Revisit your values

To survive ongoing financial turbulence, make sure your priorities are in check, says Sheila Scott

In times of recession, consumer behaviour changes and nowhere has it been more evident than in the dental health sector. Initially, many practices hardly seemed to be affected by the economic downturn; some continued to grow while others breathed a sigh of relief as the pressure lifted from the appointment book. But as the bite continued, practices have found numbers of patients are staying away or leaving. More recently the ‘staying away’ behaviour seems to be becoming a little more widespread, even creeping into the best-loved practices.

Those practices with excellent patient relationships, good communications and monthly plans in place do best. Fully private practices are more vulnerable with a definite lengthening in the interval between exams and more treatments being left untaken. So how is your practice faring and what are you doing about it?

Rewarding health

In my experience of visiting practices around the UK, I’m finding that some dentists are tempted to respond to the adverse conditions by focusing on ‘selling’ restorative and cosmetic treatments, and investing in new courses and promotions to this effect. But there’s lots of research available that shows that what most patients really want, is not treatment, not even cosmetic treatment, but health. Every time patients walk into your surgery they are hoping you don’t find anything wrong’ and that they will get a clean bill of health.

The trouble is, when patients do get a clean bill of health, too many dentists are disappointed. Dentists get excited about treatments, troubles, concerns and problems. These are exciting because dentists are consummate ‘fixers’ – they can correct problems and their technical skills can be tested! So dentists tend not to reward healthy patients and most don’t do enough to encourage patients to help themselves at home.

Health really matters

Historically, some practices allowed their patients to believe that they should only visit them ‘when there’s a problem’ and that, in the face of tightened belts, might explain why ‘staying away’ behaviour is suddenly more common.

I want to bring back the excitement to prevention and dental health, and build practices on what really matters to patients. I want patients to be in no doubt that their dental health depends on constant vigilance at home, regular screening by their dentist and the advice of their hygienist. Restorative treatment is usually needed because patients and practices have failed to preserve health. Cosmetic dentistry is something that is best offered carefully, within a philosophy of health first, looks second.

Understanding patients

According to my research within practices, the two aspects most important to patients when choosing and using a dental practice are:

1. Trusting the dentist
2. Care and treatment to ensure teeth and gums stay healthy

What do you do to give your patients reassurance in these terms? Is your whole team always legal, decent, honest and truthful with patients? Does everyone treat every patient with empathy and respect? Does the team treat each other with empathy and respect? Do you welcome patient interaction with the practice or do you simply tolerate their fears and their questions? Is your customer care perfect and are your premises kept pristine?

Are you absolutely transparent about the costs of your care and treatment and do you tell patients the costs of any recommended appointments or treatments even before the written estimate is produced? Do you estimate accurately and do you always discuss any changes of treatment plan or ‘extras’ with patients before they are presented with the bill at reception?

Are your communications focused on the health message? Do you do exams to find treatment or to check that patients are healthy, and do patients notice this focus? Do you offer treatment because you love finding problems or because you wish to return patients’ mouths to health? Do you inform patients of a necessary treatment with concern for why dental health has failed or with obvious glee for the fun of the technical challenge in your voice and manner? Are you exceptional at explaining why your patients need to see your hygienist or return for more prevention and plaque control advice from yourself or your oral health educator, or do you let them think they get a ‘scale and polish’ – which, for too many patients, means a quick polish (cosmetic value only) or a vague money earner by the dentist that has no value to their dental health. And specifically, what do you do to help parents keep their children dentally healthy?

It’s what patients believe you are doing for them and why that will determine whether they attend the practice regularly or not. And your new patients need reassurance of what you are doing for them too. If you are not noticing a downward trend in your appointment book then maybe it’s time to sit down and revisit your values and your messages to patients.

About the author

Sheila Scott has dedicated the last 20 years to helping dentists and their teams grow and prosper. See her website www.sheilascott.co.uk for more details, or contact her on 01343 862850.
Most dental practices have come to realise how quickly technology has become part of everyday life in the practice. Dentistry has undergone a paradigm shift over the past 20 years where systems that were once analogue (paper, film) and now being replaced by digital counterparts. Nowhere is this more evident than with practices that are trying to become completely paperless. While I don’t agree that any practice can be truly paperless, eliminating the need for a physical paper chart is something that any practice can achieve. The goal of this article is to discuss the sequence necessary to accomplish this goal.

