

Managing Your Practice

Through Team Accountability

Fantastic! Unbelievable! Amazing! At least that's what you were thinking when you purchased and installed the updated version of your practice management software. You even had the support "techie" in to provide an in-service training to ensure optimization of those incredible tracking reports demonstrated at the convention. But now, several months have past, and not a glimpse of an accounting from your team.

Too busy to determine what went wrong, you sign up for yet another seminar on practice management and technology in hopes that another angle might ignite the flame. (*And, no doubt it will for the day, maybe even a week - but long-term action is what tends to be the real quagmire*). You see, long-term results require a rare commodity called *determination and discipline*. These traits allow us to go beyond the learning, by combining what has been learned with an ignitable desire and willingness to make a difference. In doing so, we are guided to do what needs to be done (on a daily basis) - not just by 'happen chance'.

Most successful business owners know that the foundation of leadership must be established before all else can follow. Thus, a sound mission statement and clear vision must be in place before a team can be expected to engage the discipline and determination required to take ownership in their own accountability. More specifically, the leader must become a constant role model for the team. Lack of ideal mentoring can become detrimental to the practice through mirrored behavior and attitudes. If the business owner is apathetic about the plan, the employees will follow true to suit. When this is the case, you cannot blame your employees for their lack of interest, as they are only following their leader. On the other hand, if

you have the courage to follow ABC leadership (To be Accountable, go Beyond the Extra-Mile & Consistently serve others in high esteem) – you’re destined to be a success.

When the vision is aligned appropriately and you have the right people in the right places, you’ll be ready to proceed to a higher destination. Begin your journey by assessing job descriptions to be certain they are very specific and clearly define the **level of expectation as a condition of employment.** Setting specific expectations will ensure that you and your team operate in line with specific accountability factors.

The next step, which shall be ongoing, will involve each team member reporting their results in specific accountable areas, as it relates to the expectations of their job. This is not to be submitted in a subjective manner during your annual review, but rather as facts and figures regarding quantifiable results, measured on a preset schedule. While there are always exceptions to every rule, remember what Albert Einstein said *“While not everything that can be counted, counts - everything that counts can be counted.”* Hence, be sure to count everything *“that counts”!*

The most effective way to manage information *“that counts”* is to assign specific team members to report information relative to their key areas of responsibility on a consistent basis. This can be accomplished very efficiently through an amazing tool called practice management software. Your computer can help you run several sophisticated reports (most of which are underutilized by dental offices). When optimized however, they can provide a very clear picture of the health of the practice at any given moment, and in most cases with the touch of a button, and one simple command. If the process is so easy, then you might ask, *“why don’t more offices utilize these features?”* The answer is plain and simple: *“because it’s not a requirement of the job!”*

With that in mind, let’s identify the primary reports that are essential to the business of dentistry. While you can run dozens more that are

also very helpful, these seven reports should be considered vital in providing great insight and control over your practice. They include: (1) Unscheduled Treatment Plans; (2) Broken Appointments; (3) Accounts Receivable (4) Missed Recall; (5) Pending Insurance (6) Production by code / by producer, and the (7) Patient Value Report for new patient/continuing care patients.

(1) The Unscheduled Treatment Plan report is an essential report because it examines treatment that has been presented and presumably accepted, but not yet scheduled. The Treatment Coordinator should be accountable for monitoring these numbers and contacting those that have not scheduled planned treatment, with the goal of getting them “in the book”. Likewise, the financial coordinator can work together with the scheduling coordinator to contact these folks that fell through the cracks to ensure case completion. While case acceptance is essential to monitor, **Case Completion** is even more important. It’s far easier to say yes or even schedule and disappear, than it is to show up and complete a treatment plan.

In an effort to increase case completion, you may choose to appoint and train one key person to facilitate your patients in accepting ideal treatment. It is vitally important that the treatment coordinator believe in the doctor’s philosophy, admire their skill, care and judgment – as well as understand more than just the basis involved in dental procedures. Therefore, it would be prudent to have the treatment coordinator attend the same restorative courses you are taking to ensure the learning continues within the same form of reference. Likewise, the treatment coordinator must be able to quickly build rapport with patients, and of equal importance, comfortably discuss the financial investment.

