

# EFFICIENCY

IN GROUP PRACTICE

VOLUME 1 • ISSUE 3 • 2013

## Disruptive Technologies

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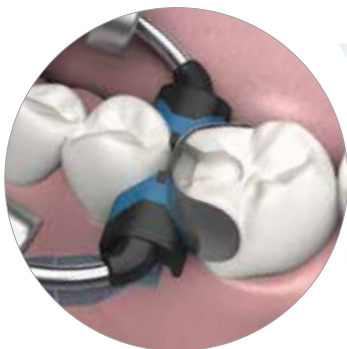
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Putting ideas into practice.







p16

Collaboration is a **recursive process** where **two or more people** earnestly work together to realize shared goals.

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# A zombie love story



I mentioned to my 9 year old daughter that I was brainstorming ideas for my publisher's note. She suggested that I write a zombie love story. I couldn't really find a relevant connection to the dental world and zombies. However, it does seem that zombies and dental infection control are both current topics on TV and in the news.

I just returned from a productive trip to sunny San Diego for the annual OSAP (The Organization for Safety, Asepsis and Prevention) meeting. Dental infection control has become a real concern of many patients as the Oklahoma oral surgery case remains big news with the mainstream media. I believe this is a powerful opportunity for groups to educate their patients on the steps taken

as an organization to keep the patients safe. Now is the perfect time to market your infection control protocol to your patients. Let them know that your group is aware of the risks and has a system in place to keep their patients protected. This creates the foundation for a trusting and loyal relationship.

You will see frequent articles and columns related to infection control in future installments of *Efficiency in Group Practice*. We will help provide you with the necessary tools to differentiate your group practice from the rest when it comes to infection control protocol and creating the best overall treatment experience. You will learn how to keep your patients and teams safe and minimize any risk of infection... and maybe even zombies!

**Now is the perfect  
time to market your  
infection control  
protocol to your  
patients.**

Take Control of your Infection Control,

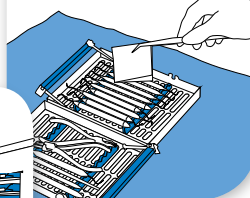
A handwritten signature in black ink that reads "William S. Neumann".

Bill Neumann  
*Publisher*

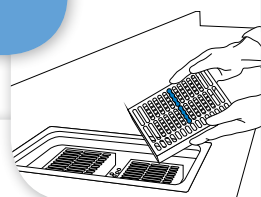


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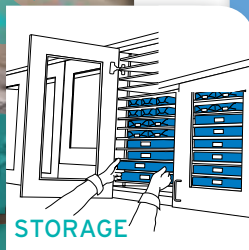
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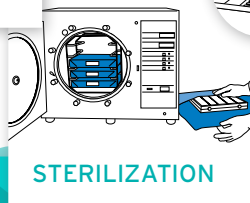
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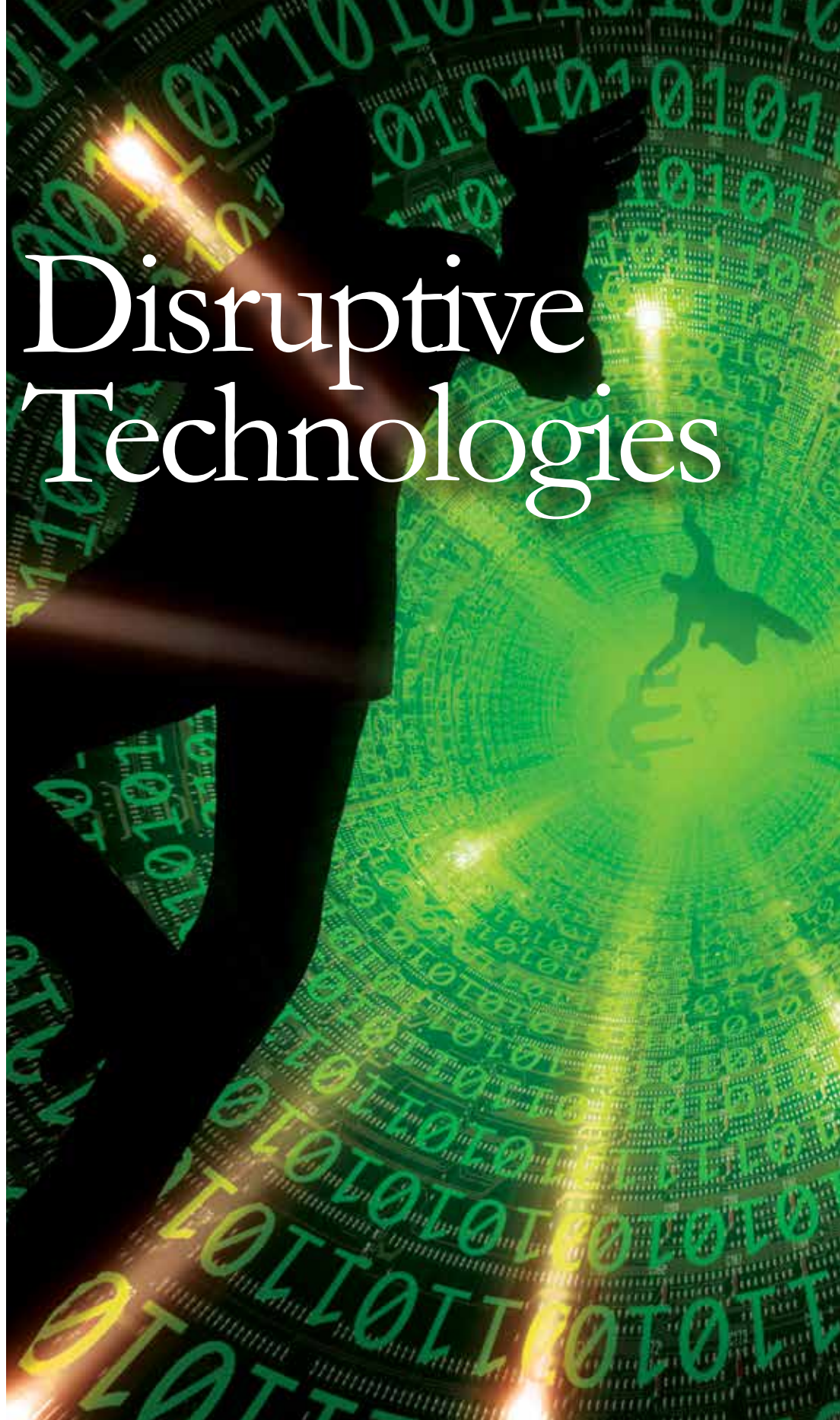


# Disruptive Technologies



By Ben Burris, DDS, MDS

Ben Burris is the owner of the largest independently owned orthodontic practice in Arkansas. He has a passion for the business side of healthcare and especially enjoys helping residents and young orthodontists to avoid making the same mistakes he did. Ben is the founder of Smile for a Lifetime Foundation (S4L.org). Ben graduated from The Citadel, in Charleston, SC, with a BS in biology. He graduated from the University of Tennessee-Health Science Center's College of Dentistry in 2001 and UT Orthodontic Residency in 2004.



The world as we know it is changing and the pace at which substantial changes occur is increasing. Technology that not long ago would have been virtually indistinguishable from magic is appearing from all corners of the globe. Be aware that some of these applications and implications will explode upon dentistry with unforeseen and astounding effect. At this crucial juncture, it is vital for us to be open to these changes and do more than just adapt because truly disruptive technology often calls for completely remaking a market segment or even an entire industry as opposed to attempting to adapt traditional technology to the new reality.

In *The Innovator's Dilemma*, author Clayton M. Christensen explains the process I'm referring to with great precision. The definition of disruptive technology is essential here. It does not have to be some sophisticated or complex scientific creation. Disruptive technology is any product, service or delivery system that upends the status quo and has the potential to make the dominant model irrelevant. Again, this is explained in the book and beyond the scope of this article but suffice it to say that more complex and more expensive are not always the answers to a problem or the reason for massive change. (These disruptive technologies can be massively expensive and complex, however.)

Consider the following as examples of disruptive technology.

- Think about how Invisalign went directly to the consumer to promote their product. This patient driven model of creating demand and forcing providers to utilize their product was well proven in medicine and especially with pharmaceutical companies, but the application in dentistry was truly disruptive.
- Niti wires are an older example of disruptive technology in orthodontics. The product itself was revolutionary, but the real game changer was the longer appointment intervals that resulted from its use. Those who changed their practices accordingly reaped massive benefits when it came to increased capacity and efficiency.

What about the future? Just for fun let's run through a couple of hypothetical scenarios that are in some ways fantastic and maybe inconceivable for many but not beyond the realm of possibility. Let's talk about intra oral scanners and 3D printing for starters.

I've said for years that one day there will be a kiosk in the mall where a patient can insert a credit card, put their head in some form of CBCT machine, and within a few minutes, receive their first set of clear aligners. The rest of the aligners will be delivered to the patient's home and the treatment supervised remotely.

However, with the advent of affordable personal 3D printers, the recent expansion of the number of companies participating in intra oral scanner development, the FTC's proclivity for limiting state dental boards' ability to regulate non-dentists and dentistry (like whitening), the feeling of empowerment that the Internet gives patients through readily available information and the rise of mid-level providers and therapists, it is reasonable to assume that a kiosk at the mall will be just the beginning. We will see massive decentralization of the delivery of all but the most technical dental services in the coming decades. As the cost of technology falls and the desire to save on health care costs increases, I think we will see communities, churches, businesses, schools and any other sizeable group buying scanners and printers for use among their members. They could then contract with a supervising dentist or orthodontist to remotely supervise treatment – in essence, tele-dentistry on a new and unprecedented scale.

For more hands on procedures they could also have their own mini dental clinic with a full time mid-level provider or hygienist. This is a foreign concept today, but will we see a time when patients might only visit a dentist for substantial treatment after it has been

Make no mistake that when you **promote any product or technology instead of your expertise as a dentist** you're helping to remove dentists from the equation at some point in the future.

deemed necessary by the hygienist? Maybe they'll contract with a dentist to come into their clinic on a regular basis or as needed? Two chairs in the average large business would easily pay for themselves and likely turn a profit if done properly while being a great benefit for employees. Do you think

by any group of people large enough to support them may soon make our "big, bad corporate dental groups" a lot more appealing.

We are just like other industries that are destroying themselves through innovation and dependence on technology. Make no mistake that

enlightenment, decentralization and financial concerns from the public and the government will ultimately determine our future. This doesn't mean we are helpless; it just makes sense that we must be aware of what is happening and will happen so that we can plan accordingly. The second lesson to be learned (and this is made plain in *The Innovator's Dilemma*) is that the factors that make some technologies and companies dominant forces today may end up being the reason they fall in the future.

My best advice to you - be pragmatic. Keep what works and discard what doesn't. Don't do things for sentimental reasons or because we've always done it that way and especially not because others are doing it! Be open to change and realize that just because your current business model has been effective in the past doesn't mean it always will be.

You may think I'm crazy, but just remember what Bill Gates said about change, "We always overestimate the amount of change in the next two years and underestimate the change in the next ten". I love a good discussion so feel free to call or email me with your thoughts about the future of dentistry. It's going to be an interesting ride! ■



they can't do this? Think dentists won't stand for it? Think again – and while you do, look at how many new dental schools and residencies are cropping up and run on a for profit basis.

