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 enough. Dental 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 increasingly competitive environment, doing that could mean that you are running your practice slowly into the ground.

Any quest for excellence needs a leader and as the owner or manager of the practice you are in the position to make changes and take your business to a new level of success. This success is not just about being profitable, it is about being effective, achieving your goals – or 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 and our systems need to move with it. Take each request in turn. Ask yourself the following questions for example:

- Does the experience of your patients from the moment they contact the practice compared to your idea of what should be happening?
- Do the staff have the right levels of enthusiasm?
- 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 renew 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 be going well and you need to learn from the mistakes we make. However, your commitment, enthusiasm and belief will communicate itself to your team and encourage them to achieve and overcome those 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 outside of your comfort zone. Real excellence means that we ourselves must also be willing to change and see and 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. Somewhat. Still do. Yet the truth is that there is no management ‘side’. The good practice is the platform underpinning the delivery of great clinical dentistry and those that subscribe to that view are at the forefront of the quest for excellence.

The quest for excellence - business as usual?

By Fiona Stuart-Wilson

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 has all 4 essential management activities such as Operations, People Management, Business and Financial Management to aid the clinic in achieving its objectives. The Clinical Management area is predominantly 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.

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.

By Dental Tribune MEA

Dental Tribune MEA: Ms. Eniko Simon recently arrived in Dubai with a lot of passion and plans in Dental Practice Management.

Ms. Eniko Simon: The passion for Dental Practice Management began in 2008 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 elsewhere.

What is the Role of Dental Practice Management?

In today’s dental practices and industries, dentists that dentists 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.

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 clinic 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 aims of this Dental Practice Management Supplement is to provide interesting, relevant and thought-provoking articles and ideas on the various ways dental practices are operated, managed and grown over time.

Appointments & no shows

By Dr. Ehah Heikal

How many of your female patients would miss their appointment 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 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 reconfirmed. They arrive on their own time, without the need to check with their husbands to see if it’s ok. (Do you have sales people who prepare for appointments with you so they could make their hair appointment?)

So why is it that hairdressers have a much easier time than dentists? The reason is they have a desire and want for the salon service.

This is what you need to create with the patients in your practice. You need to educate the patient on hygiene care, on preventive dentistry; and create desire, want and value for the service.

Getting tough is not enough. You’ve got to discover—and try to eliminate—the reasons why patients skip appointments.

For many practices, missed appointments are like a perpetual flu—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 skip rates of 10, 20, or even 50%, that’s 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. Once you factor these costs into your account and estimated that no-shows deprived clinics of 14% of anticipated revenue.

No-shows isn’t just a money sapper. It wastes the time of staffers 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 appoint-
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Discharging no-show patients

While no-show charges remain controversial, virtually everyone agrees that practices are entitled to drop patients who repeatedly blow off appointments.

One sound approach is to dis- miss a patient after three no-shows within a given period, say, six months. Record the first no-show in the chart and send a letter or email asking him to reschedule. A second violation triggers a second, stronger let- ter. After the third skip, the de- cision to terminate should fall to you, the doctor—not the office manager. You may want to con- tact the patient to ferret out any extinguishing circumstances that would warrant leniency.

The best policy, however, is pre- venting no-shows in the first place. Face it—nobody really likes going to the doctor. By help- ing patients overcome barriers to keeping appointments, you’ll spend less time and energy be- ing a medical truant officer.

Dr. Ehab Heikal
RISMBdba
Practice Management consultant
heikal@heikal.com

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

To get a picture of what’s hap- pening 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 appoint- ment 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 af- ternoon, or occur with a cold, unexpected severe health triggers a second, stronger let- ter. After the third skip, the de- cision to terminate should fall to you, the doctor—not the office manager. You may want to con- tact the patient to ferret out any extinguishing circumstances that would warrant leniency.

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