Six steps to a chartless practice

By Lorne Lavine, DMD

There is no doubt that the modern dental practice has changed rapidly over the past 10 years. Dentists have come to realize that with new technology they can create a practice that is more efficient, costs less to run and allows for decentralization of the front office.

Records that were primarily paper and film-based are being replaced by digital radiography, electronic records and a move toward a paperless or, at the very least, chartless practice.

Most offices realize that there will always be paper in a dental practice. Whether it’s walkout statements, insurance forms or printed copies of images, paper will forever be part of the dental practice; although there are many practices that have eliminated their paper charts.

While the process is easier for a start-up practice, with proper planning existing practices can achieve this goal as well.

As many dentists may be aware, the federal government is pushing for electronic health records as well. The government has set the year 2014 as the date when all patient records should be digital.

To help practices in this process, there are stimulus funds available amounting up to $44,000. While the details are still cloudy, there’s no time like the present to start going chartless.

The challenge for most offices is to develop the best plan on how to evaluate their current and future purchases to ensure that all the systems will properly integrate together.

While many dentists are visually oriented and thus tend to focus on the criteria that they can actually see and touch, some of the most important decisions are related to more abstract standards.

I have therefore developed a six-point checklist that I feel is mandatory for any dentist who is adding new technologies to his or her office, and I recommend that each step be completed in order. Part I of this article will look at the first three steps.

Part I: Software and design

Step 1: Practice management software

It all starts with the administrative software that is running the practice. To develop a chartless practice, this software must be capable of some very basic functions.

For offices that want to eliminate the paper, you’ll need to consider every paper component of the dental practice, whether it’s walkout statements, insurance forms or printed copies of images. While it’s possible to run a wholly paperless office, it will require a significant investment in technology and training.

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About the author

Dr. Louis Malcmacher is a practicing general dentist and an internationally recognized lecturer, author and dental consultant known for his comprehensive and entertaining style.

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tal chart and try to find a digital alternative. Examples include: entering charting, treatment plans, handling insurance estimation and processing e-claims, ongoing patient retention and recall activation, scheduling and dozens of other functions that are used on a daily basis.

Many older programs do not have these features, and if an office wants to move forward, it will have to look at more modern practice software.

It’s also important to understand that as much as we would all prefer that our practice management software programs can handle all of these functions, most fall short of all.

There are a number of third-party programs that can provide functionality where the practice management programs cannot.

We’ll explore many of these programs and services in a future issue, such as programs that allow you to digitize forms that require patient signatures and programs that can reduce the process of entering progress notes down to a few mouse clicks.

Step 2: Image management software
This is probably the most challenging decision for any office. Most of the practice management programs will offer an image management module: Eaglesoft has Advanced Imaging, Dentrix has Image 4.5, Kodak has Kodak Dental Imaging, and so on.

These modules are tightly integrated with the practice management software and will tend to work best with digital systems sold by the company.

For example, having an integrated image module makes it very easy to attach images to e-claims with a few mouse clicks. However, there are also many third-party image programs that will bridge very easily to the practice management software and offer more flexibility and choices although with slightly less integration.

There is no perfect system. It really boils down to paying a premium for tighter integration or paying less for more flexibility. Some of the better-known third-party image programs include Aptherys XRayVi-sion, XDR and Tigerview.

Step 5: Operatory design
The days of a single intraoral camera and a TV in the upper corner are being replaced by systems that are more modern.

Most offices are placing two monitors in the operatories, one for the patient to view images, patient education or entertainment, and one for the dentist and staff to use for charting and treatment planning and any HIPAA-sensitive information, such as the daily schedule or other information that you would prefer that patients cannot see.

Windows has built-in abilities to allow you to control exactly what appears on each screen. Many ergonomic issues must be addressed when placing the monitors, keyboards and mice.

For example, a keyboard that is placed in a position that requires the dentist to twist his or her back around will cause problems, as will a monitor that is improperly positioned.