Consider having the treatment coordinator assist the doctor during the exam and the presentation - and then summarize treatment options at the end of the appointment, which will allow an opportunity for more questions during financial discussions. Another option would be to allow the treatment coordinator to present

treatment options immediately following the doctor/patient co-discovery process, at which point the doctor can hand off the patient to the treatment coordinator to handle this process alone. This mode of operation is believed to cultivate a stronger connection between the coordinator and the patient when following up on case completion.

(2)Broken Appointments/ No Shows. These reports identify those patients who must be called back to be rescheduled. Before picking up the receiver, be certain to evaluate the reason for the no show or last minute cancellations. It could be a problem on your end. When you made the appointment, was the *value* of their exclusive time slot you reserved emphasized. Was the significance of the treatment or timing of the procedure reinforced?

If your only choice to confirmed the appointment was by leaving a message on an answering machine, can you be sure that they received it? Was the voicemail system offering you a private mail box? Can someone other than the patient pick up and/or bypass messages? What verbal skills are used when confirming an appointment live or on voice mail? Is there congruency in your message regarding the importance and value, or are you “just calling to remind them...”?

When the calls come in for a last minute change, do you rely on your “quick call” list of patients coded that would actually invite the opportunity to be seen sooner, or on their “preferred day”?

Developing policies to protect your ideal plan when last minute changes occur become crucial in securing a productive, fully booked day. Roll play with scripts designed to help you win over the patient when scheduling, confirming or rescuing a patient that attempts to make a last minute change. Always have empathy for a patient's needs but also understand the needs of the doctor, team and other patients. For example, you might respond to a caller trying to change an appointment as follows: "Oh yes Mrs. Patient, I understand...let me take a look to see what I can offer you instead. Gosh, I don't'

believe I have a better option. My goodness, I don't have anything until the_____. Is there anything we could do to help you keep this appointment?" The key is not to offer an alternative appointment until you get their response (which will determine if you ever have to play that card). Often times the caller will sense that it is not a slam dunk and keep their original appointment as planned.

It is also important to inform the patient of the benefit for timely intervals of continuing care and maintaining optimal oral health. For patients that are simply arriving late, be sure to explain the importance of on-time arrivals and how late arrivals cut into the "appropriate amount of time" necessary to provide quality care. Explain how late arrivals may also cause the doctor or hygienist to "rush" their treatment. Encourage a "team approach" to avoid the domino effect that is experienced when one patient arrives late and is still seen as promised. Consequently subsequent patients who are punctual now have to wait. Help the patient also understand that last-minute cancellations result in lost production, which often lead to fee increases. These insights are sure to make the patient more cognizant of their timely arrivals. If not, a fee for last minute changes might need to be implemented. In such cases, the risk of losing the patient may end up being a godsend. On the other hand, be certain to choose your words wisely and evaluate the value of each patient - before jeopardizing the loss.

When calling patients to reschedule, be sure you are not replacing them on days that merely "fill-the-holes" to make the day look "busy". There is a huge difference between scheduling a busy day and a productive day. A productive day may even show a "hole" or two of time, but it has either met or surpassed your daily goal. This is where daily goals, appropriate fees and block scheduling can enhance your productivity and lower stress. Do not however rely solely on your "search" key when scheduling. While this technology can save hours manually scanning your schedule, continue to bless each day with a quick visual overview to ensure daily goals are met before moving forward. Often times, the re-positioning a non-

productive case may be called for to open up enough time to “slot” another productive patient in on a day that may appear “busy” - but lacks production.

(3) Accounts Receivable. If your accounts receivable are out of line (>1 x production), you will need to go back and re-evaluate your financial policies to see how far you extend out payments. According to banking industry research, most individuals cannot write a check for more than \$500. Hence, it only makes sense to make an arrangement for dentistry above that ‘bench mark’. Remember, you’re not running a banking business. You are a dental office who has no business giving out loans!

If the patient cannot pay for their treatment by providing you half before scheduling and the balance upon completion, establish an arrangement with a reputable company who can make this process seamless and quick. Often times you can get an answer almost immediately. Better yet, use these services to determine the patient’s status before you even present treatment options. This will allow you to be better prepared to present financial options at the time of presentation without uncertainty of the “unknown”.

