

Talking Ethics



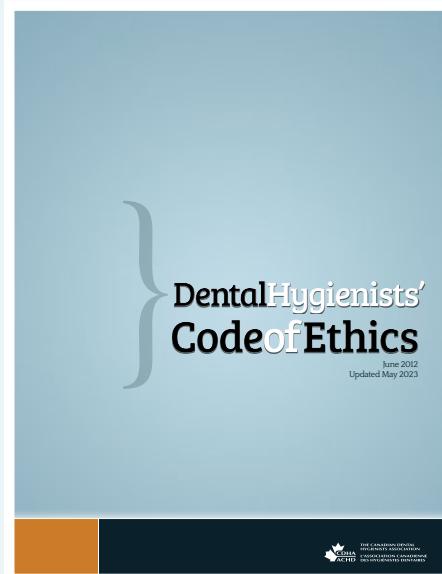
Targeted Production Goals Affecting Access to Care

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Overinflated targeted production goals in dental hygiene practice management are affecting access to care and presenting dental hygienists with an ethical dilemma. The topic should not be a whispered discussion among dental hygienists, but rather should be honestly framed so the narrative can be directed towards finding an ethical solution that sustains access to quality care and removes barriers to upholding the principles and responsibilities outlined in the *Dental Hygienists' Code of Ethics*.

Framing the issue requires a candid discussion. The following examples may not be every dental hygienist's experience but from whatever angle you explore the issue, reflect on where it could be headed if the situation remains unchanged. If nothing is done, or at minimum deliberated, what will be the outcome for the client and the dental hygienist?

In various settings, dental hygienists are not just asked but expected to bill for inflated production goals. Imagine scrolling the schedule during a chart audit and noticing that the manager has purposely added the units of scaling expected to be billed. If the dental hygienist does not bill what they are told, they are penalized by having time removed from the schedule and appointments shortened. The shortening of appointments is not a solution because there are also all the non-billable tasks in ADPIE that must be performed. Who suffers? The client. Who should decide what to bill for dental hygiene services? ONLY the dental hygienist. Is there a business side to dental hygiene? Absolutely. Underbilling is another discussion that merits attention as it undervalues dental hygiene services and potentially jeopardizes the financial health of the practice. The dental hygienist must be conscious



of the time spent on all delivery of care attached to a billing fee. There is also "speed scaling" where a dental hygienist rushes to complete the debridement in a race against the clock. This type of approach again undervalues dental hygiene care and sends the wrong message to the client about the dental hygienist's accountability and responsibility for their oral health. If a dental hygienist sticks to "time for services," there is no over- or underbilling. Simple and ethical.

In addition to targeted production is the offering of financial incentives for the highest producer of the month whether it be in total or for specific

services. Accepting any type of incentive for client care is a conflict of interest for the dental hygienist. Can there be discussions about production goals? Certainly, back to the underbilling and the speed scaling. However, there needs to be a reality check that every dental hygiene column can only bill so much. There is no need to set production goals that are unattainable as there is a finite number of people who can sit in the operatory chair per day. If a dental practice wants to increase dental hygiene production, the solution is not to ask the dental hygienist to bill more, but rather to have the team focus on process of care and quality treatment planning to eliminate underbilling, speed scaling, and potentially missed care in the ADPIE sequence. From there, the practice should assess and consider the need to add another dental hygienist to the team rather than working the existing dental hygienists as a production line. Another solution is to ensure the dental hygiene department has quality instruments including specific periodontal kits for heavier or more tenacious debridement. The dental hygienist delivers nonsurgical periodontal therapy at various levels that require a variety of resources. Recognizing dental hygienists as health care providers and giving them the

TARGETED PRODUCTION GOALS IN DENTAL HYGIENE

Principle	Ethical Challenge for the Dental Hygienist	Impact on Client Care
Beneficence	The dental hygienist may not be able to use their knowledge and skills as a health care provider who is more than capable of making treatment decisions, including the promotion of fair billing and reasonable access to quality oral health services.	Targeted production goals make it more difficult for the client to receive fair and reasonable access to quality oral health services. If the fees are inflated to meet goals, the gap in access to care will continue to widen.
Autonomy	The dental hygienist may not be able to make professional choices and offer open and evidence-informed guidance to clients. Who can decide what to bill? Only the dental hygienist (not the manager!).	Communication with the client may not be truthful as the billing does not "match" the informed choices the client made as a participative decision maker.
Integrity	The dental hygienist's values and methods are challenged to the core. Dental hygienists uphold their role as advocates and are cornered in this situation to promote dishonesty.	Fairness and justice for the client are negated. The client is not treated honestly and truthfully.
Accountability	The dental hygienist isn't able to take responsibility or be accountable for professional decisions.	The client is vulnerable to actions that are less than responsible and professional.

tools needed allows them to spend more time on quality debridement and thus bill accordingly.

Educate, educate, educate! Cutting time short on client care has a direct impact on time spent on education. Client education builds trust and rapport for informed decision making and the client's adherence to the suggested treatment plan. Clients who participate in the treatment they need at the required intervals of care increase production.

The table above identifies the principles and responsibilities being challenged, as well as the impact on client care, when inflated targeted production goals are in place.

What can be done? **CDHA's guidelines for ethical decision making** (Appendix B in the *Dental Hygienists' Code of Ethics*) offer a professionally structured approach to analysing a problem. Use the table and map the problem with its solution. The first step is always to try to resolve the issue. Should it lead to a dead end, do you leave the practice? For

those who can entertain this, there are options, as well as the possibility of operating an independent dental hygiene clinic. That is a solution, but it does not "fix" the problem as the next dental hygienist will jump into the hamster wheel already set in motion. That's why framing the issue openly as an ethical dilemma is an important step in the right direction. The more the topic is scrutinized together as a profession, the greater the awareness. Awareness sparks critical thinking and fuels motivation to change.

Should the status quo continue, the gaps in access to care will widen. There are already many barriers to professional oral health care; increasing billing when not justified will only amplify the issue. Should the status quo remain, the level of frustration among dental hygienists will also increase, prompting more and more clinicians to leave the profession or contribute to a large population of dissatisfied dental hygienists who feel stuck. Overinflated targeted production is an unethical practice that must not be tolerated. Use your ethical voice and call for change!