For years, many of us thought that large dental corporations were the impending doom of the dental profession. Many still do! Massive decentralization and reduction of dentistry from a profession to a commodity or trade to be provided

when you promote any product or technology instead of your expertise as a dentist you're helping to remove dentists from the equation at some point in the future. Do not mistake my comments here for opposition to this process, however. Change is coming and we can't stop it. The market and the politicians will shape our future. We as dentists will innovate and pursue our goals but we are so few in number that the inexorable march of patient



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# Orchestrating Your Patients' First Impressions

To make an optimal impression with every patient every day, you need a written dress code with clear guidelines on attire and presence. Here's how to do it.



By Janice Hurley-Trailor,  
Dentistry's Image Expert

Janice Hurley-Trailor, Dentistry's Image Expert, helps dentists build more unified, professional, and successful practices. Learn more at [www.JaniceHurleyTrailor.com](http://www.JaniceHurleyTrailor.com) or call 480.219.2210.

When patients view each team member of your practice as polished and professional, they are more likely to trust you, accept your treatment advice, continue care with you, and refer their friends. You probably already recognize this fact, but do you know how to create an optimal dress code, and how to implement yours with the clarity and consistency needed to make it successful? As I consult with individual practices to help each team member design their most effective personal presence, I find that some principles apply every time.

## 1» Be willing to put it in writing.

In my work as a dental consultant, I frequently observe that if your practice does not have a written dress code, or it is not complete or well considered, situations will arise: you will have to tell others what to wear and how to wear it, and that will be stressful for everyone concerned. Maybe you have already experienced the embarrassment of trying to enforce an unwritten rule of which someone might simply have just been unaware. A written dress code covering attire and presence is a gift to yourself and to your team. If you haven't already created yours, this will be a relief to you and to everyone. Written guidelines prevent confusion and misunderstandings, and help each team member feel confident and appreciated.

## 2» Include the administrative team.

Administrative team members should wear professional attire. That usually means that men should wear dress shirts, dress slacks, and ties, and women should wear a jacket, blazer, or sweater (in a solid color or small pattern) over a dress, or a blouse with a skirt or dress slacks.

If you have more than one administrative team member, allow them to choose their own styles and colors. Your goal is to have each one

feel as attractive and professional as possible, and they will not feel that way if they have to match, because they will not all look great in the same outfit.

Each administrative team member should wear comfortable, professional, closed-toed shoes. While they might not be on their feet as often as the clinical team, comfort is still vital to creating that comfortable and welcoming atmosphere for your practice.



Avoid large, v-necked, traditional scrubs. **They are usually inexpensive and made of poor quality material as well.** Dentistry no longer has to settle for these; they are still appropriate for prisoner garb.

---

## 3» Decide what your clinical team members will wear.

I am excited about the number of uniform options we enjoy today. Be sure to choose quality materials, and form-fitting attire, in colors that harmonize with your office color scheme. I am partial to lab jackets for the entire clinical team, worn over a crisp shirt or blouse with a pointed collar, and a nice cotton pant.

Avoid large, v-necked, traditional scrubs. They are usually inexpensive and made of poor quality material as well. Dentistry no longer has to settle for these; they are still appropriate for prisoner garb. Please, no scrubs with flowers, teeth, or animals, no matter what type of dentistry you practice.



Avoid golf shirts as well. They are not flattering and are too casual for the optimal dental environment. It is also hard to keep them crisp and clean; after several washings, they lose shape and color.

Remember to specify colors for shirts, pants, and shoes. Be just as detailed in specifying the color of nail polish and the socks to be worn.

I do not favor “color days,” where specific colors are worn for each day of the week. It is more expensive to designate so many uniform colors and it creates opportunities for error.



### 4» Mention everything, head to toe.

Your dress code should include your expectations for makeup, jewelry, hair, nails, and daily grooming. Your patients see you and your team members up close and personal, and they tend to notice every detail. It might be awkward to talk about this, but in our business, daily grooming is vital. It is better to include something in your dress code that seems obvious to you than to assume any unwritten rules are understood.

- **Hair:** Clinical team members should appear ready to work, with their hair up off their faces and shoulders. Men should have any facial hair trimmed tightly and the backs of their necks newly shaven.
- **The other hair:** Ear, nose, and facial hair must also be trimmed. It appears that the hair on our head never stops growing; it just grows in different places. As we age, men need to wax, cut, and tweeze ear hairs, and women need to clip nose hairs, and wax or shave facial hair.
- **Modesty:** Women should not display any cleavage, and men should wear undershirts with scrubs so no chest hair is visible.
- **Pressed and Polished:** Is all clothing crisp and clean?
- **Name tags:** Names should be clearly displayed on the right side just below the collar bone.
- **Nails:** clinical team members should opt for nails no longer than 1/8” long, with neutral nail polish. Please, no acrylics. Administrative team members may wear their nails a bit longer, as long as they are manicured and polished, with a neutral or French manicure. Short dark nails in either a red or dark purple or navy can also be acceptable. Male team members should have little to no nail showing and cuticles and skin should be impeccable.
- **Shoes:** I guarantee that your patients notice your shoes more often than you do. They must be impeccably clean and appropriate for the role. Frequently check the backs of your shoes for wear marks and the toes for scuffs or missing leather. Replace shoes before the soles become tired and tawdry.

---

### 5» Subsidize the attire you want.

It is good business to pay for the look that supports your practice’s professional appearance. By doing this, you honor the team that puts great effort into looking professional every day and you contribute to team loyalty. In addition to buying any uniforms that you require, I recommend that you provide administrative team members with a clothing allowance. An appropriate amount might be \$500 per person two or three times per year. This outlay is listed as an employee expense and included when measuring employee overhead.

### 6» Introduce expectations at each job interview.

Allow prospective team members time to read the dress code, ask questions, and confirm that they are willing to dress according to your guidelines every day.

### 7» Make spot checks fun.

Have team members take photos of one another frequently and randomly. Looking good for the yearly team picture isn’t as important as looking professional every day.

### 8» Include photos in performance reviews.

Celebrate and reward consistent professional appearance. Patients notice this aspect of your practice, and it is a vital factor supporting your own success, so be sure to acknowledge and appreciate this accomplishment.

### 9» Live it yourself.

A dress code is more than one section of a personnel manual; it defines a way of life, demonstrating professionalism and respect. I encourage you to lead by example. You can personally commit to bringing the very best you to work – visually, verbally and energetically – every day. It is a personal choice that will pay off. ■

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\*As compared to competitors; data on file

†Patent pending



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# Creating a Fully Functional Team



By Kathleen O'Donnell, MA

Kathleen O'Donnell, MA, is Vice President of Coaching Services, at Jameson Management, an international management, marketing and hygiene coaching firm. Kathleen may be reached at 877.369.5558, via email at [info@jamesonmanagement.com](mailto:info@jamesonmanagement.com) or online at [www.jamesonmanagement.com](http://www.jamesonmanagement.com)

You've probably seen the T-shirts often worn at family reunions "We put the fun in dysfunctional!" Well there is nothing fun about a dysfunctional dental team. When you sense the morale dipping low or hear sniping among team members, it's time to put your leadership hat on and hold the team accountable for using effective confrontation skills and problem solving. Working in a practice of any size brings with it challenges for intra team communication. However, large group and multi location offices bring their own unique challenges in keeping practice interactions positive and forward looking. Here are five steps for achieving improved inner team communication.

Have a team meeting discussion about establishing ground rules for functional behaviors in the office. Ask the team "How do you want to be treated at work?" And then "How do you think your co-workers want to be treated?" And then

"How should we resolve our problems when they arise?" Use a flip chart and write all the behaviors on sheets and post the sheets around the room to encourage ideas. Get votes from everyone about what is most important and then document the





it fosters a culture of accountability providing an environment where the behaviors you want to see in the practice can come to life.

Delegate to a couple of team members the role of conducting a 30 minute mini training session on active listening at an upcoming team meeting. Active listening is defined as “feeding back to the person what you think you have heard him/her saying to make sure that you have heard correctly.” This type of listening is used when someone may come to you with a problem or concern. Thus, it is a great tool to use when fostering clear communication with another individual. Active listening is a basis for effective positive confrontation to find a win/win solution that works for

com for an article that the team members can download on the active listening process.

Once you have the skills to actively listen in place, be about the business of solving any conflict you may be experiencing with team members and teaching them to follow suit. To deal with conflict in a constructive and effective way, remember there are several ways to do so. Positive disagreement is one take on this. Positive disagreement is when you disagree in a way that no one loses and individual differences are respected and accepted. To be sure you understood the other person, actively listen to clarify then validate their stand or opinion or suggestion by saying how you value or appreciate

behaviors that everyone promises to live by each day at the practice.

Once you are in agreement on these functional behaviors, invest the time needed to help those behaviors become a reality. Dr. John Jameson, Chairman of the Board of Jameson Management calls it “scheduling time to communicate”. Develop a meeting schedule that allows every team member to contribute thoughts and voice ideas. Whether those meetings are weekly, bi-weekly or monthly; departmentally or throughout the entire practice is all completely up to you. Our experience shows that those times dedicated to discussing the departments or the individual practice performance are critical to helping everyone on the team feel a part of the process and ultimately buying into decisions that are made. In addition,

Active listening is defined as  
**“feeding back to the person  
what you think you have heard  
him/her saying to make sure that  
you have heard correctly.”**

both parties. This is a good problem solving skill so it is important to introduce this concept first.

For the training session, it’s a good idea to mix up the team – partner one from the clinical team and one from the business team. Perhaps you will want to pair up two people who have had some difficulty working together in the past. Have them pull information from internet sources or log onto [www.jamesonmanagement.com](http://www.jamesonmanagement.com)

this person and their view. Wrap up with expressing your own need.

There are important steps needed to successfully accomplish positive confrontation. Start by building your opening sentence.

There are three parts to this opening statement:

1. A non-blameful description of the specific behavior that is unacceptable.

2. Describe the negative effects of the behavior on you, your ability to do your job or on the practice.
3. Make sure that you also let the person know an accurate description of how you are feeling about this – are you concerned or are you angry?

If you are angry, it is not good communication to tell a person you are concerned. If you are mildly concerned then that is what you let them know. However if you are angry they need to know that so that they can make a proper assessment of what is needed on their part to rectify the situation. An example would be:

“The morning huddle starts at 7:50 a.m. The last two weeks you have arrived at 7:55 or later. This disrupts our agenda and other team members have to scramble to share your information on your patients. It frustrates your teammates and I feel annoyed.”



Once you have expressed your concern, actively listen to the other person to make sure they have correctly heard your message. Just because you try really hard to send a clear message does not mean the message is heard clearly by the person to whom you are trying to communicate. It is the responsibility of the sender of the message to clarify it was heard properly. Sometimes it is amazing when you do this process of active listening to hear what the other person “heard” you say. If they did not hear you correctly it gives you the opportunity to clarify then and there and save many hours/days of misunderstandings and hurt feelings.

### **Start solving problems with an excellent problem solving system.**

As Cathy Jameson says in her book *Great Communication = Great Production*, “Successful people or successful dental practices are not free of problems. Everyone has problems. However, the successful ones have learned to identify and overcome them. Therein lies the difference.” To effectively solve problems and ultimately enhance intra office communication, follow these seven simple steps:

- Define the problem by identifying the needs of each party
- Brainstorm possible solutions
- Discuss each possible solution
- Come to a consensus agreement
- Design a plan of action
- Put the plan into action
- Evaluate

Provide positive feedback to team members when you see them following the ground rules they all designed and agreed upon when you see them trying to resolve conflicts in a professional, positive manner rather than the bickering and sniping that used to go on. Receiving this type of feedback, especially from the doctor or department leader, makes a huge impact in these team members wanting to continue with that behavior. Remember, behavior that is rewarded is repeated.

