Because of the fast pace of most dental practices, doctors can fall into the habit of avoiding conflicts with staff members, believing it’s the most expedient choice. However, as the following Levin Group case study illustrates, (with a dentist we’ll call Dr. Smith), routinely avoiding conflict has a price.

Dr. Smith was becoming increasingly worried about the profits in his dental practice. Most weeks the schedule was full and his staff of three hygienists seemed busy enough. But something wasn’t right. Even with consistent production he couldn’t afford to give some of his hardworking staff the raises they deserved. Dr. Smith suspected there was a problem in how Joan, his financial coordinator, was handling the billing. But when he spoke to her she was negative, confrontational and accused him of claiming she wasn’t doing her job. Joan had been with the practice for 20 years and he considered her a loyal employee. Dr. Smith didn’t want to hurt her feelings so he didn’t mention it again. But he felt like the weight of the world was on his shoulders and he could likewise feel his staff’s frustration. He pressured his team to meet production and was often irritable. Some mornings he dreaded going to the office and repeating it all over again. Did the practice just need to somehow book more patients, or do more treatments? He didn’t know what the answer was.

What happens when dentists habitually avoid

Dr. Smith’s practice was an extremely tense place to work, with pressured employees, a highly stressed doctor and unsatisfying profits. The situation developed in part, because Dr. Smith, like many dentists, dealt with conflict by avoidance. The price of avoidance for dentists includes:

- Important issues are not addressed
- Doctors or staff working in a “walking on eggshells” environment
- One or more individuals are deprived of valuable input
- Decisions happen by default
- Problems become increasingly complicated
- Hostility and tension build

Moving from avoidance to collaboration

Levin Group has consulted to thousands of practices over 22 years, encountering many dentists like Dr. Smith who felt they’d exhausted possible solutions. This case illustrates an important shift that dentists like Dr. Smith usually need to make — moving from avoiding conflict to fostering collaboration within the dental team.

Collaboration is the opposite of avoidance. It entails digging down into a problem to uncover what will meet the needs of all individuals involved. How did a practice like Dr. Smith’s make the move from avoiding problems to really tackling them and working together as a team?

Levin Group Findings

On close examination, the practice had outgrown its basic operating systems, particularly practice financial management and budgeting, accounts receivable, patient billing and case presentation. As Dr. Smith suspected, his financial coordinator, Joan, was indeed at the center of the problem. Joan had joined the practice at a time when billing and financial management were more easily managed for a smaller practice. However, as the practice grew, the number of insurance claims to be billed and managed also increased. Dr. Smith’s practice was carrying an extremely high accounts receivable balance, due to treatments that were not being billed to insurance companies in a timely fashion and the absence of proper follow-up for patient payments.

Levin Group analysis indicated that the practice could grow and reduce stress by streamlining operations (particularly financial), and creating better systems. The strained atmosphere in the practice was an
indication that team building and more opportunities for collaboration also should be added to the daily regimen.

**Implemented Solutions**

Solutions were focused on improving communication and leadership, team building and step-by-step systems redesign. This included the following phases:

1. **Improve practice communication with effective staff meetings.** Dr. Smith’s practice needed consistent occasions when the team could work collaboratively. Daily team meetings and monthly staff meetings provided these opportunities. For the first time the dentist was approaching practice issues as a team project, rather than his own personal headache. Dr. Smith was encouraged to ask for staff input during meetings in discussing office policies, problems areas and redesigning practice systems.

2. **Commit to becoming a better leader.** Dr. Smith began to see that becoming more involved and supportive of his team could help them do their jobs better. His tendency had been to expect the office manager to handle all the problems. Yet he had often undone his changes when staff had to come to him to complain. His leadership development included courses, books and mentoring.

3. **Implement documented systems**

   - Out-of-date financial systems were behind many of the problems experienced by the financial coordinator, with a subsequent ripple effect through the rest of Dr. Smith’s practice. When new procedures for patient financial management, billing, budgeting and accounts receivable were advised by Levin Group, the financial coordinator, with the team’s help, documented, step-by-step how each process would be carried out.

4. **Script all billing conversations with insurance companies and patients.**

   - The financial coordinator had routinely avoided uncomfortable financial conversations with insurance companies and patients. To resolve this problem, scripts were devised to provide clear, yet assertive wording for some of these necessary awkward phone calls and insurance transactions.

   - This new way of handling financial issues was reinforced when team members practiced the scripts with role-playing in monthly staff meetings.

