



Advisors to the Dental Profession

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Ten tips to improve productivity

1. Make the best possible use of your time and that of your staff. Your time as a dentist should be worth \$300-500 per hour. As a receptionist your time is worth \$15. Therefore, we should attempt to allow you to spend your time doing dentistry and avoid doing "receptionist" work like booking appointments, dealing with insurance, receivables etc.
2. Schedule realistic times for procedures. Many practitioners seem to book more time for procedures than is actually needed. I know that there is always the possibility that something will go wrong such that a procedure requires more time than normal, but these situations should be the exception. Even if an appointment does run overtime, most patients are not unduly upset by a reasonable wait (up to 20 minutes). If you are running more than 20 minutes behind, patients following should be notified which your receptionist should do automatically. In a lot of cases, if a procedure runs overtime, the next patient can be seated and frozen in a spare operatory if you have one, allowing you to finish the last procedure while the anesthetic takes effect. If even more time is needed, patients can be brought back for another appointment.

*Make the best
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Use 10 minute intervals

3. Use 10-minute time units. While traditionally many practitioners have used 15-minute units, 10-minute blocks are now the standard at most centers that I am involved with. This allows much more latitude for scheduling. If a procedure requires 50 minutes, with 15 minute units you must either try to squeeze the procedure into 45 minutes or allot a full hour with 10 minutes (or over 15% of the hour) wasted.

Use advance planning

4. Use advance planning. Many successful practitioners "block schedule" their time. This means that they allot certain parts of the week for certain procedures. For example, if you find doing post and cores stressful, you may wish to schedule these for Monday mornings after you have had a whole weekend away from dentistry. You may wish to see emergency patients immediately after lunch, and so on. The idea here is to give your receptionist a preset, consistent plan for your week so that he or she can book appointments without constant involvement from you. Naturally, patient wishes will still predominate. A patient needing a crown will be told "Dr. Smith does crowns on Thursday mornings". If Thursday morning is impossible for this patient, the receptionist will make an exception for this patient. It will make the patient feel good to know that she is important enough to warrant being a special case.

Make follow up calls.

5. Make follow-up calls to all patients. While many dentists make calls to patients who have had extensive treatment to ensure that the patients involved have no complications, my approach is slightly different. I have seen several dentists build excellent practices by calling every patient. Patients know that you are busy, and a very positive impression is made by you taking time to call them. Making the calls at lunchtime can enhance this process. Since many of your patients will be out when you call at lunch, this gives you the opportunity to leave a message with the person who answers the phone who is a potential patient. While you can't really advertise, these calls are an excellent way to make people aware of you. Obviously, these calls have the most impact if made personally by you. However, if you don't have time on a given day to make the calls, a member of your staff should make them.

Control interruptions

6. Control interruptions. It is stressful for you to be trying to administer your practice between patients. Control of interruptions may include the following:

- a. Try not booking the 10-minute unit immediately after lunch. This time will be used to return phone calls and make follow up calls to patients treated the previous day. (These follow-up calls are one of the most important things you do.) Your receptionist should be able to screen your calls to determine if the caller has a dental emergency or if someone else can handle their problem. People wanting to speak to you personally will be told "Dr. Smith returns his calls at approximately 1:00". This will stop people from calling you repeatedly or getting angry because they feel you are ignoring them.

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- b. Use the five minutes before your first patient arrives in the morning for a meeting with your receptionist, assistant and hygienist. This meeting allows you to plan your day and control interruptions. Make use of a "Meeting Checklist" to ensure the meeting stays focussed. The emphasis here again is on giving the receptionist what he or she needs at the beginning of the day to do the job and letting him or her do it.
 - c. If you are expecting phone calls that you want put through, advise your receptionist at the morning meeting. These calls should be kept to an absolute minimum as patients may find it inconsiderate for you to be talking on the phone while treating them.
7. Stress communication with patients. In many cases patients are unnecessarily lost to a dentist as a result of poor communication. I recommend that you do "formal" consults for all patients requiring treatment that will cost more than \$1,000. These consults should be booked as 20 minute appointments at time set aside weekly for this purpose. As your assistant is not needed for consults, he or she can do other things while you are doing this. In these consults, you can present treatment to the patients, consider insurance issues and work out a financial arrangement (in exceptional cases). It is essential for patients to know what they need done, why it is necessary, how much it will cost, and what portion of the cost will be covered by insurance, with this information presented to them all at once. The consultation process in many offices truncates this information, making it much more difficult for the patient to provide consent.

Do quadrant dentistry

Base your practice on the "normal"

8. Treat the patient. Many dentists are guilty of viewing their patients as collections of teeth. In general, your patients will be unable to assess your clinical skills. Their impression of you will be based on the other aspects of your relationship. In particular, your communication with the patient will determine the strength of the relationship and the level of patient compliance.
9. Book yourself for success. I have seen many practitioners booked in a fashion that severely limits their ability to achieve financial goals. For instance, I have seen cases where restorative work on the same quadrant has been spread out over four appointments because the patient could not afford to pay for all treatment at once. A better solution would be to perform the treatment in one appointment (which would represent the most efficient use of your time) and work out a financial arrangement that the patient could afford.
10. Base your practice on the "normal" patient rather than the exception. Many practices orient their procedures around the occasional patient that causes difficulty. The operation of your practice can be greatly disrupted by your allowing yourself to orient your practice to these exceptions. They should be recognized for what they are.

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