

# Simple steps to increase efficiency and improve your bottom line



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If you are considering joining a managed care dental program, you may want to seriously evaluate your practice in the three major areas that determine whether you will be financially successful. These are:

1. Efficient use of doctor time.
2. Proper scheduling.
3. Utilization of dental auxiliaries and hygienists to the maximum extent allowed by state law.

Even if you are currently practicing in a strictly fee-for-service environment, mastering these three principles will serve to greatly enhance your profitability.

The key to making managed care profitable is to do efficient, quality dentistry. You need to produce the maximum amount of dentistry in the least amount of time with the least amount of effort, and without compromising the quality of care delivered.

Let's address quality first. Quality dentistry has no relationship to the payment mechanism! There are dentists that practice in high-rise office buildings in metropolitan areas whose crown fees are \$1200 - \$1300. In the same state, in a rural community 30 miles away, a dentist's full fee for a crown may only be \$500. Is one crown 2½ times better than the other? I don't think so. Does that mean in the military, where treatment is rendered at no cost, all dentistry performed is worthless and inferior because the fee to the patient is zero? I don't think so. You can only get lousy dentistry from a lousy dentist with a lousy attitude in a lousy dental office. Fees have nothing to do with it.

Now let's consider efficiency. Efficiency is an attitude: "As long as I'm working, I want to maximize the income I generate per hour. I want my working time to be as highly productive as possible."

When efficiency is discussed, many dentists state that they don't want to feel like they must work on roller skates. There is a real difference between running around haphazardly in your practice and practicing efficiently. The dentist should only be performing those services that cannot be delegated to an auxiliary. Most dentists only work 32 hours per week out of the available 168 hours that actually constitute a week. Use the other 136 hours to relax and take it easy – not the 32 hours of production time available in your practice. Unless your mindset is: "I want the maximum profit I can earn in the hours that I work," you have little chance of sustaining an efficient practice.

Many dentists feel that working more efficiently and quickly will cause a decrease in quality. I do not believe that this is true. If one oral surgeon can successfully remove four third molars in twenty minutes, and a less skilled surgeon takes an hour to extract a similar set of four third molars, does this mean that the oral surgeon who needed an hour to perform the treatment is a better oral surgeon because he spent three times as long on the procedure? In fact, the opposite is true. Not only was the first oral surgeon more efficient, but most patients would be willing to pay extra to have the procedure done in twenty minutes rather than one hour. In addition, the patient whose surgery was completed in twenty minutes probably received less trauma and will have an easier post-operative experience.

To successfully incorporate managed care into a fee-for-service practice, you must create an efficient and cost-effective style of delivering dental care. Using your time, staff, and facility more productively means you are working smarter – not harder. Efficiency is the key to financial success. Time management is critical. Time is what dentists have to sell.

Is the dentist who schedules 90 minutes for a single crown and impression for one patient or the dentist who schedules crown preparations and impressions on two different patients during a one hour time frame better? Or is he or she unsure of himself or herself? I liken the analogy to a race car driver who is confident in his/her abilities and can drive better at 200 miles per hour than most can at 50 miles per hour. A race car driver drives a lot differently than a Sunday driver who is going slowly down a highway, holding up traffic, and not getting anywhere quickly. You need to decide if you want to be a “Sunday driver” dentist, leisurely going through your day producing less, earning less, perhaps even complaining about the lack of income, or the “professional race car driver” dentist, who operates quickly, confidently, and executes procedures efficiently. Your patients will always appreciate being in the chair for a shorter amount of time.

Now, let's discuss scheduling. Scheduling should be done per chair, not per doctor. Each doctor should have two or three chairs. Chairs #1 and #2 should be primary production chairs. A primary production procedure is any procedure which has a significant copayment and demands high doctor concentration, such as a crown, bridge, multiple operative restorations, extensive surgical procedures or endodontics.

A secondary production procedure is any procedure which demands less time and concentration by the doctor. Examples are new patient exams, single surface restorations, denture appointments and crown inserts. Chair #2 should be used for primary or secondary procedures. Chair #3 should be used for emergency procedures. An emergency patient is one which must be seen today, was not previously scheduled, and where the patient agrees to being treated between scheduled appointments. This chair should be scheduled with procedures such as toothaches, denture adjustments and broken teeth. Multiple dentists may share this chair.

A sample schedule showing the side-booking of crowns, along with crown inserts, is illustrated. As you can see, the doctor is efficiently booked, taking maximum advantage of doctor time and expanded function dental auxiliaries. By learning to side-book crowns and other procedures, you can easily increase your production by 30-40%. If you are not side booking appointments, then you are wasting your time. When a dentist sits idly waiting for impression materials to set, anesthesia to take effect, or cement to harden in order to remove it, he/she is wasting valuable doctor time. This lack of respect for time prevents a practice from meeting its full potential.

