when I get it and have guys help me ... one of you guys ...

Wendy: Yeah, like I said, we need to just schedule a quick orientation of your practice.

Alison Watts: Yeah, we'll just do that. We'll just schedule that. Thanks for asking your question Susan and thanks for being here and thanks for introducing me to this lovely lady who's awesome. Thank you all for being here and spending your precious time with us. Always fun, we'll have another speaker next month and hopefully you guys will go get

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your book from Wendy and use this wonderful information that she shared with us tonight.

Susan Maples: Absolutely.

Kelly Bromwich: Hey Allison.

Alison Watts: Yes.

Kelly Bromwich: Sorry this is Kelly Bromwich.

Alison Watts: Hey Kelly, how are you?

Kelly Bromwich: What was the name of the book? Hey, I'm good. What's the name of the book?

Alison Watts: It's called, The Ultimate Guide to Doubling and Tripling Practice Production. Super long title but really is the ultimate guide.

Kelly Bromwich: Okay.

Alison Watts: Kelly, did you get the website for it?

Kelly Bromwich: No, maybe that's what I missed.

Alison Watts: Let me give you that because that'll help, you register and it's free so hold on a second while we pull it back up. I have it Wendy, do you want me to say it? I have it Wendy.

Wendy: Yeah, say it.

Alison Watts: It's www.doubleproductiontoday.com.

Kelly Bromwich: Okay, great. Thank you.

Alison Watts: You're welcome. If you have any problem just let me know and I'll reach back out to Wendy and make sure but

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that's what I've written down. I'm pretty sure that's what you shared earlier

Kelly Bromwich: Perfect. Thank you.

Alison Watts: Thanks Kelly. Thanks for being here. Okay everybody, have a great night I'll see you next month. Wishes for an awesome practice and hygiene department. Thanks again Wendy.

Wendy: Thanks so much.

Alison Watts: Alright.

Wendy: Bye bye.

Alison Watts: Take care. Bye bye.

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