Also keep in mind that focusing on catching other team members doing things right and giving them positive feedback on it makes their day better and it also changes the tone of your day as well. That does not mean overlook areas that need improvement or delay in addressing them. Using the above techniques will help you to do that in a positive and motivational way. It does mean work as hard at catching colleagues doing things right as you can for the benefit of increasing team morale and keeping excellent balance in place when areas that need improvement need to be addressed.

By putting these systems in place you provide a work environment where it is safe to address a problem because there are tools to help individuals address it in an effective and helpful way. It is possible to put the “fun” back into functional! ■

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# COLLABORATION

## The Secret of Consolidation



By Dr. Marc Cooper

Dr. Cooper's career includes private periodontist, academician, researcher, teacher, practice management consultant, corporate consultant, trainer, seminar director, board director, author, entrepreneur and inventor. Dr. Cooper has written seven books including: *Mastering the Business of Practice*, *Partnerships in Dental Practice* and *Running on Empty* to name a few. Dr. Cooper can be contacted at: [info@masterycompany.com](mailto:info@masterycompany.com)

Managed group practice is the future of dental practice. It is inevitable, inescapable. Nevertheless, many practice management consultants, pundits, and professional dental organizations still uphold the viability of independent solo practice, despite all the evidence to the contrary. However, the drum beat of 'managed group practice' continues to grow louder and louder and is now being heard in every corner of the dental industry.

The growth rate of managed group practice is significant when compared to that of solo practices. In 2008, the Health Policy Resources Center (HPRC) concluded that solo dental practices accounted for 92 percent of all dental practices, and large group practices with 20 or more dentists constituted only 3 percent. But in analyzing its data on individual dentists, the HPRC concluded the growth rate of solo practitioners is falling. In 2010, 69 percent of dentists were solo practitioners compared to 76 percent in 2009 whereas the growth of large group practices in the last two years went from 2,000 to

2,500 practices.<sup>1</sup> That's a 25% increase. The trending here is very clear where dentistry and dental practice is heading.

Managed group practices are typically built through consolidation, most often by consolidating existing dental practices, solo or small existing group practices. Consolidation focuses on the tangible aspects of coalescing practices under a single umbrella (Figure 1). Consolidation of solo practices on paper is a no-brainer given the fragmentation of the industry, the duplication of business processes and personnel, and the inability

## CONSOLIDATION ..... COLLABORATION

Physical Assets .....	People Assets
Structural .....	Cultural
Financially Driven .....	Vision Driven
Capital Issues .....	Core Values
Management .....	Leadership
Strategic Plan .....	Strategic Intent
A Game to Win .....	A Game Worth Playing



**Figure 1. The difference between Consolidation and Collaboration**

to effectively negotiate with 3rd parties, suppliers and labs. But many consolidations underperform, or fail altogether. Why is that? Primarily it is because dentists and executives do not effectively collaborate, and collaboration is the ‘secret sauce’ of consolidation.

When collaboration doesn’t exist between dentists and senior executives, the management side attempts to compensate with layers of top-down management. Dentists tend to rebel against this type of hierarchical management, feeling excluded and ignored, which dilutes their appetite for cooperation, commitment and partnership. This results in the management company relying on even more intense management to produce their goals, which is more costly in time and personnel, and ultimately creates more resistance from the dentists. A vicious cycle ensues and ultimately leads to increased dentist resistance and dentists leaving.

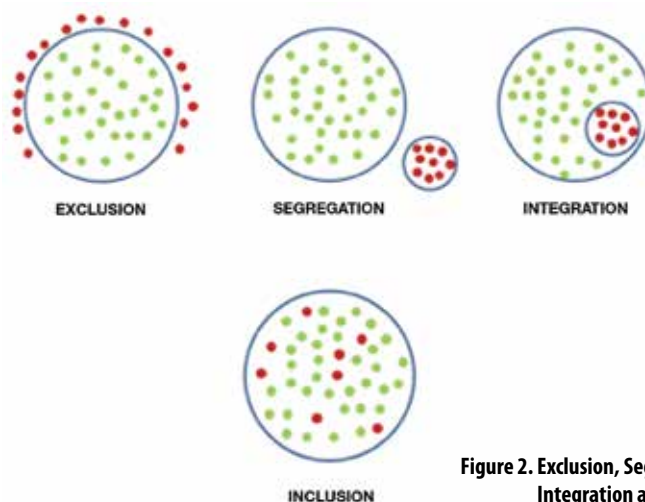
the outside, looking in whereas senior management, executives and capital partners operate more comfortably in the confines of some sort of corporate shell. This typically puts both groups at odds from the start and does not promote future success.

In the first circle, Exclusion, dentists are outside the circle representing independent solo practices and the executives, management, and capital partners of a management services organization (MSO) are inside, ensconced in their corporate structures. The dentists are not organized in any way nor are they in communication amongst each other and as a result, there is not any real communication with management or

anyone else. The outcome of ‘exclusion’ has almost no chance to succeed given the parties are not connected and, therefore, not communicating.

Looking at the constellation in the second circle, Segregation, dentists represent group practices. There is likely a good deal of communication going on within the group of dentists, but still they are outside the circle of the management stakeholders, orbiting independently, without any direct communication.

In the Integration figure, although the dentists now exist within the larger boundaries of the managed group, they are still sequestered and do not have a voice, and certainly not a vote, in the



**Figure 2. Exclusion, Segregation, Integration and Inclusion 2**

## GROUP INTERACTIONS

The following illustrations demonstrate the possible differences in how groups interact in a managed group setting. Dentists typically find themselves on

implementation of major policies or business decisions. This, in fact, is how many MSOs/DSOs are now structured – integrated with the dentists appearing to be part of the organization, but in actuality, alienated from the decision makers.

The fourth figure, Inclusion, represents an environment in which dentists are allies in the company and this is the condition in which real collaboration occurs. Dentists and management are partners enjoined in a single vision, purpose and mission

the back end when they unravel and disintegrate in accusations and insults. Lawyers make their money coming and going. The reason partnerships fail at such an alarming rate is dentists' inability to successfully collaborate.

What is required for successful collaboration is an ability to think “we,” rather than “I.” This is the biggest hurdle for dentists. In group development, dentists do need to understand the various entities, MSOs and DSOs, how they operate,

There are several elements contributing to dentists' weakness in collaboration. Certainly the training of dentists plays a major role. Dental students are pushed to compete with their fellow students. Bell curves are a win-lose structure; the worse others do, the better you do. Everything is in your own hands. After four years of this training in pressure-cooker conditions, the outcome is pretty obvious. You must do it alone.

Collaboration is further inhibited because dentists are singularly devoted to control. They run their practices “their” way. But control displaces trust, and so dentists don't trust others when it comes to making business decisions that affect them.

Dentists are afraid, afraid they will be made to work harder and longer with less compensation, that decisions will not be made in their best interest, and that they will be sold out. The only person to protect their interests is themselves.

Also common among dentists is an unwillingness to sacrifice. Dentists eagerly sacrifice for their own individual practices. They'll take the risk when they open their practices. They'll take the hit when times are bad. They'll assume debt and endure uncertainty when it's about their own practice. But in a group environment, they become risk adverse, less willing to jeopardize their personal income or autonomy for the collective future of the group/company.

When you are part of a startup group, you need to invest time, money and heart into making it succeed. Part of any winning team is the willingness to sacrifice now for the accomplishment

## Collaboration is a **recursive process** where **two or more people** earnestly work together to realize shared goals.

to produce a successful business expression that serves the interests of company, each other and the patients.

The question is:

Why is it so difficult for dentists and management to generate Inclusion so they can fully collaborate to develop and institute strategies, policies and decisions of a managed group?

The answer is simple. Both dentists and senior management stink at collaboration.

### **Dentists stink at collaboration**

Dentists have been historically atrocious at collaboration. The proof is in the millions, perhaps billions, of dollars spent on associateships and partnerships. The truth is the majority of associateships and partnerships fail. Not only is money spent on the front end constructing these relationships, but a great deal of money is spent on

how they interact, their operating agreements, their infrastructure, and their administration. How they make money, and their functions are, of course, required as well. But the most fundamental predictor for success will show up in their ability to collaborate.

Collaboration is a recursive process where two or more people earnestly work together to realize shared goals.<sup>3</sup> This is much different than the relatively superficial intersection of “common goals or aspirations” where parties rarely interact wholeheartedly with shared intentions and actions to see their goals forwarded and realized.

Collaboration, on the other hand, is a shared commitment, a united determination to reach the same objective. Collaboration requires partnership, where each is committed to the other's success and willing to completely share in the downside risk. Collaboration requires trust, affinity, kinship.



of the team later. And dentists, given their history, personalities and psychology, aren't naturally suited to being good team players.

### Management also sucks at collaboration with dentists

David Logan, Professor at the USC School of Business, author and speaker, has offered a particular set of distinctions with regard to 'business' Tribes.<sup>4</sup> He states the obvious when he says we all belong to tribes, but he further distinguishes Tribes into levels (1-5).

It is my belief that most management systems in managed group practice (including MSOs/DSOs) exist at Level 3, which is: "I'm Great and You're Not." Management sees itself as superior, able to succeed within clearly defined levels of structure and accountability. If dentists were so smart, after all, they would have already figured this out for themselves, right? Management, therefore, sees dentists as objects or tools. Clearly, they need dentists to deliver the dentistry, but outside of this, they don't contribute much else to the business. In this context, management simply doesn't view dentists as "business partners" with whom they can make sound business decisions. They tolerate dentists as they would any tool required to succeed, but they do not include them as essential to success.

Exclusion leads dentists to indifference and to focus on their own self-interest which results in more demanding management and

oversight and, as mentioned above, a vicious cycle ensues.

The more intense management structure fosters increased resistance from dentists. Tensions rise between management and dentists, generating higher turnover amongst dentists and clinical staff, requiring more active recruitment, typically resulting in hiring less experienced people, driving down production, and causing management to increase its intensity.

By ignoring the value that dentists bring to the table, it only serves to create dissatisfaction and disharmony at the practice/patient level and no amount of management structure can alleviate that. The failure of management to develop dentists as collaborative partners is a big reason MSOs/DSOs underperform or outright fail.

### Conclusion

Dentists in solo practice do not generally create great businesses; they build their practices to give themselves a good job. Since the focus has been always on themselves, trying to reorient their thinking and aspirations into a driving commitment to the success of a company (group) is challenging.

Management, on the other hand, with its background of corporate operational experience believes it knows everything it needs to succeed. "If the dentists would only realize this

is a business, if they would just let us run the show, and if they would be more cooperative, more committed, and more compliant, we could get our job done." This attitude kills team work and any hopes of synergy.

What is missing to close this gap between dentists and management so inclusion occurs and collaboration results? What is missing is leaders! Both on the dental side and the management side, with matching core values, a unified and powerful vision, an authentic partnership to make the future happen, and a deep mutual respect for each other. Leaders who

offer a meaningful purpose which brings nobility, exhibits passion for the company's mission, and a culture that promotes selfless behavior and creates intense focus.

Collaboration, according to Wikipedia, is working with each other to do a task. It is a recursive process where two or more people or organizations work together to realize shared goals. Collaboration requires leadership, both on the dental side and the management side. So, though the drum beat of 'managed group practice' will continue to grow in volume, until dentists and the management side of the equation find the 'secret sauce' and develop leadership, the challenge of successfully implemented managed groups, will remain just that, a challenge. ■



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# Real Hygiene Profits

Do you want to increase the profitability of your hygiene department?

