The quest for excellence—business as usual?

By Fiona Stuart-Wilson

Most people coming or running a practice like to think that they are providing excellence in their clinical care any justifiably proud of what they do. However in today's increasingly competitive environment in which we deliver dentistry to an increasingly discerning and critical public, it is happy to exercise its right of choice, clinical excellence and efficiency are no longer good enough. Excellence has to be a thread throughout all of the management and operational activities of the practice. It also has to involve the embracing of change. Excellence is not about maintaining the status quo and carrying on with business as usual. In today's dental practices and businesses are becoming more competitive, and you don't want your staff to display. So if you need to achieve and develop a very clear exactly what you are trying to but it's not just what you do that is important but also the way you do that.

Next you need to tell your staff and others who work with you what these goals are. You also need to be enthusiastic about them if you are expecting them to follow your lead and work at achieving your goals in a motivating and compelling way. It is important for your team to be really clear about what successful looks like for you. They will be delivering your ideas. Now you can start to examine the systems and procedures you have in place in your practice and consider what contribution these actually make towards achieving your goals – not as the case may be. You may have had these systems for some time. They were designed to get you where you are now, and not necessarily to where you want to be, so they may need to be changed or updated. It does not mean they are wrong or inherently bad. It simply means that the world has moved on and we our systems need to move with it. Take each aspect in turn. Ask yourself the following questions for example:

- The experience of your patients from the moment they contact the practice compared to your idea of what should be happening?
- Does the staff have the right tools and technology to help them?
- How effective is your marketing strategy at attracting the right patients for the practice you want to have?
- Are you investing in the right equipment and technology to attract those patients?
- Are you charging the right fees to allow you to reinvest in having examined systems you need to prepare and get on with your plan to make changes.

This is about demonstrating that you are leading the change. You have to demonstrate integrity, enthusiasm and commitment in order for your staff to trust you enough to help you achieve your aims. Things may of course need to learn from the mistakes we make. However, your commitment, enthusiasm, your good nature and support, will communicate itself to your team and encourage them to achieve the goals and objectives, overcome the obstacles that arise and bring your vision to life.

This does not of course mean you should be doing everything yourself. You should encourage others, help them be creative in their thinking as a team and individually about how things can be done. Above all as a good leader you will be a role model, and demonstrate in yourself the characteristics that you want your staff to display. So if you want your team to be committed, motivated and passionate about what they do, you need to be just as committed, motivated and passionate. Good leaders also notice contributions, and make time to ensure everyone feels appreciated and included in the quest for excellence.

All of this involves hard work. It almost certainly involves stepping out of your comfort zone. Real excellence means that we ourselves must also be willing to change and see and to do things differently. Thinking of new, better, different, more efficient, more effective ways of doing things that are already working is part of that commitment to excellence just as much as rectifying things that are going well.

For many years people in the profession talked about the management side of dentistry. Some still do. Yet the truth is that there is no management side. Practice Management is what the platform underpinning the delivery of good dentistry is about. Those that subscribe to that view are at the forefront of the quest for excellence.

About the Author

Fiona Stuart-Wilson is a dental business consultant, trainer and author who has extensively worked with practices in the UK and internationally.

UMD Professional Ltd

“With passion for dental practice management”

By Fiona Stuart-Wilson

Dental Tribune MEA: Ms. Eniko Simon: Why Middle East?

Dental Care is a business consultant, trainer and author who has extensively worked with practices in the UK and internationally.

Ms. Eniko Simon: The passion for Dental Practice Management began in 2005 when I started to work with dental practices in the UK. After working with many practices, I was able to extend my knowledge and continue to study dental business management with UMD Professional in London which helped me to grow and evolve in the profession.

I have been fortunate enough to implement my knowledge and passion in the Middle East by working with Dental Practice in Dubai, and recently arrived in Dubai with a lot of passion and plans in Dental Practice Management.

What is the Role of Dental Practice Management?

In today's dental practices and industries, and that dental professionals who have invested in their own businesses are becoming more aware of the importance of gaining management knowledge and of employing an experienced Practice Manager to help them run and grow a successful, efficient dental business that meets and exceeds the needs of their patients.

How a dental business is managed and led is a vital differentiator. These activities can create sustainable uniqueness for a dental practice.

Practice Managers are essential members of the modern day clinical team - in order to help dental professionals create a highly efficient, successful practice by making sure the business operates at its best capacity. With an effective Practice Manager in place, dental clinics have the proper ingredient to become a high performing dental business.

