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## Dumb ideas ... or how to go from the frying pan to the fire!

Not every “great idea” works for every practice. Here’s a few changes you might want to think twice about implementing.

by Jack D. Griffin Jr., DDS

**D**entistry is fortunate to have some terrific speakers in the profession. Many dedicated practitioners devote themselves to trying to teach us narrow-minded people some exciting new ways to think and grow our practices.

However, while some ideas may work well in one type of practice, they may create permanent damage to another type of practice. You know what I mean —

when you make changes designed to grow your practice, and then find yourself jumping from the frying pan into the fire!

Certainly, almost any new idea sounds good when a confident teacher presents it. But taking one or two ideas and plugging them into a totally different system can cause a lot of practice stress and even lost revenue. Sure, we all would like to have a schedule full of patients

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needing roundhouse porcelain reconstructions at \$900 a unit. Sign me up!

The reality is that we all don't practice in Beverly Hills and that all of our patients can't afford ear-to-ear veneers.

Once in a while, we will hear a colleague — someone who means well — take a few Dom Perignon ideas and put them into our wine-cooler practices. We should listen to those who practice differently, because we need to be open-minded and less critical.

My caution to the "average dentist" (like me) is that, without a complete practice-philosophy overhaul, some of the ideas we get from these speakers can be more *sui-cidal* than *sensational*. In this article, we'll discuss some of these "ideas" that I believe all of us need to think really hard about before putting into practice.

I intend no disrespect to the dentists with Nordstrom-type practices. Many of them are trendsetters and have given me some great ideas. My fear is that some practitioners have moments of grand illusion and fail to honestly evaluate their clientele and real situations. I don't want to be a "stick in the mud" or to be overly pessimistic, but some reality is important to recognize.

Many skillful and caring dentists who can implement the ideas that I will discuss in this article, and these dentists provide a great service to their patients. However, as with most things in life, it takes more than just a few new ideas to bring about tremendous change. The key to a more efficient, less stressful practice involves an overhauling of the entire systems and philosophy of a practice.

My concern is for the practitioner who thinks one or two "pearls" will turn a Yugo into a Lexus. Just remember that to get big changes in your practice, you must make big changes.

### Potentially dangerous ideas

❖ **Never do a cleaning on the first appointment** — Suppose you went into McDonald's, ordered a Big Mac, and the guy behind the counter said, "No, you can't have one until we check to see if you are really hungry enough." Excuse me? Do you think it's a practice-builder when a patient calls your office to get his or her teeth cleaned and you say, "NO, we don't do it that way!"? This patient has a need and a want ... and you just happen to have a hygienist sitting on her duff sharpening instruments. Why not provide the service this patient is requesting?

By being so rigid, you can lose many potential patients who just don't want to spend the extra dollars for a separate appointment. Many patients perceive this as a waste of their time and will seek care elsewhere.

Some good reasons exist for not doing prophies on

### Stop reading now if ....

Ignore my words of caution if you have a practice with the following characteristics:

- ❖ You serve wine and caviar in the reception area
- ❖ 50 percent of your patients drive cars costing more than \$100,000
- ❖ You feel the need to alienate yourself from the majority of your patients
- ❖ You're stinking rich and you can't bear to be in the same room with the poor
- ❖ You are God's gift to dentistry and you deserve a star on the "Walk of Fame"

the first appointment, but I believe the disadvantages of making the patient schedule an extra appointment outweigh the advantages. Of course, you can't diagnose the patient's needs on the phone when he or she calls, and yes, that person could be an advanced perio case. But a patient calling for an exam with an advanced case of periodontal disease would be the exception and not the rule.

It's also true that we could all use a little more time to do a very thorough exam. It would be nice to spend more quality time with a patient to better understand his or her attitude toward treatment. However, the vast majority of patients can be treatment-planned effectively in a 10-minute exam *after* a prophyl.

The hygienist can seat the patient, welcome him or her to the office, review the health history, find out what teeth hurt, take PAs and bitewings of questionable areas, and clean and polish the coronal portions of the teeth. She also can list perio and restorative concerns, as well as prepare the patient for the dentist's exam. In the majority of cases, a well-organized office can accomplish this during a one-hour appointment. Just give the hygienist 10 extra minutes for a new-patient appointment or have an extra room available for her to start on her next patient while you and an assistant do the exam.

Having an iron-clad rule that prevents a cleaning on the first appointment is a mistake that many practices make. Removing the scum on the coronal portion of the teeth will allow the patient to become familiar with the office, give you a chance to actually see the teeth somewhat "scuz-free," and save most patients an appoint-

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ment, freeing up some time for other patients. Of course, a thorough exam is something we need more of in dentistry, but try telling a busy mother with four children that she needs to drag all the little saplings in for an appointment so you can tell her that she needs to set up still another appointment to get her or the kids' teeth cleaned!

