

Do I need an Associate?

By Mary Fisher-Day

Case study Dr. Jones:

“We work through lunch on a regular basis. My schedule is crazy and my patients are kept waiting much too long. I’m constantly putting out fires, doing operative work and hygiene exams in two rooms at the same time. I am always under the gun and am afraid I’m not giving my patients the attention they need.”

Dr. Jones’ practice statistics:

- Has 1450 active patients
- Hours: 9-5, Monday – Thursday. Lunch from 1:00 to 2:00
- Averages 20 new patients per month
- Patients scheduled 5 weeks out for operative Dentistry.
- There are no openings for a New Patient for 6 weeks.
- Practicing general dentistry for 18 years.
- Has very little staff turn over with most staff members having been in his office for 8 years or more.

Dr. Jones is considering bringing in an Associate. He feels over booked, over worked and afraid his practice may suffer from the amount of stress he is experiencing. He believes an Associate will reduce his work load and improve service to his patients. His is concerned however, that bringing in Associate will “upset the apple cart”. He enjoys his relationship with his staff and doesn’t want that to change. He is not interested in working fewer hours at this time. Unfortunately, he sees how far in advance his schedule is booked.

Dr. Jones may have other options. Let’s take a better look at his practice and see what those may be...

Observation: Schedule – It is evident Dr. Jones does not perform quadrant dentistry on a regular basis. His schedule is full of one hour appointments for a single 1 or 2 surface filling.

Recommendation – Do Dentistry by the quadrant whenever possible. Longer appointments are more productive and are kinder to the patient as they reduce the number of trips he/she has to make to your office. They reduce overhead with less chair turnover time and fewer disposables. Longer appointments are also less stressful for Doctor and staff. The Doctor should never be scheduled in more than one operatory at a time. Your schedule coordinator will need guidance to change these habits.

Observation: Adult Orthodontics – Dr. Jones performs some adult orthodontics. His schedule has 2 hours booked for collecting records such as Impressions, pictures and a panoramic radiograph.

Recommendation – There should be no more than 90 minutes scheduled for this appointment. He has an Assistant who is certified for expanded duties. This

appointment should take only 30 minutes of the Doctors' time.

Observation: Hygiene - Every Adult recall patient is scheduled for 60 minutes. He has Hygienists with more than a decade of experience.

Recommendation - An Adult recall appointment, with prophylaxis, an oral cancer exam, radiographs and Doctors' exam should be scheduled for, no more than, 50 minutes. Hygienists should be allowed to customize their schedules. For more incentive see the following formula: *Example only* (If a Hygienist sees patients 7 hours per day and sees one patient per hour, works 4 days a week and 48 weeks a year, She will see 1,344 patients in that year. Conversely, if she sees patients 7 hours per day and sees one patient every 50 minutes, works 4 days per week and 48 weeks a year. She will see 1,610 patients (or 266 more) in a year). If she averages 125.00 per patient (a conservative number) you have added 33,250.00 to your Hygiene production for the year. In addition you have served 266 more patients.

Hygiene exams: The Hygienists should notify the Doctor when radiographs are ready to be read. This will allow the Doctor to perform the exam at any time during the appointment and will make for a better flowing schedule. Waiting until the end of a prophylaxis, while it is customary in most offices, is not the most efficient use of a Doctors' time.

Observation: Morning huddles and Staff meetings -There is very little communication among the doctor and staff regarding patients. In addition, staff members have no idea of how the Practice is doing.

Recommendation – Begin every morning with a short 10 to 15 minute meeting. Review the schedule for the day and discuss any patient concerns, incomplete treatment plans, openings in schedules etc. If staff members are not aware of office concerns, they cannot assist in resolving them. Hold a 2 hour staff meeting on a regular basis. For a staff with more than 5 people, I recommend monthly meetings. If you have a staff of 5 or less, a full staff meeting every other month may suffice. This is assuming you are having morning meetings. If not, or if your office is in a state of crisis, I recommend a full staff meeting monthly. During a regular staff meeting items of discussion should be production and collections, overhead statistics (supplies and lab fees) and suggestions for improving patient care and office efficiency. Staff members feel more involved if they are made aware of how the practice is doing. This is a great time to thank them for all they do.

Observation: Lack of production and collection goals – For the Doctor, every month is like riding a roller coaster. Some months they produce 50,000.00 and collect 65,000.00 others they produce 70,000.00, collect 50,000.00 and see fewer patients.

Recommendation – A monthly Production and Collection Goal must be established. This goal should be based on overhead. A graph, posted in the staff lounge area and updated daily, is a great tool to make staff members aware of how the month is progressing. Collections should average 98% or above.

Observation: New Patients – The practice averages 20 new patients per month. However there are no openings for a new patient for 6 weeks.

Recommendation -New Patients must be scheduled within two weeks for good patient service. Keep a list of any New Patients who would like an earlier appointment. Call them for an earlier appointment when you have a change in your schedule. Practices that schedule the new patient for what they request have a higher rate of new patient retention than those who schedule according to 'practice policy'.

Answer to Doctor Jones' question: No, you do not need an Associate, at this time. What you do need is to work more efficiently and include your staff in the "business" part of your practice. If you will do this and follow the other recommendations made. I feel you can continue to work as a solo practitioner until you are truly ready to bring in an Associate.