Practice Management-Are You Really Doing Well?

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ABSTRACT

Dentistry has become competitive. Although it’s still a healthcare profession in many ways, there are many indications that the healthcare is also becoming an industry. Good clinical skills alone do not ensure success, whether starting a practice, adding a new doctor to an existing practice or purchasing an established practice. Any dental professional who plans to survive in times of adversity or to prosper in spite of increased local competition must learn more about marketing than a simple awareness of its existence. Most clinicians agree that today’s environment is more complex than ever before and that more practice management skills are needed to ensure professional success and to avoid making costly mistakes. Managing, marketing, and controlling all aspects of such a business require background and training that most orthodontists do not have.

Keywords: Competitive, Healthcare, Industry, Marketing, Practice, Skills, Success, Management

INTRODUCTION

“We require from buildings, as from men, two kinds of goodness: first, the doing their practical duty well: then that they be graceful and pleasing in doing it; which last is itself another form of duty.” ~John Ruskin~

Traditional dentistry has changed dramatically over the past 25 years. More challenges face the dentist today than ever before. Dentistry has become competitive. While it’s still a healthcare profession in many ways, there are many indications that the healthcare is also becoming an industry. Corporate dentistry is creeping into almost every area and don’t kid yourself, sooner or later it will change the way you run your practice, whether you want it to or not.

SERVICE VERSUS BUSINESS

- Dentistry: A health care profession. It has two-fold role:
  - to provide health care and service
  - to make a profit as a small business
- As a health care service: Dentistry provides quality care for the patient, following standards of care established by government agencies and the profession itself.1,2
- As a business: An enterprise in which one is engaged to achieve a livelihood, be productive & create a profit.

WINDS OF CHANGE

Dental practice over the years has evolved through solo practice to group practice, manufacturers faced layoffs, excessive no. of graduates, fighting for survival: Era of competition, closed panel capitation plans, department stores and franchise business, department of health maintenance organizations, closed panel with staff and group model practice and Individual practice models, advanced technologies, including the various payment plans and insurance coverage.2

Demanding conscious consumers, dentists are advertising their practices on billboards that were unheard of, and considered unethical. Back then anything more than a small shingle with the dentist’s name and a yellow page listing was frowned upon. So if you’re not comfortable
with an image of yourself 5 times the size of the real you hanging over the highway, but you want to be successful and let people know you exist, what can you do?

**ORTHODONTIC SCENARIO**

Challenges posed to today’s orthodontist:
- Orthodontic profession - rated one of the top ten professions of the world by “Time” magazine in mid-90’s.
- 90’s when the number of orthodontist in the country were only 400-500, 25 centers for orthodontic training.

**THE TRUE PICTURE**

Steep incline in this no:
- 2500 practicing orthodontist with 70+ centers for orthodontic training - producing 300-400 orthodontist annually
- 25000 dentists graduating every year many of whom like to practice orthodontics by using short-term “airport courses.”

**MARKET SCENARIO**

- According to private practice survey done:
  - Most of the large cities are over-crowded with orthodontists --
  - Mainly a referred practice -identity crisis
  - Fees for referral
  - Ratio of the general dentist to orthodontic patients - low 2-3%; only 4-5% of the population goes to a dentist

Any orthodontist who plans to survive in times of adversity or to prosper in spite of increased local competition must learn more about marketing than a simple awareness of its existence.

**Why Practice Management?**

Integration of practice management principles into orthodontic graduate programs can help young practitioners avoid many of the mistakes commonly made in developing an orthodontic practice and to provide guidelines and resources for starting off in the right direction. Good clinical skills alone do not ensure success, whether starting a practice, adding a new doctor to an existing practice or purchasing an established practice.