Frankly, the vast majority of patients who call for a cleaning are asking for the correct treatment. If these patients need perio treatment, it can be treatment-planned after a gross supragingival debridement. I've heard that a nasty abscess can happen when gums clamp down on subgingival tartar after a supragingival "debugging." How often does that really happen? Besides, your patients will look better with the "big chunks" of calculus removed until you can get them in for some "gum gardening" a few weeks later.

Consider this: Why should new patients be willing to sign up for hundreds of dollars of perio treatment when they don't even know what your breath smells like yet? Give them a chance to see the team in action while meeting their requests of cleaning their teeth without waiting for a second appointment.

### The all-important human touch

● **Replace "high touch" with "high tech"** — Those "high-tech" practices in the journals look like a computer showroom advertisement for your local dental-supply company. While there are some outstanding high-tech things on the market, you don't have to have all the latest high-tech goodies to be successful. High tech will never replace the personal touch in terms of patient satisfaction.

Having a curing light is much better than having the patients stand with their mouths opened under the skylight while their composites cure. We have high-speed handpieces to cut down on the cloud of smoke above the patient while cutting crown preps with a slow-speed. I even replaced my dip tanks with a processor.

Actually, I own a "shade-picking" machine, intraoral cameras, plasma arc curing light, operator computers, an electronic anesthesia device, and even an air-abrasion machine. So, cut me some slack. I just don't like the notion that this stuff makes you a caring and compassionate dentist. The salespeople love the fact that some of us feel pressured into buying more gizmos just to keep up with Dr. Hard Drive up the street. The mistake is in thinking that *high tech* can replace *high care*. Instead of finding more gizmos and gadgets to spend money on, focus your efforts on how you and your staff can be better *people* so the team can relate to and serve patients better.

Don't even think about using computers to confirm patient appointments. How impersonal! Do you like

It's a mistake to think that you can blow through an exam, wash your hands, and run to the next room as you turn on the video player for the patient. You and your staff cannot be replaced by *stuff*.

computers calling you during dinner every night? A goal in any office should be to have the patient become emotionally attached to your office. You want new patients to bond with you and your staff and to refer family and friends to you. Having a computer calling patients to say, "Look airhead, don't forget your appointment tomorrow!" won't create that warm and fuzzy bond. A machine cannot replace a personal touch. Why not hire a high-school student to come in after school and confirm appointments, pull charts, purge files, and print schedules for you?

I believe every office can benefit from intraoral cameras and DVD education systems. They work well to *reinforce* patient information and home-care instructions, but they cannot *replace* the compassion and care of a human explanation about needed treatment.

It's a mistake to think that you can blow through an exam, wash your hands, and run to the next room as you turn on the video player for the patient. You and your staff cannot be replaced by *stuff*. A staff member that has a clue must take the time to explain the procedure and answer questions. Don't make the mistake of thinking that you can get by with less staff or that you can spread them around more just because you purchased "Crown Preps for Flunkies" on DVD for your patients to watch. Patients refer their friends and family members to places where they receive personalized attention and feel real concern for their needs.

Electric anesthetic devices are really cool, but delivering anesthesia can be done well the old-fashioned way with the right techniques. Low pain is as high tech as you can get! You don't have to spend thousands for a machine to give injections that the patient hardly feels. With a generous amount of topical, an ultra-sharp, bevel-marked, 30-gauge short needle, some prilocaine before the lidocaine, and a slow hand, you can deliver a terrific injection that doesn't cost \$2-\$3 each. Perhaps less machinery and more technique is what some of your patients are longing for. Here's something really high tech — say "I'm sorry" if you do something the patient *perceives* as hurting. Patients are looking for service and kindness.

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What's with everyone spending a bunch of money designing a Web site? Do we really expect a lot of high-quality patients from people surfing the Web? You really don't need to consider spending a wad on relatively ineffective ads on TV or radio, either. Advertising on TV during the "Jerry Springer Show" might fill your office with people who like to throw chairs and father children with relatives. It's not the best way to spend your advertising dollars.

Try a slam-dunk that almost always works if you need patients — *ask for them*. When you've finished your treatment plan, sit patients up in the chair, look them in the eye, thank them for the opportunity to serve them, and ask them to send all of their friends with ugly teeth your way. You'll be amazed at what you get when you ask for it!

If you have a warm and friendly office and have met your patients' needs, they will be proud to refer their friends to you. And, since good patients have similar types of friends, the people your patients refer will be the type of patients you want in your practice.

