Feel like you’re swirling the drain?

By Sally McKenzie, CEO

I shudder when dentists say to me, “I just don’t know what I would do without ‘so-and-so;’ she just makes this place run.” Dentists who allow this to happen are setting themselves up for economic, professional and personal catastrophe.

That may sound like high drama, and it is. I’ve seen it happen in too many practices too many times. The last thing you want is a situation in which your professional success or failure is contingent upon the actions of one employee. Every practice must have systems in place to ensure that the business is not dependent on any one person.

Specificity is essential to success in every dental practice. The old “everyone does everything” doesn’t work in today’s demanding workplace. Certainly, you need cross training, backup systems and protocols so that other staff members can step in when necessary. However, individual employees need to know what is expected of them individually.

For example, let’s look at patient retention. There is no industry standard for patient retention, but the dentist can and should set his/her own goal for this. The practice should begin by measuring how many patients it’s losing each month. From there, you can evaluate the various systems that directly affect patient retention, such as recall, and establish realistic goals to improve them.

Collections are another example. The goal should be a 98 percent collection rate. Case acceptance should be at 85 percent; hygiene should produce 53 percent of practice production; 85 percent of emergency patients should be converted to comprehensive exam; and the schedule should have fewer than 0.5 hygiene openings per day.

Recall is commonly among the weakest systems in practices that are struggling, but unscheduled treatment (typically doesn’t come anywhere near passing the “effectiveness test” either).

Take advantage of practice-management system reports that are readily available, including the unscheduled treatment reports. These allow you to see who has unscheduled treatment in the files. In actuality, the unscheduled treatment report is documentation of revenues waiting to be tapped.

With this information in hand, the objective is to get patients back in the practice. This may require a paradigm shift of sorts for your scheduling coordinator because instead of being reactive, it requires that he/she be proactive.

However, don’t send him/her out to line up production without a clear and specific plan of action and a well-developed script to guide him/her in talking to patients.

Please remember: this isn’t the sole responsibility of the business staff. As patients return for hygiene appointments, it is essential that both the hygienist and the dentist remind them of the importance of pursuing treatment that has been diagnosed but not delivered.

In addition, take a close look at the production by provider report each month. This shows the number of each type of procedure performed over a specified period of time.

Your business assistant should run this year-to-date report every month for each dentist and hygienist, so they can determine how their production compares with the same period of time last year, as well as with production goals that have been established for this year.

According to the industry standard, 33 percent of hygiene production should be derived from periodontal therapy, specifically the 4,000 insurance codes, such as #4910 and #4341.

Moreover, take a close look at your clinical efficiency. We find that many dentists get up from their chair numerous times during patient procedures, or have their assistants leave the treatment room to retrieve items that should have been set up in the first place.

Clinical time and motion studies reveal three more reasons for production shortfalls: 1) slow treatment room turnaround; 2) underutilization of chairside assistants; and 3) poor planning for armentaria and procedural protocols.

In addition, consider new treatment services. Practices that are struggling are likely doing what they’ve always done, i.e., crowns, fillings and prophys year after year. Dentists who are doing interceptive perio, endodontics, veneers, bleaching and implants not only expand...
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their patient base and improve their production, but they also renew their professional enthusiasm for dentistry. While we are all well aware of the current economic conditions, that doesn’t mean that you disregard your fees and the time you spend on procedures. It’s essential to calculate your production per hour (PPH) along with a PPH analysis of every procedure you offer. This is much easier to determine than many realize.

Take the amount of your fee for a specific procedure; divide that by the amount of time it takes to perform the procedure. That number is your production per minute. Now multiply the production per minute number by 60 minutes. That number is your production per hour.

Each year you should analyze comparable fees in your area and evaluate if yours are in line. Remember: you don’t want to be the cheapest or the most expensive dentist in the neighborhood.

Review practice numbers every month. This allows you to spot trends — patterns that continue for three months or longer — and make adjustments. The key is to pay attention, and when you see the signs that the financial tide is turning, take action.

When production, profits and/or progress seem to have stopped or slowed, there are likely more than a few issues causing the situation, such as:

• Business staff turnover is common in the practice.
• There are no established training protocols when business staff is hired.
• No production goals, collections goals or scheduling goals have been established, or they are unclear at best.
• The practice does not use system performance measurements or it measures some systems but not all.
• The team does not know how to measure specific systems or how to evaluate the success or failure of each one.
• Job descriptions, if they exist, are unclear. Multiple staff members are “responsible” for multiple systems, so instead of accountability, there is finger pointing when things go wrong.
• Holes in the schedule and no-shows are common.
• No one follows up with patients who have unscheduled treatment.
• Unscheduled treatment is not tracked.
• The clinical team has never evaluated its clinical efficiency and does not know how to do so.
• Fees are seldom reviewed or compared to similar practices in the area.
• Services have not been expanded in some time.
• The practice has no established vision or goals.
• Practice profits are suffering and the dentist is stressed.

Each of the points above is interdependent on the next. For example, staff turnover may be a major problem because there are no clear job descriptions. Perhaps the employee is trying desperately to figure things out as he/she goes along because there are no training protocols in place.

Practice profits are suffering because there are no clear goals established for production, collections or scheduling, merely vague directives from the dentist.

If you do not have specific expectations of a particular system, you cannot communicate those expectations to your employees. It should come as no surprise then that the employee doesn’t quite know what to deliver.

Once an employee has been given the necessary training and tools and understands how the expectation for a particular system fits into the practice goals, he/she can be expected to deliver accordingly on your expectations. Most importantly, your systems will be consistently working for you, not against you.

About the author

Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide. She is also editor of The Dentist’s Network Newsletter at www.thedentistnetwork.net; the e-Management Newsletter from www.mckenziemgmt.com; and The New Dentist™ magazine, www.thenewdentist.net. She can be reached at (877) 777-6151 or sallymck@mckenziemgmt.com.