Why Middle East?

With the growing number of Practice Managers in the region, the aim of this Dental Practice Management Supplement is to provide interesting, relevant and thought-provoking articles and ideas on the various ways dental businesses are operated, managed and grown over time.

What topics do you wish to share with our readers?

A successful dental business requires 5 different management activities as seen below. An effective Practice Manager looks after 4 essential management activities such as Operations, People Management, Business and Finance Management to aid the clinic in achieving its objectives. The Clinical Management activity is led by the principal dentist / practice owner.

We have to focus on:
- Leading your practice to excellence
- The role of the Treatment Coordinator: Enhanced patient journey - increased treatment acceptance
- The risky business of dentistry
- Art of persuasion - How to get to a YES
- Managing Performance in your Clinic
- Giving your Practice a Competitive Edge

Enjoy reading:

Contact Information

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Appointment & no shows

By Dr. Ehab Heikal

How many of your female patients would miss their appointments? The answer is, “not many”.

Do you know that women in USA generally spend about $100 to $130 on their hair appointments and they do this every day for 4 to 6 weeks? That’s at least $1200 per year on their hair! And it’s all out of pocket, without the necessity of being confirmed or being confirmed. They arrive on their own terms and conditions and need to meet the quality of these appointments.

Perhaps you’ve even had a hair appointment that just won’t book. In that situation you need them to trust you to provide interesting, relevant and useful evidence on the amount spent by patients in your area on hair appointments? The answer is, “not many”.

By Dental Tribune

With the growing number of patients who need dental care, and that dental appointments are a perpetually running activity, always keeping them under the weather.

Sure, some no-shows are inevitable, and if only 4% of your appointments are broken (an accepted average) you’re not suffering much. But it’s unusual for practices to experience no-show rates of 10, 20, or 50%. That’s on top of cancelled appointments.

You can fill some empty slots with walk-in and same-day appointments, but probably not all of them, and such substitutes usually won’t generate as much revenue as regular visits. One study looked into lost revenue and found about $1500 per month for each walk-in patient.

No-show isn’t just a money sapper. It wastes the time of staff, who prepare for appointments, deprives patients of needed care, and exposes you to a malpractice risk if an untreated condition worsens. Some doctors have taken the draconian step of charging for missed appointments.
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Implement a reminder system that works for you.

You shop for new practice management software, you’re better off buying a system that already interacts with your billing and scheduling software rather than having someone write a new interface. Your current system may even have a phone reminder tool built in.

Forgettingness, too, is a leading cause. No-show patients tend to be younger and male. Elderly health affected patients also are more likely to skip, particularly to transportation problems and partly due to health problems.

To picture what’s happening in your practice, check all no-shows over the past three months. Produce a table with columns for patient gender, age, insurance status (if applicable), day of the week the appointment was made for, morning or afternoon appointment, new or established patient, area of residence, and physician—any variable you’d like to explore. You may discover that most no-shows are new visits in the afternoon, or occur with a cold, uncommunicative doctor in the group, or on Thursdays.

Export your table to a spreadsheet and graph the results—you’ll spot trends more easily that way.

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Remove access barriers that encourage skipping appointments. Patients are more likely to keep their appointments if you make the process more accessible. If you’re experiencing an inordinate number of no-shows for appointments scheduled months in advance, consider adding an extra dentist, hygienist, or assistant so patients can get in sooner.

Acute care patients are another group to look at. By booking someone with an acute or emergency three days out, you risk creating a no-show. Either the problem resolves itself before the appointment, or the patient looks for another doctor who can treat him earlier.

Some doctors have avoided these scenarios and lowered their no-show rate by as much as one-half by converting to open-access scheduling. One dentist has a hybrid system that keeps 50% of slots open for people who call that day. Such systems can even accommodate patients whose case requires regular follow-up visits. Simply remind them with a phone call or email or sms to ask for an appointment at the set time.

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Implement a reminder system that works for you. If you schedule any appointments in advance, your no-show strategy should include patient reminders. Some practices favor the personal touch of old-fashioned telephone calls, but some others note that reminder calls can drop to the bottom of the list on a hectic day. Another problem is example is: employees often must leave messages on answering machines since most patients work from 9 to 5. Preventing them from confirming the appointment. The rise of cell phones, however, is in the likelihood of a live connection (if call is answered).

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