Most clinicians agree that today’s environment is more complex than ever before and that more practice management skills are needed to ensure professional success and to avoid making costly mistakes. Managing, marketing, and controlling all aspects of such a business require background and training that most orthodontists do not have. If I could just turn over the work of running a practice to someone else, I’d be able to concentrate on the treatment that’s what I enjoy and have been trained to do.4

Most of the advice currently available is aimed at the more established practices with the goal of helping them remedy their most recent mistakes, add new patients, and acquire the tools necessary to manage and market their practices in the future
- Little or no emphasis is placed on helping the orthodontic practitioner avoid mistakes or educating these doctors on the basic principles that should be employed in any practice,

Goal setting for the practice:
- **Profit realization**
- **Basic principles**

A useful and effective orthodontic office plan involves the creation of a vision statement, a mission statement, defining practice values, evaluating the practice’s strengths and weaknesses, identifying critical success factors, and setting ambitious goals.

In business, operating efficiently and achieving economies of scale are goals managers continuously strive to meet. In orthodontics, achieving these goals can mean treating more patients in less time and at a lower cost, but with an outcome that meets the professional standard and meets or exceeds the patient’s expectations.

**PROFIT REALIZATION**

For years orthodontists have tried to define successful or admired practices in many different ways. “How many patients do you see a day?” or “How many staff people do you have now?” or “How many square feet are in your office?” or, “What’s your gross?”

In an attempt to quantify whether a practice is successful or not, we have always asked the wrong questions. Putting aside the most important issue that being quality of treatment. There is one statistic we can look at which clearly demonstrates the efficiency and productivity of the practice.

The key practice statistic is profit per doctor hour worked or what is termed as profit realization. To meet these goals:
- Always put quality of treatment first
- Be yourself
- Treat others as you would want yourself or your family treated.
A false personality will eventually be revealed by inconsistent behavior in interactions with patients, parents, and staff. Consistency is the key to building confidence, trust, and credibility.

GETTING TO YOUR PATIENT: PSYCHOLOGICAL MOTIVATION

“People act to satisfy their own needs and desires, not the needs of other people. People behave to satisfy their real motives, not the motives they should have.” – AN

Shoonmaker

It follows that if you want to motivate people, you must take the time to find out what will make them move into action. However, we become so much involved in our desires, goals and motives that we assume that what we want for our patients they want for themselves.

“The doctor who gives professional advice feeling that it is his responsibility and that it is the Patients responsibility to accept his suggestions really satisfies his own needs." The doctor is acting defensively because he fears rejection.

When reasons and emotions clash, emotions almost always wins. In getting a patient to move in the direction of better health, one need to appreciate the powers of emotional appeal and have certain attitudes, values and feelings our self. Building up a trust that makes it possible to sense our patient’s real desires. J. Lewis Blass, chairman of periodontia, Dept. of New York University suggested that:

“Patients care less about the benefits of dental treatment and more about the benefits of the benefits. They care less about the margins and contact points of the crown and more about getting less food caught more comfort from that and better breath.”

SCHEDULING

• Have a master plan. Do not “free-form” scheduling of appointments
• Set up appointment times and procedures to ensure compatibility with concurrent appointments
• Schedule all doctor and staff time to avoid appointment conflicts
• Schedule the doctor to be in only one place at time
• Regularly schedule administrative time for doctor and staff.
• Build in flexibility to accommodate late, difficult, or emergency patients.

PATIENT CHARTING

• Stay totally organized to maintain treatment efficiency.
• Keep all pertinent patient, exam, treatment-planning, and treatment information readily accessible so you know exactly where you are in the course of treatment.
• Clearly delineate on each record:
  • Date;
  • Oral hygiene status;
  • Compliance; auxiliary appliance wear; elastic wear; treatment procedure;
  • Arch wire manipulation;
  • Next appointment with planned treatment, date, and time;
  • Starting and estimated finishing dates.

EFFECTIVE COMMUNICATION

Effective communication means much more than simply talking to someone. It means active participation by all those involved in sharing and understanding information. In an orthodontic practice, all members of the team should be prepared to communicate effectively with patients, parents, and referring dentists about their particular fields of care.