There are a many different systems, skills, and strategies that dental practices use to improve their hygiene productivity. But, often times, there is little attention paid to ensure that actual profit falls to the bottom line. The truth of it is, most practices do not measure or even understand their profit margin.



By Heidi Arndt

Heidi Arndt, RDH, BSDH has worked in the dental field for 18+ years. Her experience ranges from working as a treatment coordinator, dental assistant, and practice manager before graduating from the University of Minnesota with a bachelor's degree in Dental Hygiene. In 2011, Heidi founded Enhanced Hygiene. She is dedicated to helping dental practices realize their total hygiene profit potential through the development of their hygiene team, quality patient care, patient-centric service and by empowering the entire team.

As part of their overall practice performance, every office should also examine the profitability ratio of their dental hygiene team. This is a critically important measurement and can quickly identify how to improve efficiency and profitability.

## The Calculation

Measuring Dental Hygiene Revenue as a percentage of total compensation & benefits is the most accurate measurement of dental hygiene profitability today. This number is calculated by dividing the 'total adjusted gross revenue' for the hygiene department by your total hygienist compensation. The compensation should include complete pay, bonuses, payroll taxes, and any additional benefits.

## Hygiene Compensation & Benefits / Hygiene AGR

Your group should complete this calculation, by individual practice and as a group total. This number will look different from person to person, and practice to practice, but your ideal profitability measurement should land at 3:1 or in the range of 30-33%.

When it comes to looking at your adjusted hygiene revenue, the make-up of that number should be: 30% for compensation/benefits, 30% for supplies and overhead, and 30% to profit.

If you are out of sync in this area, it can have a huge effect on your bottom line. The problems usually fall under the categories of: under-production, over-compensation, or possibly poor collection / reimbursement.

## Right Sizing your Hygiene Profit

There are several ways to address the gap you may be experiencing with your hygiene profit margin. When creating your plan, you should consider the three following areas:

### 1. Can you increase hygiene revenue?

What makes up Hygiene Revenue? Hygiene Revenue should include all services the hygienist is providing in their chair, based on their licensure. This would include radiographs, fluoride, sealants, etc. However, this would NOT include the doctor exam. Although this does take hygiene chair time, the hygienist is unable to complete an exam based on their licensure.

Depending on the level of revenue your hygiene team is producing, there is most likely an opportunity to improve your numbers. This can be done by improving your mix of services, by improving your schedule utilization, or even by adjusting your fees.

## 2. Can you improve your reimbursement?

Your ability to collect and receive reasonable reimbursement from your insurance plans is important to the overall financial picture, in general, but can also seriously impact your hygiene profit margin.

Your insurance reimbursement for hygiene procedures should be strong, as these procedures are some of the most often covered and best reimbursed procedures available.

## 3. Do you need to adjust hygiene compensation & benefits?

This is probably one of the hottest topics out there today. And there are ways to adjust your hygiene compensation and benefits to right size your profit margin. However, this can be a very difficult process to take on.

Compensation is never an easy thing to change, as it will bring out many a variety of emotions from the hygiene team. But, when approached carefully, with a plan, it can prove to be a rewarding change for your team and for your group.

One of the best ways to address the compensation challenge is to place the hygiene team on a “pay for performance” model. This essentially means you will pay your hygiene team a specific percent of their adjusted gross revenue (AGR). There may be a small guaranteed base salary, but the

bulk of hygiene compensation will come from this number.

You will need to check your state labor laws before you can determine if a guarantee base is required, as well as other requirements for dental hygienists practicing in your state. Your legal team should review federal guidelines as well.

## 4. Look before you leap!

I recommend that you not just jump into compensation change. It is important you take the time to carefully design and implement a hygiene compensation plan that will truly benefit the patients, the practice and the hygienists. As mentioned, this is not an easy change. Emotions will be on ‘high alert’ and threats of team members leaving may generate a lot of anxiety and unrest in the practice. However, when planned out and communicated with support, your hygiene team will see the value of the new policy and embrace the change as a group.

Create a plan that will provide ideal results from the start, one you can utilize for years to come. This means you will need to clearly model out fee increases, reimbursement changes, and benefit costs. Do not fall in the trap of creating a “nice” plan to get you by for one year. Go with the ideal plan first. Remember, change is hard...you don’t want to have to keep changing it.

## SUCCESS STORY: It Can Be Done!

A dental group of 25+ practices analyzed their Hygiene Revenue to Compensation, and found they were paying their hygiene team 53% of the Hygiene Adjusted Gross Revenue. The dental group knew they needed to adjust this in order to ensure a profit!

After implementing strong patient care protocols and articulating a

consistent standard of care, this group modeled out several options for a new hygiene compensation plan. After 6-8 months of testing and groundwork, the group introduced a plan where the dental hygiene team was paid either a per-day guarantee or a % of AGR, whichever was greater.

After three months on the plan, they dropped their overall hygiene compensation to 35% of AGR. The good news is the hygiene team did not have to take a pay cut. In fact, most of the hygienists received a nice pay increase because they were producing at a higher level and taking on more accountability for their productivity. A strong mix of services and full hygiene schedules was their recipe for success. And, all of this was accomplished within their groups’ protocols and standards of care.

What was the impact? For this particular group it meant an additional \$1,000,000+ to the bottom line. This group was able to successfully decrease expenses, while driving revenue.

If your group is struggling to achieve a strong hygiene profit, you should consider the options above. The long-term success of your group depends on a strong profit from your hygiene team.

## SUMMARY

The profitability of your hygiene department is critical to the success of the individual practice and the group as a whole. Lining up expectations with compensation will create accountability and motivation for your hygiene team to deliver their best. After all, a healthy bottom line goes a long way toward creating a more enjoyable and less stressful environment for everyone. ■






# Practice and Technology Spotlight

In this edition of *Efficiency in Group Practice* magazine, we're excited to introduce our first featured Practice and Technology Spotlight. Our goal is to feature progressive dentists and teams who continually strive to provide a better treatment experience for their patients. This can be accomplished in a number of ways and through a variety of methods including clinical protocols and other advanced technologies that provide better treatment outcomes, build efficient practices, and create profitable businesses.

We spoke with Suzi Baker and Wendy Sterard recently to get a sense of how the team at Konikoff Dentistry sets themselves apart in a competitive community.

**Efficiency:** You have a very specific mission statement. Tell us about your goals for your patients and your practice.

**Konikoff:** We crafted this mission statement over sixteen years ago and it still rings true today. We have third and fourth generation patients in the practice and that says



# Everything we do is to create the best possible experience for our patients and we go the extra mile every day.

a lot about how well cared for they feel. The same is true for our team. We have an office manager who started with us thirty years ago as a receptionist and at least ten employees who have been here for more than twenty years.

**Efficiency:** You go out of your way to make a visit to your office fun and enjoyable. How does this differentiate you in your community?

**Konikoff:** We have a high-energy environment that makes it easy for people to smile. Everything we do is to create the best possible experience for our patients and we go the extra mile every day.

Dr. Konikoff practiced alone for years prior to incorporating our current group practice model. By bringing additional specialists into the practice, we're able to provide a full range of treatment options for our patients and that's comforting to them. For the past five years, we've structured our practices in teams. Each doctor has their own team of assistants and hygienists, which provides consistency from one appointment to the next. This helps us to create a very personal and caring environment where

the patients develop ongoing relationships with their "personal" dental team.

**Efficiency:** You're also engaged in a number of community outreach initiatives. That must be rewarding on multiple levels.

**Konikoff:** We're involved with Mission of Mercy, a non-profit organization that provides medical and dental services to those in need. Together, we reached over 5,000 children through schools and educational initiatives this year. Some of those patients live in rural areas and distance and transportation is a barrier, so we've also taken the dental team to them at times.

We also support the Susan G. Komen foundation, funded our own mission trip to Honduras with a team to help a team manage dental emergencies, and participate in multiple other local programs. Being able to interact and make a positive difference for our patients and our community provide such incredible satisfaction for all of us. We love to be able to help people find new reasons to smile!

## About Konikoff Dentistry

7 locations serving Virginia Beach, Suffolk and Chesapeake, VA and an 8th location coming soon!

- 33 doctors
  - 78 hygienists
  - 70 dental assistants
- [www.dkonikoff.com](http://www.dkonikoff.com)

### Mission Statement:

Konikoff Dentistry is a team of highly skilled, caring professionals that are dedicated to providing the community with the best quality care and treatment in a uniquely energetic atmosphere. Our heartfelt sprits create special bonds with our patients, leading to trust, loyalty and lifelong relationships in dentistry.

## With real time predeterminations, our patients receive detailed benefit information specific to the recommended treatment during the case presentation.

**Efficiency:** Dentistry is a partnership in so many ways. Financing is important to most patients and helping them navigate the difficult channels of insurance and benefits is critical. How does your team manage this?

**Konikoff:** We put a lot of effort into helping our patients understand their benefits and how to maximize them. We do a lot of other things to make treatment affordable as well, like extending treatment time, offering flexible payment plans and various financing options.

We also use OneMind Health as a way to help manage the revenue cycle internally. It helps our patients, too. With real time predeterminations, our patients receive detailed benefit information specific to the recommended treatment during the case presentation. This eliminates the waiting of up to 6 weeks for the information from the insurance company so patients can accept treatment with confidence, knowing what their financial responsibility will be.

They also provide automated eligibility and benefit verification,

which allows our business team to verify patient benefits ahead of time. This is a huge help to us as it prevents denied claims and eliminates surprises.

**Efficiency:** Working with industry experts to help grow and maintain a group practice is often critical. It sounds like that's a lesson you've already learned!

**Konikoff:** OneMind Health is just one example of great people in the industry, but they've been a breath of fresh air. From their customer support to the President of the company, they're always accessible. They have the same philosophy with their customers as we have with our patients. They listen to us, give us real time information that we can use to educate and inform our patients, and they help us establish realistic coverage & benefit expectations. Finally, a company who uses technology to accomplish OUR goals!

Konikoff Dentistry is a great example of how group practices are providing great patient experiences every day. Congratulations on your successful dedication to providing an environment of comfort, care and excellence. ■







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# Risk Factor Manager



by Patti DiGangi, RDH, BS  
and Shirley Gutkowski,  
RDH, BSDH

Patti DiGangi, RDH, BS and Shirley Gutkowski RDH, BSDH are known for killing the parrots of dental hygiene. With decades of experience in clinical dental hygiene, writing about it, speaking on it, and pondering over all aspects of it, Patti and Shirley are leaders in their field. They are founding members of Academy of Oral Systemic Health and certified in Health Information Technology. Patti authors the DentalCodeology series of books and Shirley authors the Purple Guides. They co-authored the next level eBook The Risk Factor Manager© Mind Map. They speak across the world to all types of care providers and can be reached at [killingtheparrot@gmail.com](mailto:killingtheparrot@gmail.com)

## A New Role in Efficient Group Practices



Modern group practices are formed for a variety of reasons, not the least of which is increased efficiency. Traditional dental practice roles abound; the dentist, hygienist, assistant, receptionist, office/business manager, laboratory, treatment coordinator and maybe a few others. Looking ahead, providing individualized care based on scientific research and risk-based guidelines will propel the evolution of group practices into a viable, efficient future. A catalyst for this evolution may be the creation of a new, economically feasible role: The Risk Factor Manager® who may help drive group practices forward in the quickly changing world of healthcare.

### Why Risk Assessment?

It is a well known fact that high blood pressure is a risk factor for metabolic syndrome, diabetes, heart disease and stroke. Therefore, reducing blood pressure reduces risk for these systemic disorders.

