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 and as such are justifiably proud of what they do. However in today’s increasingly competitive environment, it is easy to exercise its right of choice, clinical excellence and efficiency are no longer enough. A commitment to excellence has to be a thread running through 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 world, with a better 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 see through to a more successful scenario. It simply means that you have these systems for some time. They were designed to get you where you are now, and not necessarily to where you want to go, as you may need to be kept in place. This means that the world has moved on and we and 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 equipment?
- 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 change as you need to learn from the mistakes we make. However, your commitment, enthusiasm and leadership will communicate itself to your team and encourage them to achieve these goals and objectives, overcome 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’. The dental profession operates at its best capacity. With the right management everything dovetail underpinning the delivery of great clinical dentistry and those patients who subscribe to that view are at the forefront of the quest for excellence.

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Dental Tribune MEA: Ms. Eniko Simon was 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 2009 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 the region.

What is the Role of Dental Practice Management?

In today’s dental practices and indeed any 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 and 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 ingredients 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.

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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 follows 4 essential management activities such as Operations, People Management, Business skills and Finance management to aid the clinic in achieving its objectives. The Dental Clinic managers activity is carried out by the principal dentist / practice owner.

- 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

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.

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Appointment & no shows

By Dr. Elah Heikal

How many of your female patients would miss their oral health improvement? 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 re-confirmed. They arrive on their own, with the hairdresser nothing to do but check with their husbands to see if it’s ok. (Do you have salon services that amount spent in our area)? Perhaps you’ve even had a patient who has missed their hair appointment with you so they could make their hair appointment?

So why is it that hairdressers have a much easier time to do any reason? 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 a 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 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. Once you take these factors into account and estimated that no-shows deprived clinics of 14% of anticipated revenue.

No-show isn’t just a money sapper. It wastes the time of staffs 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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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 sometimes you may note that reminder calls can drop to the bottom of the list on a hectic day. Another problem is that employees often must leave messages on answering machines since most patients work from 9 to 5, preventing you from confirming the appointment. The rise of cell phones, however, is in the likelihood of a live connection (if call is answered).

Many practices use the SMS which ensures that the patient receives the message even if busy or at work. Then they generate a report for the practice.

When you shop for new practice management software, you’re better off buying a system that already interfaces 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.

Good practice management programs also can generate written reminders that you mail. These may be better for elderly patients who might forget a phone call. For your computer-savvy patients, consider e-mail reminders.

Ideally, every scheduled patient should receive a reminder. Short of that, however, you should at least target the kind of visits that your analysis reveals are most likely to be skipped. And use reminders for your most important appointments—follow-up visits for the seriously ill, new patients, and procedures. The latter two are typically higher paying, and the sort you can’t afford to lose.

Whatever system you deploy, issue reminders at least two days in advance. Two days gives you enough time to plug in a new patient. Your ability to improve, though, depends on maintaining a list of scheduled patients who’d like to be seen sooner.

Address the emotional and mental components

A high-tech reminder system alone won’t prevent no-shows. You also need good communication skills.

After all, research has uncovered emotional barriers to keeping appointments. Patients may worry that a treatment or procedure will be uncomfortable, or that they’ll hear bad news. By taking time to learn about your patient’s fears, you can help them overcome the hump.

Likewise, patients with chronic cases often underestimate the importance of follow-up visits because their doctor merely told them, “I’ll see you in three months.” That’s not enough. You need to explain the consequences of their case and the require

ments of follow up.

Patients may mistakenly assume that their absence doesn’t hurt your practice—and may even give you a welcome breather on a busy day. Thoroughly review your protocols so that you should deliver through your brochure, your Web site, and your employees is this: No-shows disrupt the practice, and that an unfilled slot is a lost chance to help another patient.

Should you charge for no-shows?

Some practices try to deter no-shows by attaching a financial penalty to them. To avoid a $5 or $10 missed-appointment charge, patients typically must cancel the appointment at least 24 hours in advance. It’s a get-tough approach that receives mixed reviews. But don’t hols tels do so? Why do patients ac

cept it from hotels and airliners and not from us?

The policy will get patients’ attention, but when you actu

ally charge someone, it’s half for public relations. This policy sets a sour tone. It’s like announcing, ‘Welcome to our practice—here are the things that will get you in trouble.’

Consultants also say that many patients balk, (consider it an ob

stacle and don’t show forever) at paying the penalty has definitely raised people the benefit of the doubt about their first miss if they cancel the appointment at least 12-15 percent to roughly 6 percent. Practices are serious about no-shows, although they give people the benefit of the doubt about their first miss if they have a reasonable excuse. The penalty has definitely raised patients’ awareness about their responsibility.

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 dec

is to terminate should fall to you, the doctor—not to the office manager. You may want to con

tact the patient to ferret out any extenuating circumstances that would warrant leniency.

The best policy, however, is pre

enting 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.

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