By Fiona Stuart-Wilson

Most people coming or running a practice like yours will think that they are providing excellence in their clinical care and 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 practice 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 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 the business where it needs to go 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 don't do that which 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 about them so that you are expecting them to follow your lead and work at explaining 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 – 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. But if what we mean is 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 tools to do the job?
- How effective is your market 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 go wrong but we need to learn from the mistakes we make. However, your commitment, enthusiasm and explanation will communicate itself to your team and encourage them to achieve their own 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 be 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 spending lots 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 less 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’. It is a good leader and owner who designs and operates the platform underpinning the delivery of great clinical dentistry and those practices that subscribe to that view at the forefront of the quest for excellence.

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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Appointments & no shows

By Dr. Ehab Heikal

How many of your female patients would miss their 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 day or 6 weeks? That’s at least $1000 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 terms, willing to spend the time and money to check with their husbands to see if it’s okay. (Do I have to say it again the amount spent in our area.)

Perhaps you’ve even had a patient who has scheduled an 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 we 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 of these factors into 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 appointment.
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ments, personally I agree with this procedure, but there are
gentler cures that go to the heart of the problem.

Diagnose the problem: Who are the causes.

One traditional way of counter-
breaking appointments is by over-
ebookings, and this, however,
this does nothing to curb the
problem, and it creates others
inexcusable. A day with fewer
no shows than expected, the
doctor will fall behind.

What’s worse, longer wait times in
the office due to the unpre-
dected no-shows cause these
patients to tend to encourage no-shows.
Research suggests that patients
who have a reasonable excuse
for not keeping their ap-
dointments, personally I agree with
this procedure, but there are

certain actions that can be taken to reduce no-shows.

Implement a reminder system
that works for you.

If you schedule any appoint-
ments in advance, your no-show strategy should include patient
reminders. Some practices fa-
vor the personal touch of
over-booking phones, but
some others note that reminder
calls can drop to the bottom of
the list on a hectic day. Another
problem is that employees of
vice may not receive all the
appointments. The rise of cell
phones means that people may
be more connected than ever.

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

When you shop for new practice
management software, you’ll see
that they arrange appointment
slots based on availability,
whether it’s a surgery appointment or an
appointment for someone who needs a
medical appointment.

Remove access barriers that
encourage Skipping appointments.

Patients are more likely to keep
their appointments if you be-
ce more accessible. If you’re
experiencing an inordinate
number of no-shows for ap-
pointments scheduled months
in advance, consider adding an
extra dentist, hygienist, or as-
sistant so patients can get in
sooner.

Acute care patients are another
group to look at. By booking
someone with an acute or emer-
gency three days out, you risk
creating a no-show. Either
the problem resolves itself before
the appointment, or the patient
looks for another doctor who can
treat him earlier.

Some doctors have avoided
these scenarios and lowered their
no-show rate by as much as
one-half by converting to
open-access scheduling. One
dentist has a reminder system that
keeps 50% of slots open for
people who call that day. Such
systems can even accommodate
patients whose cases require
regular follow-up visits. Simply

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—an
variable you’ll like to explore.

You may discover that most no-
shows are new visits in the af-
ternoon, or occur with a cold,
uncommunicative doctor in the
group, or on Thursdays.

Export your table to a spread-
sheet and graph the results.
you’ll spot trends more easily
that way.

Address the emotional and
mental components.

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

After all, research has uncov-
ered emotional barriers to keep-
ing appointments. Patients
may worry that a treatment or pro-
cedure will be uncomfortable,
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
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 they won’t hurt your practice—and may even
give you a welcome breather on a busy day. The message
that you should deliver through your
site, your email, and your employees. Some
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 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 requires
mixed reviews. But doesn’t ho-
tels do so? Why do patients ac-
cept it from hotels and airliners
and not from you?

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 up)ever at
no-show fees; as a result, they
often go uncollected. Further-
more, some private insurers
probably these fees.

That said, some practices re-
port 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 per-
cent. 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 ac-
cepted this incredibly well. They
recall only three conversations
with people who have chal-
enged the policy.

Some other practices in
le-it’s common to not show up
for routine follow-up visits to

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-
nip 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
starts a letter or email asking him to
reschedule. A second violation
results in the patient’s no-show,
which is then faxed to the
practice manager. You may want to con-
tact the patient to ferret out any
explanations for their behavior.

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 money be-
ging a medical truant officer.

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