This seems to be simple conclusion. Connecting the dots in this manner is not routine in dentistry; dentistry continues to be disease-treatment based. Figure 1 shows a health continuum with the arrow on the far right pointing at moderate-severe

disease. This is where a majority of dental awareness and care resides. The hole that occurs for whatever reason is the endpoint of disease. This disease model is steeped in beliefs such as:

- Periodontal disease can only be managed not cured
- Caries and cavities are interchangeable terms
- Oral cancer is highest for older males that smoke and drink

A risk-diagnostic centered model starts where the arrow on the left points. This model believes:

- Periodontal disease can be cured
- Caries is a biofilm infection; cavities are a pH process resulting in decay
- Looking for oral precancer is possible today

A risk-diagnostic centered model looks at modifiable and non-modifiable risk factors as well as protective factors. Risk is determined by weighing risks against protective factors, diagnosing health-disease and providing interventions early when the breakdown process can be avoided or reversed. Care is determined by factors that encompass risks and protections

including lifestyle and genetics. Basic data gathering and risk assessment determines types of diagnostic tests leading to a diagnosis. Together the information from the tests along with the diagnosis leads to appropriate planning of reliable and measurable treatment.

## Systematized Risk Assessment

Systematized risk assessment systems are available through a variety of sources. The challenge is the traditional way dental teams are currently defined. Who has the time in their schedule to use these systems? Often the answer is no one. This is the reason to create the risk factor manager role (RFM.) Dental hygienists have the greatest level of preventive education from a disease-treatment model. Dental assistant education is also based on a disease-treatment model. Either can learn to be RFM's as a new role by having framework that can be customized to choices and directions of the group practice.

## Risk-diagnostic Centered Model and Insurance

Risk assessment is not new to the dental benefits industry. Group practices often have part of the team dedicated to optimizing insurance

benefits. These business professionals are not given risk-based information to optimize coverage because it is often not collected and documented.

In CDT 2014, three new codes for caries risk assessment were added:

- Caries risk assessment and documentation, with a finding of low risk
- Caries risk assessment and documentation, with a finding of moderate risk
- Caries risk assessment and documentation, with a finding of high risk

(Note: These new codes cannot be used until after 1/1/14)

New research published June 10, 2013 in the *Journal of Dental Research and supported by the American Academy of Periodontology* confirms the need for careful risk assessment for high risk patients that should receive additional treatment to prevent periodontal disease.

The *American Academy of Pediatric Dentistry* supports the importance of risk assessment and a dental home. Dental home defined as the ongoing relationship between the dentist who is the Primary Dental Care Provider and the patient, which includes comprehensive oral health care, beginning no later than age one. AAPD's Caries Risk Assessment Tool (CAT) holds promise to meet two goals of the Affordable Healthcare Act: efficiency and quality by efficient allocation of resources. This is accomplished through personalized prevention and focused treatment based on risk.

Delta Dental, through a partnership with a leading risk and disease analytic

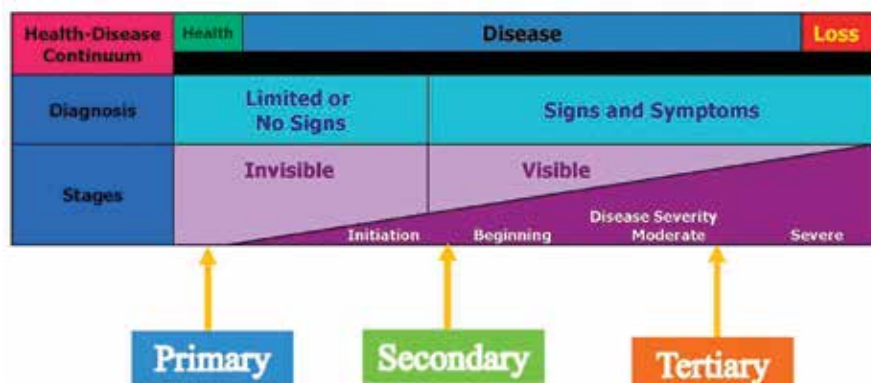


Image 1 Health Continuum



software company, PreViser now offers myDentalScore, a risk assessment tool to their 60 million members. Patients can perform their own risk assessments. Patients arrive in the practice asking about how to reduce their risk. Risk is not the same as disease. Patients with moderate or high risk need treatments that might not have been offered if risk is not identified.

### Electronic Health Records

Group practices are often ahead of the curve in implementing electronic health records (EHR) based on a need for operational standardization. Yet even with the most up-to-date dental software, practices are not ready for EHR. Dentistry will need to move to a diagnostic centered care model to be interoperable with the rest of healthcare. Coding is at the head of this process, it's the shortcut we all need to communicate the most effective way. Clinical professionals can no longer be hands-off with coding concerns. Current Dental Terminology (CDT) is still treatment-centered though. The code committee members have developed several diagnostic code sets with no clear agreement on which will be adopted. Medicine doesn't have a single diagnostic code set; the same may become true for dentistry.

Medicine has been in transition to EHR for ten years with less than uniform success. The size of the organization did equate to success or failure; what made the difference in successful organizations was preparation. Haugen and Woodside, authors of *Beyond Implementation: A Prescription for Lasting EMR Adoption* define adoption as

“the continuous process of keeping users informed and engaged, providing innovative ways for them to become proficient in new tasks quickly, measuring changes in critical outcomes, and striving to sustain that level of performance long-term.” Adoption is a continuous and requires changes in personal habits and developing a new workflow. It is a great opportunity for a group practice to evaluate efficiencies and make a shift such as adding the RFM role. It is also a step in preparation for EHR.

### Mind Mapping

How does one eat an elephant? One bite at a time. It is a silly joke yet it is quite accurate. Breaking a new process into a flexible framework can lead to standardization and consistent implementation between diverse teams. The brain can process chunks of information better than pages of words where information is delivered linearly. One technique to chunk information is mind mapping. Tony Buzan, the person credited as the inventor of mind

mapping said mind mapping is the Swiss Army knife of the brain. Mind mapping is a visual technique for structuring and organizing thoughts and ideas. The RFM position can be depicted easily this way.

The RFM role can be broken into 8 areas as shown by the map seen in image 2.

Note: Restorative care in this RFM model is not defined as it traditionally understood as reparative care. Rather, it is the restoration of the patient's oral condition which is only augmented through reparative care. The traditional segments of periodontal care, caries and oral cancer have also been renamed. To continue to use the same language leads to continuation of the same thinking. Redefining usually is unsuccessful, so this plan simplifies the language reverting to original terms as outlined by the ADEA working group on terms.

The first step in RFM role is a current knowledge of risk factors for:

- Oral Pre-cancer risk
- Inflammatory risk
- Biofilm risk

This depiction of the information gives the learner an ability to follow their whim as they discover new paradigms to embrace. (See Image 3).

Note the + symbol at the bottom of each box; this denotes further information is available. Mind mapping is organic and free flowing within its confinement. Oxymoron aside, using someone else's mind map can still be



Image 2 Risk Factor Manager



**Image 3 Risk Factors**

liberating and an interesting way to discover. Books are linear, e-books are able to provide the learner with multimedia experience, however it's still linear page after page. The mind map allows an interactive experience, opening the little plus symbol reveals information that is controlled by the learners psyche. Exploring the opportunities of the RFM this way gives the learner control and a way to find information necessary at the moment. For instance, for the learner who doesn't understand the term oral pre-cancer, they may want to click on the little yellow icon to open a description of that idea. That information may only need to be accessed once.

If all areas were exposed, there are a myriad of arrows, connections, and sub-categories that could overwhelm. Breaking each area into chunks simplifies the process.

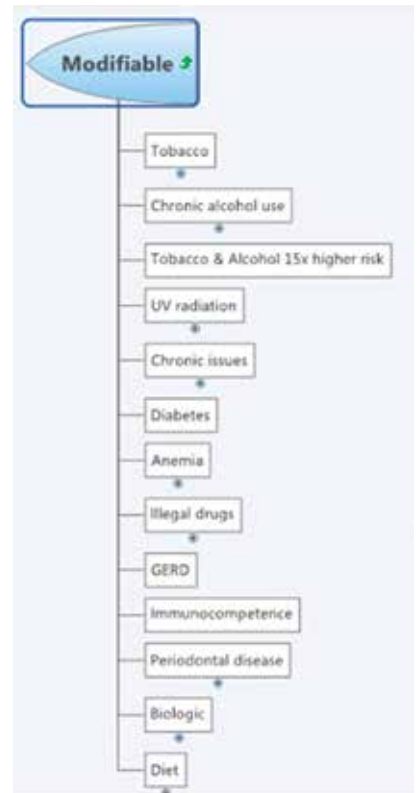
The modifiable risk factors for oral Precancer are numerous. (See Image 5)

Each of these areas have subcategories that are easily viewed separately. The mind map takes each area and offers:

- Guidelines for restorative and preventive care
- Evidence-based research
- Links to websites
- Videos
- CDT coding options
- Medical-cross coding options
- Medical necessity suggestions for documentation
- And more.

### Applying the role of the Risk Factor Manager

The role of the RFM is also not limited to patient care. Developing protocols for all types of cancer patients, all types of surgical patients, for example, as well as researching new products and bringing the information to the team meetings, ideas and systems to



**Image 5 Oral Precancer Modifiable Risk Factors**

the entire team are other tasks for the RFM. These areas again are important roles that are often only performed when there is time. In today's world someone must be in charge of new materials, new paradigms, and guarding patients' health by taking charge of collaborating with the dentist to perform tests necessary for a complete diagnostics and a treatment plan. By providing this level of care, production numbers can only increase. The idea of a third party diagnostic test as part of the mix can only help patients understand why their treatment is necessary.

A good example is the story of periodontal disease treatments. On the one hand patients find it hard to trust a clinician commenting on bleeding on probing when their mouth

Oral Pre-cancer, for example, breaks down into:



**Image 4 Oral Precancer**

is throbbing from the experience. A tiny number of clinicians even knows how much pressure they should be placing on the probe to get accurate repeatable information on the current condition of the mouth. The level of trust required is very high between the patient and clinician.

On the other hand, the clinician often finds it difficult to segue from a conversation about a personal story to discussion about a disease and a required expensive treatment plan. The evidence is, again, in the codes. Only a tiny fraction of all hygiene treatment codes reflect periodontal therapy or periodontal maintenance. One is left to believe that only 4% of the population is infected with this co-morbidity risk. In reality population studies show that

patient about their needs by removing the relationship's emotional components. A positive test for periodontal pathogens, bleeding on probing, radiographic bone loss (with x-rays taken by the RFM), and a blood test to rule out diabetes, assures proper diagnosis and a comprehensive treatment plan. Having all that data also makes it more difficult for the dentist to come in for the exam later and instruct the patient to brush better.

All the processes outlined above produced by the RFM has a code for easy tracking. Many of the tests listed above are reimbursable making this new position potentially profitable. Judicious use of time gathering data for protocol developments can increase profitability even further. The sky is the limit for the right person.



**Image 6 Risk Factor Manager Attributes**

easily over 50% of the population is infected. Some studies identify fully 90% of the population at large are infected. No every practice can have the healthier patients than the next practice. At the core, patients expect excellence from their providers.

Having someone responsible for all diagnostic tests, based on the patients' risk, gives the clinical team the information they need to speak to the

who sees things a little differently and is good at multi-tasking.

Because the RFM will be a producer of revenue, it can be someone from within the practice or an added team member. At first glance, a dental hygienist may look like the right person; that may be true. However, a retired dentist, maybe a good choice or a highly skilled dental assistant or a medical assistant are also

options to consider. Someone who is not a good candidate is one who looks at their job as an opportunity to get some money make enough money to drive their true passion. When hiring a professional for this position, looking for that passion on paper may be obscured by comments of being OSHA compliant, or takes good x-rays. Don't discount those people. They are often the ones who are driven by following the rules and they may be good at setting rules too.