## Scheduling: side booking crowns

<b><u>CHAIR #1</u></b>	<b><u>CHAIR #2</u></b>	<b><u>CHAIR #3</u></b>
<b>8:30 to 8:35</b> DDS: anesthesia given, tooth #3	<b>8:30 to 8:35</b> DDS: anesthesia given, tooth #19	
<b>8:40 to 8:50</b> DDS: crown preparation completed	<b>8:40 to 8:50</b> Waiting for anesthesia to take effect	
<b>8:50 to 9:00</b> Assistant: packs cord, prepares temporary	<b>8:50 to 9:00</b> DDS: crown preparation completed	<b>8:50 to 9:00</b> Assistant: remove temporary crown, try in final
<b>9:00 to 9:03</b> DDS: places final impression	<b>9:00 to 9:10</b> Assistant: packs cord, places temporary	<b>9:03 to 9:10</b> DDS: check occlusion, cement crown
<b>9:10 to 9:15</b> Assistant: removes impression	<b>9:10 to 9:13</b> DDS: places final impression	<b>9:10 to 9:15</b> Assistant: removes excess cement
<b>9:15 to 9:20</b> DDS: Adjusts and cements temporary crown	<b>9:20 to 9:25</b> Assistant: removes impression	
<b>9:25 to 9:30</b> Assistant: removes excess cement	<b>9:25 to 9:30</b> DDS: adjusts and cements temporary crown	
	<b>9:30 to 9:35</b> Assistant: removes excess cement	

There are some additional scheduling ideas that I would like to share. 1) Appointment books should have 10-minute intervals of time, rather than 15-minute intervals. 2) Plan for the amount of time both a doctor and auxiliary will see the patient and understand the difference between the amount of chair time that the patient will use and the amount of doctor time. 3) Schedule patients to allow anesthesia to take effect and then use this anesthesia time to do additional procedures in an adjacent operatory. Learn what procedures you can comfortably side-book during anesthesia time. The most common are crown inserts, denture adjustments and single surface amalgams or composites. 4) Be sure to use routing slips with clear communication to your front desk staff for the patient's next visit detailing the amount of anesthesia and chair time. The key to practice efficiency is to hire skilled, capable dental auxiliaries and to utilize them to the maximum extent allowed by your state law.

Why should a dentist do procedures that his or her assistant can do? Not only will you become more efficient, but your assistant will gain greater job satisfaction by performing procedures other than rinsing and suctioning. A dentist cannot provide all of the patient care. There is not enough time and it is not cost effective. You can only benefit if you use the time saved to do additional income-producing treatment. Invest in a good staff. They will more than pay for their high salaries. You must properly use fourhanded dentistry techniques. Many dentists use assistants, but don't have them passing instruments properly or doing other allowable procedures. Certified assistants can usually pack cord for crowns, make temporaries, take alginate study models, and remove excess cement from temporary and final crowns.

A solo dentist should ideally have three dental assistants. Two assistants should be fully certified to take x-rays and to perform all legal expanded duties. The third assistant should be a sterilization assistant which can be an entry-level position without certification. The sterilization assistant can work as the certified assistant's assistant and be the primary person responsible for room clean up and set-up, proper instrument availability, and the processing of

radiographs for both the doctor and hygienist. The two primary assistants should be able to take full mouth x-rays, pack cord for crowns, make temporaries, and remove excess cement from temporary and final crowns.

Your hygienists are the key to an effective periodontal program. They should be responsible for all scaling and root planing, and insuring that the patients are on the proper maintenance schedule. The doctor should do hygiene checks at his or her convenience, not at the end of the patient's appointment. This will ensure that your hygienists and patients are not kept waiting if the hygiene patient is completed while you are in the middle of a complex procedure.

Your office ergonomics can also improve your efficiency. Try to standardize procedures, materials, equipment and supplies in all operatories. If all operatories are identical, then patients can be seated in any operatory for any procedure. Too often, because dentists utilize only one or two operatories for complex procedures and save other operatories for simple procedures, patients are kept waiting because the needed operatory is not available.

I recommended two high-speed fiber optic handpieces be available in every operatory for maximum efficiency. If you are not using magnification lenses, then you don't know what you are not seeing. Magnification will decrease eyestrain and improve the quality of your dentistry. The doctors' operatories should contain no cuspidors. When cuspidors are present, patients like to rinse. This is not only a time waster, but it is not a sanitary practice. An interoffice communication system should also be installed to promote efficient non-verbal communication.

Let's discuss fees. Dentistry is one of the few businesses in America where the owner views anything less than the full retail price as "losing money". However, this perception does not recognize the actual profit being made from a reduced fee. Here is an example: Acme Airlines Y fixed the fare for the flight from Washington to Los Angeles at \$600 round trip (similar to a crown fee). If the plane leaves half-empty, the opportunity to

fill it has been lost. If it is not filled with full fare passengers, the CEO of the airline can change the pricing on the remaining seats to make them more attractive to more people. All the CEO needs to do to increase net profit is cover the variable cost of \$30 per seat for meals and drinks, disposables and fuel for added weight. If the airline can sell the remaining tickets for \$300 (similar to a crown fee in a managed care setting), there will be \$270 in additional profit per seat.

As a dentist, if you have open chair time and fill it by providing a managed care patient with a crown for \$300, did you lose money or did you gain a \$200 net profit over lab expenses?

By the way, the passengers, whether they paid \$600 or \$300, were all treated with identical courtesy and service and arrived safely and on time. And they referred friends and relatives to the airline! Those who paid \$300 were not made to feel like second-class citizens. Quality remained the same for all passengers.

Invest in yourself and invest in your practice. Do not give your hard-earned money to a consultant or financial advisor if you are still trying to work with old equipment in an outdated office. Invest your money by increasing efficiency and improving your work conditions. This will earn you greater return on your investment and make your practice life more rewarding.

Whether you are ready to participate in a managed care dental program or not, learning to practice more efficiently, schedule more effectively and utilize your dental auxiliaries and hygienists to the maximum will allow you to become more profitable. Change is inevitable; prospering with change is optional.

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