For some dentists, this type of "marketing" seems boring. You don't need to take out a loan to do it, put on makeup to go on television, or hire a PR guy to come up with a grand advertising campaign. However, with no muss and no fuss, you can achieve the same results. It's all built around a person just talking to another person ... how very quaint!

### Clean, not cold!

☛ *Make the dental office look extremely sterile* — A clean look today is necessary; cold isn't. The office absolutely must look as if bacteria would be too scared to set its rear on anything; however, too sterile and too much like a "clinic" isn't appealing. In other words, professional is good, but sterile and boring isn't a practice-builder. Have some nice wallpaper with subtle prints to warm up the office and absorb some of the drill noise.

Don't have all white or gray walls. Clean and homey will help alleviate some patient stress which may help with referrals. In the waiting area, take down those diplomas and degrees and stick them in your consult room or private office. They are meaningless to patients. Instead, put up pictures of your kids, grandchildren, and the staff. We are in the people business. Patients will have a harder time leaving your practice if they get to know you and your staff as real people.

Of course, black lights shining on your velvet pictures of Elvis are a little too much. However, making the waiting room look more like a living room, instead of an operating room, will be good for referrals and reduce patient tension. In the treatment rooms, clean and bright are important attributes, but you can "soften" these areas by adding nice prints, plants, and big

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windows to make the patient experience more enjoyable.

Plants are good ... stuffed fish and moose heads aren't! Many nice, green, low-maintenance plants, such as rubber trees and palms, need very little light. They contribute to a relaxed environment — as long as they don't look like they are dying! Home-improvement centers like Home Depot allow you to replace plants free if they die within a year. You also can hire a plant service for a few bucks a month.

It makes no sense to think that your little dental Taj Mahal must look like a hospital operating room. It's not hard to make an office look warm and inviting. Most dentists are conservative by nature, but resist the urge to make everything blue and gray because someone told you that you need to use these colors. Purchase a color-corrected light wand and use color-corrected lights in the operatories.

There is still that "smell" in most offices that reminds some patients of a dental dungeon. Try to get rid of the dental office smell — give your euginol and formocresol to a dentist you don't like! We don't need that stuff any more. Put a coffee maker, bread maker, and/or a popcorn machine in the reception area to get rid of any other "clinic-type" smell that you may have from the other disinfectants and materials dental offices use. Another idea is to use scented candles — vanilla and cinnamon are very popular — as long as you remember to blow them out every night. Buy "good" ones that won't turn your ceilings black when they burn.

### Protect your investment

☛ *Hire an "office manager" to do all of the managing* — Not only are you the dentist, you are also the CEO and managing partner of your business. No employee can possibly care about your business as much as you do. You *must* actively manage the practice in some way. Hiring an "office manager" to help you with day-to-day operations is great as long as you don't think you are absolved of all duties except figuring out where to invest all of your bucks. You don't have to spend a great deal of time with this if you are organized, if your staff knows

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are enough to actually manage, and if you are content with your decisions.

Hiring a staff person to be "in charge of" the other can make for some real problems. Let's say you are a dentist in my office and I hire another dentist just to be in charge of you. This person is your "equal," but has given the job of evaluating you, correcting you, deciding whether to hire and fire you, pay you, and determining what hours you work. How long would it be before you say, "Look pal, you're just dental fodder for me, so back off, chump!" Adding a person to manage the practice for you adds another layer of red tape. This person may be doing what you should be doing in the first place. Hiring the wrong person for this position creates major friction and factions within your office. This can lead to major decisions about the practice being made by a person without an investment in it. This can be fatal for a practice!

No one employee cannot really do an evaluation on another employee that has genuine merit. Employees who hire and fire others may do so because of personal preferences and not because of reasons solely based on the quality of the practice. The practice owner needs to evaluate his or her personnel at least once a year. Fill out a simple form and personally review it with each

employee. It only takes five or 10 minutes, but it can make a huge difference in the morale of the staff. You can come away with some great ideas and hear some needed truths if you'll spend some quiet time with the people who know your practice as well as you do. Also remember to review the positive things an employee does, as well as the negative. If a staff member does something well, tell that individual. Good work should be acknowledged.

Dental-office embezzlement is a growing problem. If you don't actively manage your practice, you are inviting this crime that robs some dentists of thousands of dollars a year. We all say we have a great staff. "They really worship me and they would never think of pilfering my hard-earned cash," most of us would say.

The problem is that many who steal are really good people, but they have such easy access to a stash of cash that they just can't stand the temptation. Every night, the front office staff should run a report(s) showing the production for the day per patient, the collections per patient, all account adjustments made, and a copy of the bank deposit slip for cash. It only takes two minutes or less to make sure the cash + charges + checks = total deposit. Then, look and see what accounts had adjustments made and find out why.



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