### Questions to consider when thinking about RFM:

The beauty of the Risk Factor Manager Mind Map design is its flexibility.

- Can the risk assessment manager in a group practice be a shared resource across multiple offices using cloud-based software and telemedicine concepts?
- Will the risk assessment manager be the point person in communicating with physicians and allied healthcare providers? If so, how would this work?
- What is the ROI from a business perspective and a patient outcome perspective?

EHR will radically change dentistry in ways many have not imagined. A single article cannot paint the complete picture. This brief sketch can help begin to reimagine clinical roles and routines which must be done established for successful implementation of EHR. Why not make the shift toward better health? In rapidly changing world, group practices that are ready to shift and grow will remain efficient and profitable. ■

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# Striving for Success



By Ginny Hegarty, SPHR

Ginny is a visiting faculty member at The Las Vegas Institute for Advanced Dental Studies (LVI). She has published articles in numerous trade journals and serves as the HR content advisor for The Progressive Dentist Magazine. Ginny also lectures at the Kornberg School of Dentistry, at Temple University in Philadelphia as part of the Practice Management Program, and is the President-Elect of the Academy of Dental Management Consultants. Ginny describes herself as “Passionate about empowering dentists and their teams to improve their practices and their lives.” [www.ginnyhegarty.com](http://www.ginnyhegarty.com), [ginny@ginnyhegarty.com](mailto:ginny@ginnyhegarty.com)

If I had a dollar for every dentist and dental team member who has rationalized disappointing performance as a byproduct of the state of the economy over the past few years, I would be writing this column from my favorite beach in Maui! Now as much as spending time on a beach in Maui would be wonderful, I would truly much rather put an end to the myth that we are victims of circumstances and success is beyond our control. So much time, energy, opportunity and joy are wasted in this mindset.

## **Failing to Plan is Akin to Planning to Fail**

Studies show that 70% of businesses that struggle do so because of a poor plan, not economic conditions. In my experience, as soon as a practice leader rationalizes poor performance as a result of conditions outside of the team's control, it is human nature that the team will take their foot off the gas. They will literally breathe a sigh of relief “Whew, she get its! We're trying hard and it's not our fault that there are so many openings in the schedule or that collections are down for the month.” You are then all invested in this new normal that is beyond your control and it becomes a self-fulfilling reactive prophecy.

Interestingly enough, at the same time one team is accepting a new normal, the

practice across the street that has decided to turn their sights inward to focus on what they CAN control rather than what they cannot, is experiencing a new normal as well, but theirs is a self-fulfilling proactive prophecy. While the majority of people claim to not like change, there is no denying that change is inevitable. It may help to remember that change on our own terms is so much more enjoyable than change that is thrust upon us.

Not only will the proactive team have better results than the reactive team, the energy level, morale and atmosphere in their practice will be upbeat, enthusiastic and alive while the other team is down, defensive and defeated. Nothing zaps the positive energy from a room like the feeling of being stuck in a situation that you cannot control. Nervousness,

drama and panic get invited in and fester. Henry Ford, a great American Industrialist and thought-leader taught the power of positive energy and enthusiasm when he said, “Enthusiasm is the yeast that makes your hopes shine to the stars. Enthusiasm is the sparkle in your eyes, the swing in your gait, the grip of your hand, the irresistible surge of will and energy to execute your ideas.” Enthusiasm is an essential ingredient of success.

Now is as good a time as any to revisit Winston Churchill’s wisdom “Those that fail to learn from history, are doomed to repeat it.” Science has the skinny on what motivates people; business simply won’t embrace it. Every business owner can make this choice on his or her own and reap the rewards of this science any time they are ready to take the plunge into strategic planning and engaging intrinsic motivators.

Jeff Besos, founder, President, CEO and Chairman of the Board of Amazon spends four hours every Tuesday on Strategic Planning – not on operations or budgets, but on Strategic Planning. It sure does seem to be paying off for him. According to *Forbes*, Amazon’s shares “defied gravity” in 2011, jumping 55% and adding \$6.5 billion to his net worth. I’m guessing that most dentists don’t spend four hours per year on Strategic Planning – herein lies a tremendous opportunity for the savvy dentist.

### The Paradox of Motivation

In an interesting study at the Art Institute of Chicago, some students enrolled simply because they loved art and enjoyed the creative process,

while others wished to make their living as artists. Checking in with these students years later, scientists found that about half of the students had become successful artists and had their work hanging in galleries and even in museums. This half was made up almost entirely of those who were intrinsically motivated; they were not seeking extrinsic rewards, it was the byproduct of their passionate commitment to their art. The Paradox of Motivation” is that the most direct way to achieve extrinsic rewards is not to seek them.

According to a 2010 survey by Simply Hired, **83% of job seekers** say they would rather have **a job they love** than a job that pays well.

Back in the early 90s I worked with a hygienist we’ll call Jayne. The doctor who owned the practice had decided he wished to encourage an ownership mentality in Jayne and he shifted her to a commission-based pay. He built in a six-month security blanket assuring her that her compensation would not fall below the level she would have earned had she been paid on an hourly basis. Still, Jayne was nervous.

As I observed her on day one of this new pay system, Jayne had a small calculator in her jacket pocket. After each patient I saw her do her calculations and keep a running total of what she had earned throughout the day. Mid-morning I called Jayne aside and asked

her to please take a leap of faith with me and put the calculator away. I challenged her to keep her focus on doing the very best she could for every single patient, to treat them as she would treat her own mother or her own husband. Keeping her focus on providing exceptional care i.e., doing the right thing, for the right reasons would bring her success on every level.

Jayne was an exceptional hygienist and a very good person who took great pride in her work. That year she earned more as a hygienist than



she ever dreamed she would. She also raised the bar on the quality of care she was providing her patients because she was working with passion and purpose. Once we took the money off the table and she gained faith that the potential was there for her to be well paid for doing great work, success was within her grasp and her patients were the beneficiary of her intrinsic desire to do well.

### Autonomy – Mastery – Purpose

According to a 2010 survey by Simply Hired, 83% of job seekers say they would rather have a job they love than a job that pays well. Now of course, that doesn’t mean people don’t value money. Money is a motivator in that

you must pay people enough to take money off the table by allowing people the security to know they can pay their bills and take care of their families. Pink believes people have an innate sense of fairness about pay. What they want most is Autonomy – Mastery & Purpose.

Proof of this desire is vividly found in companies like Google and Zappos. Google offers its employees 20% time – that's basically 1/5 of their time can be spent pursuing projects and new ideas they are passionate about. This is, by all accounts more of an attitude than a strict measure of time spent. The culture works because the team also shares other core values around time, purpose and impact. It also works because it is more driven by individuals than by management.

Innovations like Gmail, Google News, Google Earth, Google Sky and Google Talk are all the result of 20% time. Google also retains the intellectual property rights to all of these innovations.

20% time isn't so new – it was actually practiced by 3M during the 1950's and was known as 15% time. Masking tape and Post-it Notes were the results of this core value initiative. Once again we see proof that change over time doesn't require that you leave the past behind – take the best ideas, such as the 3M idea with you as Google did when they gave their employees the autonomy to engaged their creative ideas.

Dan Pink is among the thought leaders such as Harvard Psychologist Dan Gilbert and Dan Ariely in his book predictably irrational - the Hidden Forces That Shape Our Decisions that are delving into the treasure trove of scientific evidence that supports a belief that human nature is not as predictable or as traditionally logical as it was once thought to be. How many people would have predicted the open source movement?

**The world is waking up to this new reality as many more companies are placing a serious focus on the good work they do.**

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Both Pink and Ariely ask who would have thought that technically sophisticated workers that have full-time jobs would take on mastery of a new challenge on their own time for no financial gain, and would give it away rather than sell it, simply because they enjoyed doing it? How else can you explain Linux, Apache,

and Wikipedia? The authors go on to question why people take up learning languages or playing musical instruments on the weekends. The reasons repeated over and over again in their research are “for the challenge, because it's interesting, to achieve mastery, precisely because it's self-directed and to make a contribution.”

The third ingredient in the shift to understanding and tapping into our intrinsic drive and incorporating it into a Strategic Plan is to help your team to see the meaning, the purpose in their work. When I meet with a team the first time, I ask them to tell me the most important role they play

on the team. Inevitably, the focus is much too narrow and the responses are all position drive: I'm a hygienist, I'm an assistant, my favorites are the ones that identify as a piece of furniture when they say, “I'm the front desk.” Wow, we really need to elevate some team members' images of themselves!

I recently challenged a team to define their role, their purpose and what they do without using any of the words found in their job descriptions or titles. Try it with your team. it's actually a lot harder to do than you might think. As the doctor and his assisting team took on this challenge, the sterilization assistant said, “I guess you could say I'm just the cleaning lady.”

You would all have been so proud of this woman's colleagues who jumped in redefining her role in the practice for her. By the time they were done, this sterilization assistant told me “By doing her work well, she supports every patient and the success of every member of the team, she also prevents patients from getting sick and so she saves lives.” What a special transformation as this woman realized, maybe for the first time that she was a critical part of this team. There truly was a physical transformation and I could see Franny walking taller with an air of confidence and a smile a mile wide on her face. You see passion, purpose and a strong desire to make a difference through meaningful work can change the world.

Bloomberg Business Week's Annual Report of Customer Service Champs has Zappos' customer service rivaling that of The Four Seasons and Ritz Carlton! Anyone who thinks that

Zappos is in the business of selling shoes would never have imagined that a shoe retailer could provoke such great response from its customers. But those who recognize that Zappos' CEO Tony Hsieh has created a culture that focuses on delivery happiness totally get why they are rated so high.

The title of Hsieh's best selling book is *Delivering Happiness*. Zappos' focuses on hiring people who want to make a difference, in fact when I saw Tony Hsieh speak last year he said they offer all new hires approximately \$3,500 to quit after an initial 3-week training period. They have found that those who choose to forgo the \$3,500 have the intrinsic desire to be part of a company passionate about customer service. Zappos can then trust these people to consistently exceed customer

expectations. Zappos' doesn't use elaborate scripts, they don't time service calls, they simply direct their support team to 'make the customer happy.' Autonomy, Mastery and Purpose in an environment that is fun, friendly and focused on making a difference as they deliver happiness.

Who would ever have guessed that a 'call center' could be such an inspirational place to work? It defies logic – that is, the logic that is based in an old paradigm. It is the CEO, Tony Hsieh's dream that in time, as the company evolves people will actually forget they started as a shoe retailer and they will be known simply as a great service company. In one more positive example of history repeating itself, this is the exact trajectory that Nordstrom took to its current reputation as a customer service champ.

The world is waking up to this new reality as many more companies are placing a serious focus on the good work they do. The Profit Motive is being successfully paired with The Purpose Motive to create an opportunity for companies and individuals to make a living and a life as a force for positive change in the world.

Doctors, as practice owners, embracing a Strategic Planning process will support the leadership framework for all of your HR Development responsibilities and goals including Recruitment, Team Training & Development, Compensation & Benefits and Employment Law Compliance. Rather than taking on a new responsibility, the strategic planning process will actually simplify your life by providing the perfect umbrella to bring your work together with a shared purpose.

