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 this justifiable pride of what they do. However in today’s increasingly competitive environment, it is happy to exercise its right of choice, clinical excellence and efficiency are no longer good enough. Clinical excellence has to be a thread 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 fast changing 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 set the direction the practice money towards excellence. In theory this sounds great but putting this into practice can be more difficult. There are several practical steps you need to take, do, but if you think about what you do that is important but also the way that you do it.

First you need to think about exactly what you are trying to achieve and develop a very clear image as to what the successful practice you are striving for actually looks like and feels like to work in. A surprisingly large number of practice owners do not give this great consideration. You could start by thinking about what ideally you would like patients to say about your practice if they were talking to other people about it. That done, you must then crystallise this picture into meaningful, measurable and realistic goals across the key business areas of your dental business.

Next you need to tell your staff and others who work with you what these goals are. You also need to be enthusiastic in making them clear so that you are then working with 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 to achieve these goals 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 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 skills and passion?
• 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 invest in having examining 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 or be needed to learn from the mistakes we make. However, your commitment, enthusiasm and passion will communicate itself to your team and encourage them to achieve the aims of your team and 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 rule 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 our 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 reclassifying 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’. Dentistry operates at all times. It is part of the platform underpinning the delivery of great clinical dentistry and those of us who subscribe to that view are at the forefront of the quest for excellence.

About the Author

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Appointment no-shows

By Dr. Ehah Heikal

How many of you women patients would miss their dental examinations? The answer is, “not many”.

Do you know that women in USA generally spend about $10 to $15 on their hair appointments and they do this every day over 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 without even thinking to check with their husbands to see if it’s okay (I do not have solid numbers on the amount spent in our area). Perhaps you’ve even had a patient who booked their hair appointment 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 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. Each patient who skipped their appointment has gone away with your business. That’s revenue lost.

No-shows aren’t just a money sap. 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 appoint-
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PRACTICE MANAGEMENT

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 that employees often must leave messages on answering machines since most patients won’t return work from 9 to 5, preventing them from confirming the appointment. The rise of cell phones, however, is in the likeness 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 improvise, 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 over the hump.

Likewise, patients with chronic cases often underestimate the importance of follow-up visits because their doctor merely reminded 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. They don’t realize 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 doesn’t hotels do so? Why do patients accept it from hotels and airlines and not from us?

The policy will get patients’ attention, but when you actually charge someone, it’s bail 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 obligation to book an appointment). Filling broken appointments is by no-show fees; as a result, they often go uncollected. Furthermore, some private insurers prohibit these fees.

That said, some practices report that charging for no-shows has been a success. Ever since Family Medical Associates of Raleigh (NC, USA) implemented this policy in January 2004, the no-show rate has dropped from 12-15 percent to roughly 6 percent. Charges range from $25 for routine follow-up visits to $75 for new-patient visits. They collect about 90 percent of their no-show fees. Patients have accepted this incredibly well. They recall the conversations with people who have challenged the policy.

Some other practices in the States collect only 41 percent of their no-show fees. Some practices complain that they’re not reim- bursed for lost time in the waiting room. However, after two years of applying this policy, they achieved their primary goal, reducing the no-show rate from roughly 9 percent to 15 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. But 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 deci-sion to terminate should fall to you, the doctor—not 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-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.

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