(4) Missed Recall- This report is essential in keeping continuing care active. This report gives you the big picture of how many folks are actually returning on timely and prescribed intervals. You must develop a plan to recapture those that have fallen through the cracks and more importantly – look for ways to more effectively motivate patients to understand the importance of continuing care. Verbal skills and “co-discovery” in-service trainings may be required to achieve a distinctively higher level of communication. Ideally, the hygiene coordinator (the person responsible for helping the hygiene department run smoothly) would be the one to make calls and send letters on past due patients from the report. Assigning an individual to carry out these essential tasks will ensure that they get done. Most offices never have the time to follow up on past due recall.

Consequently, hygiene departments end up relying too heavily on new patients for generating revenue.

When making calls and sending reminder cards, it should be noted that due to new HIPAA privacy laws, details regarding the patient's previous exam cannot be disclosed verbally or in writing to anyone other than the patient directly. For example, clinical findings (including areas of concern) must be avoided on voicemail messages and on reminder cards as they do not offer enough privacy for information above and beyond the time and date of their appointment.

(5) Pending Insurance. When accepting insurance payments, insurance submissions should be traced when they hit the "over 30 day" mark. Otherwise, the goal of achieving a zero balance on insurance accounts over 60 days will never become a reality. (Your best bet however, is to have the patient submit their own forms for direct reimbursement (of course that is after you've collected the fee in full from them directly).

Likewise, the financial coordinator should run the accounts receivable report once a week at a minimum to determine amounts pending as they relate to 3rd parties. When a payment is received from an insurance carrier, be sure to inform the patient that the payment was in fact received and that the remaining balance, if one still exists, is now their responsibility. Provide them with a due date (5-10 days) to encourage them to be proactive. Be sure to put a note in your electronic tickler file to follow up on those specific due dates to prevent a 30 day old account from becoming 45-60 days old - before action is taken. Remember, the older the bill, the less chance it will be paid – particularly when it doesn't involve turning off electricity or repossessing a car. Be proactive!

(6) Production by code / by producer is another very important report which determines if the type of dentistry you're producing is

indeed meeting your hygiene and restorative vision. The practice administrator should be running these reports and submitting them to each provider. Each provider should then be reviewing and discussing their “game plan” with the business owner to ensure that goals will indeed be met. For example, if hygiene is generating > 50% of revenue in adult prophylaxis fees – an assessment of periodontal therapy needs should be re-evaluated to determine if you are simply under diagnosing and “watching” conditions get worse, or if you are truly offering your patients an opportunity to achieve optimum oral health before further damage occurs.

Do not wait until the end of the quarter or year for that matter -- monitor this report on a weekly basis. It is far easier to get back on track when you have more time to reposition the team players.

(7) Patient Value. Each new patient, emergency patient and continuing care patient has a value. The value is the total fee diagnosed, presented, accepted, scheduled and then last, but certainly not least, completed. There is no value on scheduled treatment until the work is completed. In fact, scheduled treatment can be a deficit if the patient “no-shows”!

Be certain to keep track of the amount presented and the amount completed to ensure that those numbers remain close to one another. You may be surprised to find that your cases are not being completed. You may need to re-evaluate your presentation skills, use of your treatment coordinator, or the “user-friendliness” of your financial arrangement policies or flexibility in scheduling. There could be several variables involved that may inhibit the completion process.

You must look at all of these areas to ascertain the appropriate action needed. Develop a plan. If you are banking on a fee increase, make sure the plan accounts for overhead increases to ensure that you retain a profit. Determine what you and your team will do to secure the bottom line. *Remember it's not what you learn in seminars or from consultants that matters most, it's what you and your team are willing to do*

on a daily basis that makes a difference. Team members who are willing to become accountable for measurable results will more effectively control the destiny of their practices. Do not wait until the end of the year to see if you've made it. Too much has transpired by then to try to determine what went wrong. Optimize those amazing "unlimited access & free of charge" reports that your practice management software offers. Think, in small manageable doses - and you will indeed re-gain control of your practice by proactively working your plan to achieve desired results. ©

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Risa Simon is a certified management consultant, national speaker and published author. As a member of the National Speakers Association and the Institute of Management Consultants USA, she has earned the mark of CMC, which represents evidence of her certification and meeting the highest standards within the consulting profession. For over two decades, Risa has been coaching dental professionals from coast to coast. Her firm, Simon Says Solutions is based in Scottsdale, Arizona. For more information on coaching, consulting, DVD training programs and seminars call: 800 366 TEAM, or email: risa@simonsaysolutions.com; or visit her website: www.simonsaysolutions.com