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## History Repeating Itself Again

This new paradigm of embracing Strategic Planning along with Autonomy, Mastery and Purpose is not so new after all. Henry Ford was espousing these virtues in the early part of the last century. Mr. Ford died in 1947 many years before I was born, but I sure would love to have met him and had the opportunity to watch him think, he was a really great thinker as evidenced by more of his famous quotes:

- "Before everything else, getting ready is the secret to success,"
- "It has been my observation that most people get ahead during the time that others waste." "There is one rule and that is: Make the best quality of goods possible at the lowest cost possible, paying the highest wages possible."
- "When everything seems to be going against you, remember that the airplane takes off against the wind, not with it."
- "Thinking is the hardest work there is, which is probably the reason so few engage in it."
- "A business that makes nothing but money is a poor business."
- And my favorite, "You can't build a reputation on what you are going to do."

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You might be tempted to say Mr. Ford was full of "good, old-fashioned common sense," but his philosophy is quite similar to the advice offered by our scientist that has been as Daniel Pink puts it "This body of work on contingent motivators is the most robust findings in social science ... and the most ignored." Funny that Henry Ford

& Dan Pink have so much in common; even more fun that in light of this, Dan Pink's book is titled *Drive*.

There's nothing common about this sense at all – yet it holds great promise for those who will embrace it. The choice is yours. One more 'Fordism,' perhaps his most famous: "Whether you believe you can do a thing or not, you are right." ■





# The C4 YOURSELF<sup>®</sup> Leadership and Management Principals in Practice Transformation



By Rhonda Mullins

Rhonda Mullins is a dental practice development strategist who combines business savvy, clinical aptitude, and transitional analysis to inspire successful changes for her clients. An L.D. Pankey Institute and Dawson Academy trained dental laboratory owner/technician, Ms. Mullins launched her consulting company in 1993 and today is an accomplished lecturer, educator, and consultant and has authored numerous articles in dental publications about achieving optimum results through practice transformations and incorporating Care-Driven<sup>®</sup> dentistry. For more information Ms. Mullins can be reached at: [Rhonda@rhondamullins.com](mailto:Rhonda@rhondamullins.com) or [rhomullins@gmail.com](mailto:rhomullins@gmail.com)

While dentists are highly educated and trained in the application of dentistry, their business skills are often not commensurate with their dental skills. As a result, they often find it frustrating and challenging to establish and operate a successful practice. This article examines research regarding leadership styles and how various styles affect the success of an organization. Additionally, it offers concepts applicable to attaining effective leadership in your own practice, including C4 Yourself<sup>®</sup> Leadership and Management which serves to demonstrate how renewed attention to four basic principles—credibility, communication, competence, and care—can increase the success of a practice by re-establishing a positive practice culture.

## Introduction

Although dentists do not tend to consider themselves practice managers or leaders, those that own their own practice do lead their teams, either intentionally or unintentionally. Businesses that appear to run on their own have a solid foundation and a cohesive team comprised of staff members who possess similar values and a strong work ethic. Businesses do not begin

this way, but are deliberately built this way. Constructing a dental practice that operates as a smooth business enterprise begins with effective leadership and management. For dentists whose primary purpose is providing state-of-the-art dentistry, the numerous other business responsibilities they shoulder make it easy to lose sight of the fact that leadership skills permeate every aspect of the practice.

## Leadership Styles

Leading their own practice can often be a daunting and challenging experience for dentists. This is largely due to the fact that their main interest is to be an effective practitioner. More importantly, however, is the fact that leadership and communication skills tend to be overlooked in dental programs, leaving the dental practice owner at a disadvantage. Often due to their inexperience as business leaders, staff turnover compounds the situation with the repeated and time-consuming actions of interviewing and hiring. As this article will convey, the communication skills, attitude, actions, and moods of any business leader directly affect job satisfaction, individual, and team identities. Therefore, adopting an effective leadership style can reduce or altogether eliminate the time spent searching for the right employees. There are several styles of leadership including Laissez-faire, Autocratic, and Democratic.

Some dentists may think Laissez-faire is the most logical way to lead their practice. Laissez-faire leaders believe that their team members are trained and fully capable of performing their duties. Therefore, they give them the freedom to do things as they choose.<sup>1</sup> They give minimal guidance or direction meeting only the basic needs of the employees. Team members are responsible for training and initiating new employees, informing them of job requirements and policies.<sup>1</sup> Although Laissez-fair leadership can work under specific circumstances, it tends to be one of the most ineffective styles of leadership because there is

no defined structure, agreement, or confirmed plan of action, leading to inefficiencies bordering on chaos.<sup>1</sup>

Autocratic leadership is the opposite of Laissez-faire in nearly every way. An autocratic leader thinks their employees are incapable of performing their duties successfully without detailed directions and checks and balances.<sup>1</sup> There is no discussion or communication because the leader exercises complete authority. The environment is highly structured and their way is the best and only way. This

the overall team. The team collaborates with the dentist on issues that affect them and/or the practice in general and because their feelings and ideas contributed to the final outcome, they feel invested in the practice and demonstrate a deeper commitment.

Democratic leaders conduct themselves with integrity, honesty, openness, show compassion, are empathetic listeners, show consideration and concern for their employees particularly when conflicts or mistakes happen and are understanding. Rather

**Laissez-faire leaders believe that their team members are trained and fully capable of performing their duties. Therefore, they give them the freedom to do things as they choose.**

type of leadership stifles the creativity, individuality, and autonomy of team members resulting in high stress, lack of investment in the practice, and lack of commitment and cooperation.<sup>1</sup>

Democratic leadership, on the other hand, is the opposite of Autocratic leadership in that the leader respects and appreciates the skills and contributions of each team member, relies on their input, and works with them to establish goals and satisfy their need for self-actualization through professional growth and development.<sup>1</sup> Although the leader will provide guidance and direction, they empower their employees by encouraging them to make decisions, solve problems, and develop their own style of interaction in harmony with

than punish they consider those situations as learning experiences that the whole team can benefit from.<sup>1</sup> Democratic leadership tends to be one of the most effective styles of leadership by establishing a positive, caring environment in which employees feel especially committed, and motivated to provide their ultimate performance.

## How Our Leaders Affect Us

Job satisfaction surveys reveal that employees leave bosses, not companies or practices.<sup>2</sup> Ineffective leadership affects staff morale, which in turn affects patient satisfaction and, ultimately, practice success. A Harvard research study based

on neurological and psychology determinants demonstrates that a leader's attitude, actions, and mood can make or break a business. The affect of their mood, actions, and reactions trickles down into every aspect of the organization including employee attitudes, performance, and production.<sup>3</sup> According to the study, moods are "contagious" and, interesting enough, positive feelings spread faster than disagreeable ones.<sup>3</sup> The reason, according to research, that our moods affect one another is to reinforce the connection among the human race. Openness to one another's moods, specifically good moods, allows us to lend comfort to one another when needed.<sup>3</sup> Our brains are designed with an open-loop limbic system which allows the presence of another person to change our physiology, including immune and cardiovascular functions, sleep rhythms, hormone levels, and attitude, for better or worse. For instance, a calm presence can reduce blood pressure, and the release of harmful fatty acids.<sup>3</sup> Employees are acutely in tune to their employer's moods because their comfort depends upon it and therefore it is the employer's attitude and actions that affect them the quickest and have the most notable influence upon them.<sup>3</sup>

Many employers, however, have what is referred to as CEO's disease – a total disconnect between how they think their employees perceive them and how they actually are perceived.<sup>3</sup> Richard Boyatzis developed a five step process to avoid CEO's disease and keep your company, business, or dental practice on track to success.

**Self-awareness** – become aware of your emotions, your strengths and capabilities, your weaknesses and limitations, and accept and respect them. The goal is to become intuitively aware of your effect on those around you.<sup>3</sup> One way to become aware of how your attitudes and actions affect your employees is to rely on feedback. As a dentist and owner of your own practice, you can obtain feedback from patients and employees regarding the impact your actions, attitude, and communication style had upon them. Devise a survey that the patients can take home, fill out, and mail back anonymously. For honest and reliable feedback, staff and team member surveys would be anonymous also.

**Self-management** – leave your bad moods outside of the office or explain the issue so your employees are aware of the situation and can act accordingly. Research indicates two particular aspects important to employees: the need to respect their boss, and the assurance that their boss is honest with them.<sup>2</sup> Be adaptable, but do not forsake honesty and integrity even during a crisis.

**Empathy** – be kind and show your employees that you care by being sensitive to their emotions, office politics, their relationships with those around them, their concerns and desires, and your attitude and actions toward them.<sup>3</sup>

**Relationship management** – build strong relationships with your employees by being kind, communicating clearly, showing them you care, and being

honest.<sup>3</sup> If ever the situation arises, humor works wonders for diffusing conflicts, or tense situations. Forging a relationship serves a dual purpose, it shows the employee that you respect them, and it establishes their respect for you. When an employee likes and respects their boss it increases their commitment and productivity.

### Applying the The C4 YOURSELF® Principles of Leadership and Management

Incorporating the following four C's into your leadership and management style will establish a positive work environment, foster respect between you and your employees, and develop reliability, cooperation, and commitment on behalf of your team toward their professional growth and the ultimate growth and success of the practice. Employees unequivocally respond to emotional leadership which is intrinsic in the The C4 YOURSELF® principles of leadership and management:

**Credibility.** Credibility is a crucial quality in a leader. If a leader cannot be believed or trusted, there is no foundation upon which to build relationships.<sup>4</sup> Credibility and integrity are concomitant. Without one, you cannot have the other. Integrity can be defined as conducting oneself in an honest fashion according to strong moral and ethical principles.<sup>5</sup> Elements of integrity in a leader include consistency, fairness, and follow through.

It is important to treat all employees with the same amount of respect and appreciation, so rules should be enforced consistently for all, and expectations should be equal for employees and employer. Decisions or resolutions should be executed

with follow through. An unpredictable employer or work environment can produce anxiety, uncertainty, and affect thinking and concentration. This, in turn, affects quality and production. Demonstrating integrity is fundamental to gaining credibility, which subsequently contributes to loyalty and respect.

Transparent leadership is a proven way to build credibility among employees.<sup>6</sup> The key to transparent leadership is being overwhelmingly open and honest, which goes hand in hand with effective interpersonal communication,<sup>4</sup> being responsive to employee needs, and concerns,<sup>7</sup> and

demonstrating an honest, trustworthy, consistent personality.<sup>8</sup> Transparent leadership is based on the precepts ‘say what you mean and mean what you say,’ and ‘what you see is what you get.’

**Communication.** Research statistics indicate that leaders spend 70 to 90 percent of their day engaged in communication.<sup>9</sup> An effective communication style, therefore, is essential. It is important to avoid criticism, blame, or destructive comments, and to maintain a positive ethos. A positive communication style delivered with enthusiasm makes employees

feel good about themselves and is contagious. Employees look to their leaders for examples of what behaviors and communication techniques are acceptable, then emulate them. If the employer’s tone is polite, understanding, and sympathetic, employees will communicate with clients in a similar manner. If the employer adjusts their communication style according to client type, importance, etc., employees will act in accordance.<sup>10</sup> However, sincerity is of extreme importance. People can reliably see through feigned benevolence which over time may arouse disrespect, if not contempt.

It’s important that leaders be aware of their actions and tone during business relations. The following four strategies will assist in developing successful communication skills.