Another important decision for the office is deciding whether you prefer the patient to see the monitor when he or she is completely reclined in the chair. If this is the case, then the options are a bit more limited for monitor placement.

Some very high-tech monitor systems will only allow the patient to see the screen, but create a more relaxing environment for patients who are undergoing long procedures.

For offices that are trying to become paperless, having a game plan or “treatment plan” in place will help to avoid some very expensive mistakes.

Most dental practices have come to realize that software technology has become a part of everyday life in the practice. Nowhere is this more evident than with practices that are trying to become completely paperless. As many of you know, the federal government is pushing toward a completely electronic patient record by the year 2014.

Part II: Hardware, systems and backup
The challenge for most offices is to develop the best plan on how to evaluate their current and future purchases to ensure that all the systems will integrate properly together.

In Part I we looked at the first three steps in this process: choosing practice management software, image software and designing the operatories.

Here in Part II, we’ll review the importance of computer hardware, having modern technology systems and, finally, an ironclad backup and data protection plan.

Step 4: Computer hardware
After the software has been chosen and the operatories designed, it’s time to add the computers. Most offices will require a dedicated server in order to protect their data as well as having the necessary horsepower to run the network.

The server is the lifeblood of any network, and it’s important to design a server that is bulletproof, has redundancy built-in for the rare times that a hard drive might crash and can easily be restored.

The workstations must be configured to handle the higher graphical needs of the office, especially if the office is considering digital imaging. The computers placed in the operatories are often different from the front desk computers in many ways: they’ll have dual display capabilities, better video cards to handle digital imaging, smaller cases to fit inside the cabinets and wireless keyboards and mice.

Most dental software programs will work on the new Windows 7 operating system (I recommend Windows 7 Professional in the office), and even for ones that don’t, Windows 7 ships with an “XP Mode,” allowing older programs to be tricked into thinking they are running in XP.

Step 5: Digital systems
The choice of image software will dictate which systems are compatible. Digital radiography is the hot technology at this time due to many factors. For those that can afford it, cone-beam 3-D systems are all the rage.

The dentists who have digital radiography report more efficiency by: having the ability to take and view images more rapidly, better diagnostics, cost savings by the elimination of film and chemicals, and higher case acceptance through patients’ co-diagnosis of their dental needs.

All systems have pros and cons and dentists will have to evaluate each system based on a set of standards that are important to their own practice. For some dentists, it might be image quality. For others, it may be the cost of the systems, the warranty of the sensor, the company’s reputation or the compatibility of the sensors with the practice’s existing image management software.

Keep in mind that intraoral cameras are still an excellent addition to any office because they allow patients to see the things that typically only a practitioner could see.

Step 6: Data protection
With a chartless practice, protecting the data is crucial to preventing data loss due to malware or user errors.

Every office, at a minimum, should be using antivirus software to protect against the multitude of known viruses and worms, a firewall to prevent denial-of-service attacks who try to infiltrate the network, and have an easy-to-verify backup protocol in place to be able to recover from any data loss.

The different backup protocols are as varied as the number of offices, but it is crucial that the backup is taken offsite daily and can be restored in a quick manner.

Online backup is now a reality and a very viable option for many practices that want a true set-it-and-forget-it system for their daily backup.

For offices that wish to be chartless or paperless, it’s crucial to evaluate alternative systems that need to be replaced with a digital counterpart and to take a systematic approach to adding these new systems to their practices.

Most offices would be well advised to replace one system at a time and get comfortable with this new system before adding new technologies to the practice.

The typical practice will take six to 18 months to transition from a paper-based office to a chartless one, but the journey will be well worth the reward at the end.

About the author
Dr. Lorne Latvine, founder and president of Dental Technology Consultants (DTC), has more than 20 years invested in the dental and dental technology fields. A graduate of USC, he earned his DMD from Boston University and completed his residency at the Eastman Dental Center in Rochester, N.Y.

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