If we don’t give proper instructions to patients or are unclear in describing our procedures, we will fight a losing battle. If we change the policy and don’t tell a patient until after the fact, we will appear to be covering up for mistakes. It is the patient’s right to receive and our responsibility to provide correct, concise details at every step in treatment, from new-patient call to debonding.

BASIC PRINCIPLES

• Use technology to simplify, streamline, standardize, and personalize essential communications, from new patient information through retention
• Exploit the power of technology to help patients and parents conceptualize relevant diagnostic and treatment information
• Conduct examinations and treatment conferences in a visually enticing, highly graphical format to increase patients’ and parents’ interest
• Keep all communications simple, clear, and concise.

First Phone Call

• When prospective patients call your office for their first appointments
• Critical first phone conversation leaves a lasting impression not only of practice’s interpersonal
relationship but also of the treatment quality
• Everyone in the staff should be well trained in making new-patient calls.

Don’ts
• Phone should not ring too long; the caller might think the office is too busy or too uncaring to answer quickly
• A real person should be available they don’t want a machine or a service to answer their calls
• Avoid putting people on hold
• If it is truly unavoidable, be sure to say “thank you” instead of “sorry about that.” Keep your remarks positive.

Do’s
• When the caller knows the receptionist’s name, he or she can use it during the conversation and will know whom to ask for when calling back
• A smile comes through the phone line to the person on the other end
• On the other hand, a voice that says “You bothered me” conveys the opposite attitude of what the practice wants to project
• Using someone’s name is always more personal and friendly. Indeed, any personal conversation during the call can make all the difference
• Ask patient’s age as the age will indicate how much time to allow for the appointment and help the staff prepare for the arrival of that new patient
• Ask mailing information to the home prior to the examination, sending information ahead of time is beneficial to both the family and the practice
• Rather than asking the home or office telephone no Ask for “a daytime phone number in case we need to call you about the appointment
• Always find out the referrer early in the conversation so you can say you’ll thank him or her
• Initial exams should never be charged, as a courtesy to the referrer, creating even more good will for your practice
• Eliminate any uncertainty about your location-If you have multiple offices, be sure the patient is scheduled where it’s convenient for the family, not just where it’s convenient for the doctor
• Ending the initial phone call by telling the parent how much you look forward to meeting him or her (by name, of course) and the child (also by name) is both polite and inviting.

MAXIMUM DENTISTRY IN MINIMUM VISITS

In general, the patient would like the treatment to be completed as painless and comfortably as possible and quickly and efficiently and with the least expenditure of time effort and money.7

Followings should include in the practice:
• A complete examination, detailed diagnosis, and treatment plan and time for each appointment as well as in between the appointments should be established before the starting of the treatment
• Plan, present and schedule the case
• Separate the treatment visits completely from the payment arrangements.

Orthodontic management of medically compromised patients

Orthodontic procedures generally perceived to be among the least invasive and physiological benign of any in the dentistry. However, it must be evaluated for potential risk for medically compromised patients and orthodontists must be comfortable with being able to identify patients at risk and to treat them appropriately.8

Major risk for medically compromised orthodontic patients associated with bacteremia, are caused by:
• Band placement and band removal
• Bleeding and infection caused by mucosal and gingival irritation
• Ability of patients with some conditions to tolerate treatment.

Management
• Communication with patient’s physicians.
• Aggressive pretreatment and intratreatment oral hygiene maintenance
• Prudent use of prophylactic antibiotic therapy
• If diagnosis of leukemia or aplastic anemia is made, removal of existing orthodontic appliance is mandatory to minimize the risk of gingival or mucosal irritation, bleeding or infection
• Elastomeric modules are preferred to wire ligatures.
• It has been suggested that orthodontic induced external root resorption occurs with greater frequency in patients with asthma than in nonasthma population
• Therefore, it would seem prudent for orthodontist to disclose the increased risk of root resorption to patients before initiating the treatment.