The challenge for most practice 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. 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 their practice, and I recommend that each step be completed in order:

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 practices that want to eliminate the paper, you’ll need to consider every paper component of the dental chart and try to find a digital alternative. For example, entering charting, treatment plans, handling insurance estimation and processing with e-claims, ongoing patient retention and recall activation, scheduling, and about dozens of other functions that are used on a daily basis. Many older programs do not have these features and if a practice wants to move forward, they will have to look at more modern practice software.

The paper-free practice When it comes to replacing the systems in your practice with their digital counterparts, it’s best to focus on one at a time. Lorne Lavine shows how it’s done in six manageable steps

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handle all of these functions, most fall short of this. Fortunately, there are a number of third-party programs that can provide functionality where the practice management programs cannot.

Some of the systems that I’ve recommended in the past include Dentforms (www.dentiforms.com) to handle patient signatures and online forms, Demand/Force (www.demandforce.com) for patient confirmations and surveys, Uappoint (www.uappoint.com) for confirmations and online scheduling, and Paperless Technologies (www.paperlessnow.com) for patient demographic forms.

Image management software. This is probably the most challenging decision for any practice. Most of the practice management programs will offer an image management module: These modules are tightly integrated with the practice management software and will tend to work best with digital systems sold by the company.

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.

Operatory design. The days of a single intraoral camera and a TV in the upper corner are being replaced by more modern systems. The majority of offices are placing two monitors in the operatories, one for the patient to view images or 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 you would prefer that the patient not see.

Windows and other software have built-in abilities to allow you to control exactly what appears on each screen. There are numerous ergonomic issues that 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 will involve deciding whether you prefer the patient to see the monitor when they are completely reclined in the chair. If this is the case, then the options are a bit more limited for monitor placement. There are some very high-tech monitor systems that not only allow the patient to see the screen, but create a more relaxing environment for patients who are considering long procedures.

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 both 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 practice

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A managed service solution

Dr Ian Gordon discusses how implementing an off-site managed system has been essential to the success of the Alpha Group’s practices

Having been a practising dentist for a quarter of a century, Dr Ian Gordon has seen his fair share of transition within the profession: change that has also had a direct impact upon his own way of working.

Graduating from Newcastle University in 1984, the same area of the north-east of England where he was born, was also where he began his professional career. Over a period of 20 years, Dr Gordon has witnessed the development of the programmes used in the dental setting, from the early days of ‘System 90’ to the more advanced practice management software (PMS) now available.

“Practice management software is now an integral part of today’s dental practice; being without it isn’t a consideration. Compared to the early versions, the capabilities of PMS are now far more advanced.

“The main difference is the way all aspects of the clinical and administrative functions have been brought together into one package. The advantage of this is that the whole picture of the patient’s experience is recorded. Being able to view prior medical history, attendance, previous treatments and financial information within smaller cases to fit inside the cabinets, and wireless keyboards and mice.

One versus many

Having built up a cluster of NHS practices in the area over the course of the years, the decision came to sell up and start afresh and, in September 2008, opened a private practice in Stokeley in partnership with his wife Jayne, also a dentist.

However, it wasn’t long before Dr Gordon was involved in setting up a new group of practices offering both NHS and private dentistry. Initially beginning with three, the Alpha Dental Group now comprises of eight practices located across the north-east region.

“At first, there was a disregard for digital radiography, initially being without it isn’t a consideration. Compared to the early versions, the capabilities of PMS are now far more advanced.”

While the group was being developed from its beginnings in October 2008, each practice remained as a ‘stand-alone’. It soon became apparent that to manage the group effectively, there was a need to employ a system that could unify the eight locations.

“A systematic approach

For offices that wish to be chartless or paperless, it’s crucial to evaluate all the systems that need to be replaced with a digital counterpart, and to take a systematic approach to adding these new systems to the practice. Most offices would be well advised to replace one system at a time, and get comfortable with the new system before adding new technologies to the practice.

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

The alternative that Dr Gordon found was to take the option of R4’s off-site hosting solution, which provided an answer to his requirements.

The managed service

“Over the course of a weekend, the Group was transferred to the hosting company on Monday morning we were able to log on as normal. Now each site still retains individual access to its essential information, but there is multi-site access for those who want a true set-it-and-forget-it system for their daily backup.”

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