5. **Train the team**

   - Once new systems are in place, the next step is training. After Dr. Smith’s staff wrote out new procedures step-by-step with accompanying scripts, the practice could better train the dental team. This standardised approach established a level of responsibility and clear expectations for each team position.

6. **Clear outstanding accounts receivables**

   - Levin Group recommended a method that employed scripting to help the financial coordinator handle the majority of accounts receivables from the practice’s books. This activity alone brought substantial income into the practice when insurance reimbursements began coming in.

7. **Retrain the Financial Coordinator**

   - The financial coordinator was retrained on more effective financial management techniques and four additional financial options. These included offering a 5% discount with cash upfront, credit cards, half payment at the initial consultation and the balance due before treatment begins, and third party financing. The practice enrolled in a third-party patient financing program, which meant that patients had comfortable options beyond traditional dental insurance. This strategy helped reduce the practice’s dependence on dental insurance as patients began to choose other payment options. It also helped to lessen the financial paperwork and some of the financial coordinator’s billing obligations.

**Conclusion**

When practices like Dr. Smith’s realise how much outdated systems can adversely impact stress levels and profitability, the dentist and team grow excited about changing internal systems. This often requires the dentist to shift from avoiding practice conflicts and shoulder considerable stress, to a collaborative team approach where everyone’s input is considered valuable. Leadership development on the dentist’s part is key, as Dr. Smith learned. A willingness to try new methods, and being open to the guidance of consultants can pay off with predictable changes in practice profitability, increased efficiency and noticeably lower stress.
A new solution
If there is a lack of orthodontic specialists in your area, Dr Andrew McCance suggests that you read on...

The demand for cosmetic dental treatments is growing at an exponential rate, and it is the duty of dentists to meet this demand. More and more patients are beginning to appreciate the importance of a nice smile, but whether they can get the results they need or not depends on many factors – not least of which being geography.

There is a distinct lack of specialists for referral

There is a distinct lack of specialists for referral in some areas of the country, leading to much longer waiting times. That this situation should exist in the 21st century is something of an indictment. In these areas, the long waiting times for an appointment, and the distance required to travel is the very antithesis of convenience.

Not so simple

Imagine for a moment that you wanted restorative treatment, to build your confidence and provide a boost to your quality of life. How would you feel if, having taken the first step, you now had to wait perhaps several weeks or even longer, to see an orthodontist because there was a shortage of specialists in your local area? Now imagine how you would feel when, having waited for your appointment, and/or travelled a considerable distance, it turned out that the orthodontic work was very minor indeed. Wouldn’t you ask yourself why your dentist couldn’t provide even this simple procedure?

Of course, patients do not understand the finer points of dentistry, or the huge amount of education and skill that goes into even the most straightforward treatment. What they do understand, in cases like the one above, is that they have not received the service they expect. If they are willing to pay for treatment, their dentists should be willing to provide as comprehensive a treatment list as possible.

A problem solved

Thanks to a wealth of in-depth research and many years of development, there are now solutions to this problem. General Dental Practitioners can now, with the aid of state of the art systems, offer orthodontic treatments so that patients in areas where there is a shortage of specialists will not have to undertake an odyssey before they can receive minor pre-restorative and mild crowding treatment.

‘How pleased would you be, emerging from the practice with a brand new smile?’

With this in mind, imagine you are this patient. You have decided to undergo cosmetic dental treatment, and your local dentist is able to carry out every stage of the process. How pleased would you be, emerging from the practice with a brand new smile, having experienced not only a high standard of convenience but also with the knowledge that your dentist has made the effort to meet your every need?

Customer service first

By putting yourself in the place of a cosmetic dentistry patient, you can see exactly why the demand for a better system has led to the development of clear-brace systems. Orthodontists still have a place of course, when more complex procedures are necessary. However, for minor treatments it is becoming more important, in the interests of competitiveness and plain customer service, for GDPs to offer more of a ‘total’ service – especially in those parts of the country where there is a shortage of specialists.

For more information on the Clearstep solution, call 01342 557810 or email info@clearstep.co.uk

About the author

Dr McCance has gained a wealth of experience in multi-disciplinary practices. He has held several distinguished positions including senior house dental surgeon at St George’s Hospital, Tooting, and then the post of senior lecturer at Great Ormond Street, he continued to develop his expertise culminating in a PhD at University College London. In the mid 1990s, Dr McCance began to develop the Clearstep brace, based on the demands of the 4,000 patients treated annually in his specialist practices. He is currently taking his Clearstep vision to a world-wide audience.