Practice Promotion/Marketing
• Marketing is a process that enables us to better understand the needs and wants of our patients
• It is about listening and learning from our patients as a way to improve the care we provide
• The word marketing has caused discomfort and alarm among some dentists due to the stigma attached to dental advertising11
• Here it is important to draw a distinct line between advertising and marketing which are quite different and require a different approach in patient education.
ADVERTISING

Offering or promoting a service or product usually new or out of the ordinary that we want our consumer to receive.12

MARKETING

Offering or promoting a service or product that the consumer already perceive as desirable. It is giving them something they already want or enjoy.

Before we introduce our marketing plan, we should understand the following:
• The strength of practice market those services we deliver best with an eye for those services that are unique and special to differentiate our practice from others
• The weakness of your practice - we can use our dental staff team, third party aides, to assist, find, and to correct the weakness
• Due to increased dental manpower, changing disease patterns (most important a major decreased in the dental caries incidence in the young population), cost containment policies by business and government and the rise of consumerism have placed more emphasis on the field of marketing.13

Marketing techniques:
• Internal marketing
• External marketing

Internal Marketing

These are the marketing techniques used within the practice to keep established and new patients active and to motivate them to become enthusiastic referral sources, before employing internal marketing technique three important trends of the society should be well known to the dentist.14
• High tech/high touch
• Information based society
• Teaming up patients to teach them preventive techniques and maintenance of good oral hygiene at home
• Stressing personal service and caring attitude in addition to latest dental technology
• Provide accurate information on dental health to the patient
• The first impression
• Learn all the methods of pain control and utilize the most advantageous to make patient comfortable during the long appointments.
• Organize the procedures, set up staffs and office to cut down on all make ready and put away procedures
• Four handed dentistry should be practiced
• Plan the entire course of treatment to completion
• Deliver what you promise
• Use appointment book to plan treatment and to complete the treatment in the shortest possible visits.

THE FIRST IMPRESSION

Design of the Office

Open design concept is being used more frequently today, particularly in the treatment rooms of orthodontists. Adults, however, seem to prefer a certain degree of privacy. Private matters such as financial arrangements must also be discussed, and this should take place in a private consultation room or area that is not a treatment room and is “safe” from prying eyes and ears.14

The first impression of the office may very well determine their opinion of the dentist before they even meet him or her. It is very easy for dentists to isolate themselves in their treatment rooms and forget what goes on in the rest of the office. This is a serious mistake! Because you can be assured that patients take a long, hard look at every part of the office, and the impression they get is the one they take home with them and talk about to others.8

Reception Room

The reception room should have a “homely,” comfortable atmosphere, with a mixture of individual chairs and sofas. Keep in mind that furniture that is too low can pose a problem for elderly people. Lighting should be soft and subdued, but ample for reading from any seating position (Figure 1).

For Reading Material

The dentist’s name and office address can be stamped on the literature so people will be less likely to take it with them when they leave (Figure 2).

Treatment Room

Are frightening-looking instruments such as syringes and explorers out of sight?. They should be. The point is, patient comfort and relief of apprehension should always be considered when arranging a treatment room (Figure 3).

How do people choose an Orthodontist?
• Referral from their dentist
• Recommendations from friends and relatives
• Media.
CONCLUSION

1. Is the orthodontic market saturated?
2. No, we haven’t even started.

Road is long, know that there are joy and reward at every, step of the way:
- Team effort
- First, impression is the last impression
- Maintain a good rapport with the patient and associates
- Right fee for the right work is our right
- Cost benefit analysis
- Time for all aspects of life
- Successful and comfortable retirement.

If you are not deeply committed to these changes, the first bump in the road is all it will take to derail you. If, however, you are deeply committed to these changes, to your team and to your patients, be prepared for a long but rewarding road.

The way you motivate your staff will be no different from the way you motivate your patients, your children, and all the people in your life.

"Managing a practice is an art in itself which everybody has to master it so as to lead a comfortable, satisfied life."

REFERENCES


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