- |   |   |   |   |
|---|---|---|---|
| <p><b>1.</b> Cultivate a clear style. Enunciate articulately, choose the correct words, and keep the communication concise.<sup>9</sup> Whether written or spoken, the message should be clear and easy to understand.</p>  | <p>hand movements should correspond with the verbal message.</p>  | <p><b>4.</b> Develop persuasiveness. Aristotle signified three types of persuasion: logos, pathos, and ethos. Logos refers to logic, pathos to emotion, and ethos to character. He held that a credible and trustworthy character is the most important factor when persuading others’ beliefs or actions.<sup>9</sup> If your word is unreliable and you’re known to lie or deceive, employees will not respect or listen to what you say, let alone</p> | <p>do what you ask. It has been substantiated that employees need to respect and trust their employers. Therefore, it’s crucial to demonstrate a strong moral character, honesty, and authenticity. In addition to possessing an upright character, using specific persuasive communication methods, such as personal stories, anecdotes, comparisons, analogies, examples, details, facts, and statistics, increase the value of the conversation.</p> |
| <p><b>2.</b> Demonstrate a cogent style. Research indicates that people pay more attention to non-verbal cues than words,<sup>10</sup> such as tone of voice. To be clear and convincing, non-verbal cues such as facial expressions, body posture, and eye and</p> | <p><b>3.</b> Speak naturally. An easy, natural style of communication conveys confidence. Avoid sounding monotone by varying the tone, pitch, and volume of your voice. Engage in a relaxed stance, smile, and make eye contact. Speak clearly and in a friendly tone. Such cues will relate a relaxed authority, comprehension of the information, and command of the situation.</p> |   |   |

**Competence.** Invest in yourself. An employer’s areas of expertise are vital to everyone involved in the company or practice. Increase your knowledge by taking courses in business management and leadership, as well as dental Continuing Education courses, to stay current in your field. Broaden your perspective on co-leading, invest in an upper-level training program, research new products, and continue learning about new procedures, techniques, and materials that will add knowledge and value to your services.



Employees expect leaders to be knowledgeable and display expertise in their discipline. They also expect managers to be problem solvers and confident in their actions, but you cannot give what you do not have. An efficient leader will continue to develop their leadership capacity, envision a broader perspective, and be willing and able to mentor others.

Possessing confidence and a strong self-esteem illustrates competence. Self-esteem and confidence are demonstrated not only in your tone and manner of speech, but through body language, such as the way you hold yourself, your stance, and your posture. Demonstrate competence intellectually and via physical presentation.

**Care.** Studies show that employee efforts increase or decrease predicated upon the extent they perceive their employers value them.<sup>11</sup> When employees feel they and their contributions are appreciated, they feel a stronger commitment to the company and increase their efforts, which becomes apparent through the rise in quality and productivity.<sup>11</sup> On

Studies show that  
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the other hand, employees who feel un- or underappreciated are less dedicated to the company or organization, demonstrate decreased performance and productivity, increased absenteeism, higher turn-over rates, and often opt for early retirement.<sup>11</sup>

Provide opportunities for employees to grow and develop their skills, recognize their contributions, and make an effort to get to know and understand them. By doing so, you are showing them you care and that they are valued members of your practice. The results will be a successful practice with high morale, quality oral healthcare services, and winning productivity.<sup>11</sup>

### Conclusion

Because patients prefer to be treated by professionals and practices with doctors and staff they trust, and because many people avoid change, employee retention encourages patient retention. It's a loss of time and money each time dentists and their practice lose an employee or a patient. The way staff and team members are treated categorically affects not only retention rates, but the way they treat patients. Consequently, the effects of management reach further and deeper than a set of rules for employees to follow, or expectations – such as punctuality, cooperation, and commitment – to uphold. Research indicates that tangible rewards are not rated as highly as other aspects, such as appreciation, respect, a sense of purpose, involvement, and autonomy.<sup>3</sup> Therefore, it is up to the dentist to make sure employees are happy, motivated, and emotionally and physically invested in the practice. By incorporating The C4 YOURSELF® principles of leadership and management, you're investing in success, at no financial cost. ■

**Disclaimer:** Rhonda Mullins is the inventor/creator of Care-Driven® dentistry, the C4 Yourself® Leadership and Management Principals, and the 4-C concept. This magazine and its entities hold no financial interest in the espoused rationales developed and utilized solely for her purpose as a dental consultant.

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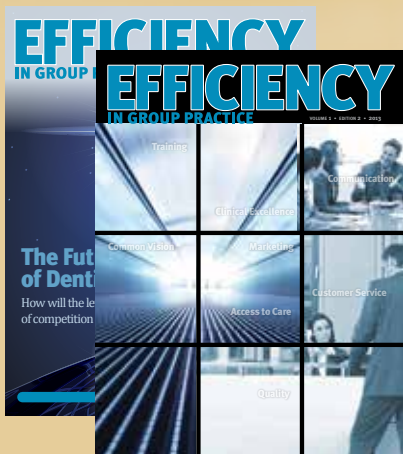


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# Focus On Yesterday's Habits



By Teresa Duncan

Teresa Duncan is President of Odyssey Management, Inc. and Dentistry's Revenue Coach. She is an international speaker that focuses on recapturing and maximizing income opportunities for dental offices. Insurance and accounts receivable systems are her specialty. She can be reached at [Teresa@OdysseyMgmt.com](mailto:Teresa@OdysseyMgmt.com).

Remember when you were fresh out of dental school and strapped for cash? It's hard to think about those times without grimacing and wondering "how did I make it through those years?" Part of the reason you made it through and succeeded is that you were willing to take on pretty much every task you could. Delegation was a luxury and you probably didn't become used to it until years into your practice. Whether you're a new doctor or new manager, the learning curve is the same – you manage everything until you realize ... you're managing everything.

Working with new practices is a great experience because the energy level is off the charts. A sense of urgency and nervousness is present. The need to be busy and have revenue flow is tempered by fear that something may be missed or a key system is not set up. But did I mention the energy level? It's incredible in that the doctors and spouses are ready to tackle any situation. The research that they've done plus the outreach among their fellow

students is impressive. Armed with all this research is the knowledge that they will have to expend large amounts of energy and time into a successful start-up.

As you work through the years team members are added and job duties are extended. The emphasis on 'let's roll up our sleeves and get it done' turns into 'we should create a job description for this and make sure we add it to the manual.' I see the benefits to both ideas but also the drawbacks. The major





Or has it progressed to the point where you – the doctor – don't even read the reviews? You depend on the manager or patients to give you feedback.

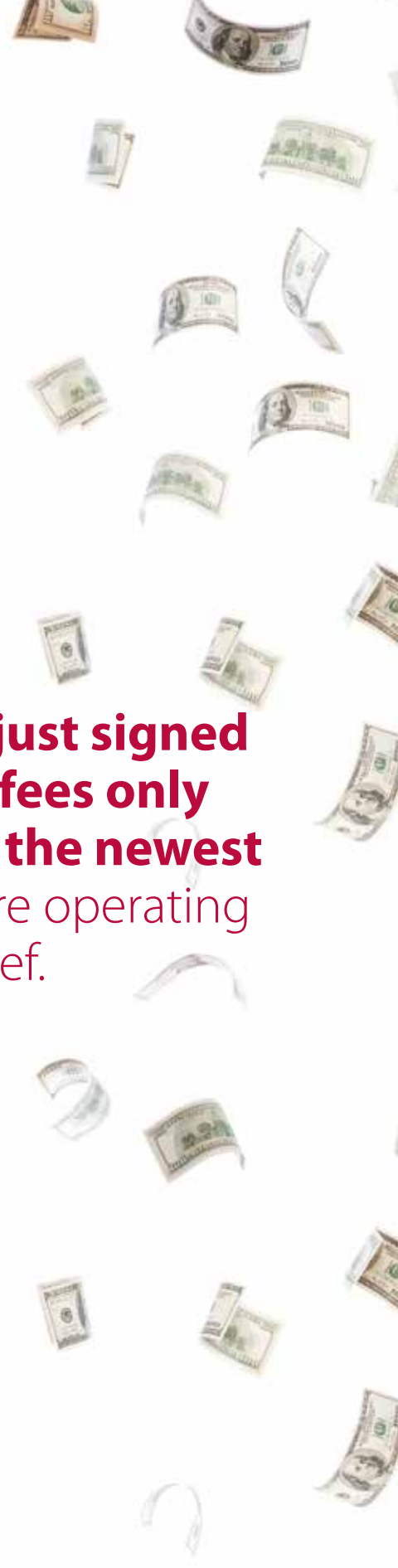
Let's take another example: insurance fee negotiation. New dentists understand that negotiating fees is an essential part of managing your insurance system. How do they know this? This certainly wasn't taught in dental school so how do they know? They've done the internet research and the student message boards. These new dentists are aware that the best time to negotiate your

drawback is that the switch to a larger team and creating separate job duties can hold back the creativity and urgency you find in a younger practice. The minor drawback for a younger team is that you risk not having accountability for the task and that follow up is more of an afterthought than an element of the job.

If you're the owner or manager an experienced to mature practice (over 10 years of operation) then think about your current approach to problem solving in your practice. Are you confident that you are attacking problems rather than 'handling' them? A new owner takes every review to heart – good and bad. Are you affected by reviews anymore? Do you try to get to the bottom of the issue or do you write it off to it being a grumpy patient? Every bad review should be an alert and yes, you should still be reveling in your positive reviews!

If you thought you **just signed up and increased fees only when you receive the newest update** then you are operating on a status quo belief.

fees is before you join a Participating Provider Organization (PPO) not after. They know that you should keep a spreadsheet with the last time you negotiated your fees, your provider contact (who is very different from the regular claims representative) and your most easily negotiated codes. And that's only a few elements you should track. If you thought you just signed up and increased fees only when you receive the newest update then you are operating on a status quo belief. When was the last time you questioned a status quo in your office?





Have you **re-priced your credit card** fees lately? Companies will often **offer free evaluations** that include sending them your latest statement.



Turn your start-up eye toward your practice and look at it as if it could use a fresh coat of paint. Evaluate every system as if it was the first time you thought about it. Here are some easy focal points for you:

Still sending out recare postcards because that's what you've always done? Think about the electronic reminder systems that can help with reminders and patient communication (I recommend Smile Reminder)

Have you re-priced your credit card fees lately? I'd love for you to do this every two years at a minimum. Companies will often offer free evaluations that include sending them your latest statement. What do you have to lose?

Is your technology working for you or are you working to pay for your technology? The price of imaging systems has dropped and you can probably find a system that gives you higher quality

images than the system you purchased when you were fresh out of school. The advantage here is that you have imaging experience and know what you want.

Review your billing systems. Do you know what your billing team's protocols are? Are you aware of the payment options that are being offered or the time it takes to collect your money? When the last time you asked for the amount owed to your practice (the accounts receivable report)? Not just the collection amount – the uncollected amount. New owners keep their eye on this metric fanatically.

You could choose a new focus point every month and still not find every opportunity in your practice. But it would be a good start! A busy practice could benefit from a systems review and it's easy for you to start the process. Think back to your lean and hungry days and imagine that every penny you spend has to stretch and make maximal impact. You can justify some of the higher cost items by the large benefits that accompany the cost. And now you have valuable experience to drive your practice decisions. One disadvantage of being a start up is that sometimes purchases are made with the intention of 'upgrading later.' Well – later is now. How will you improve your systems by gaining the most bang for your buck? Let the inspection begin! ■

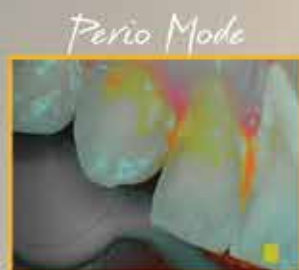
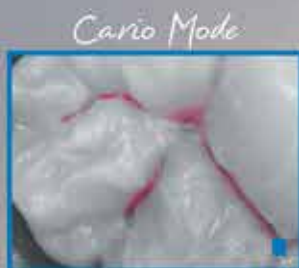
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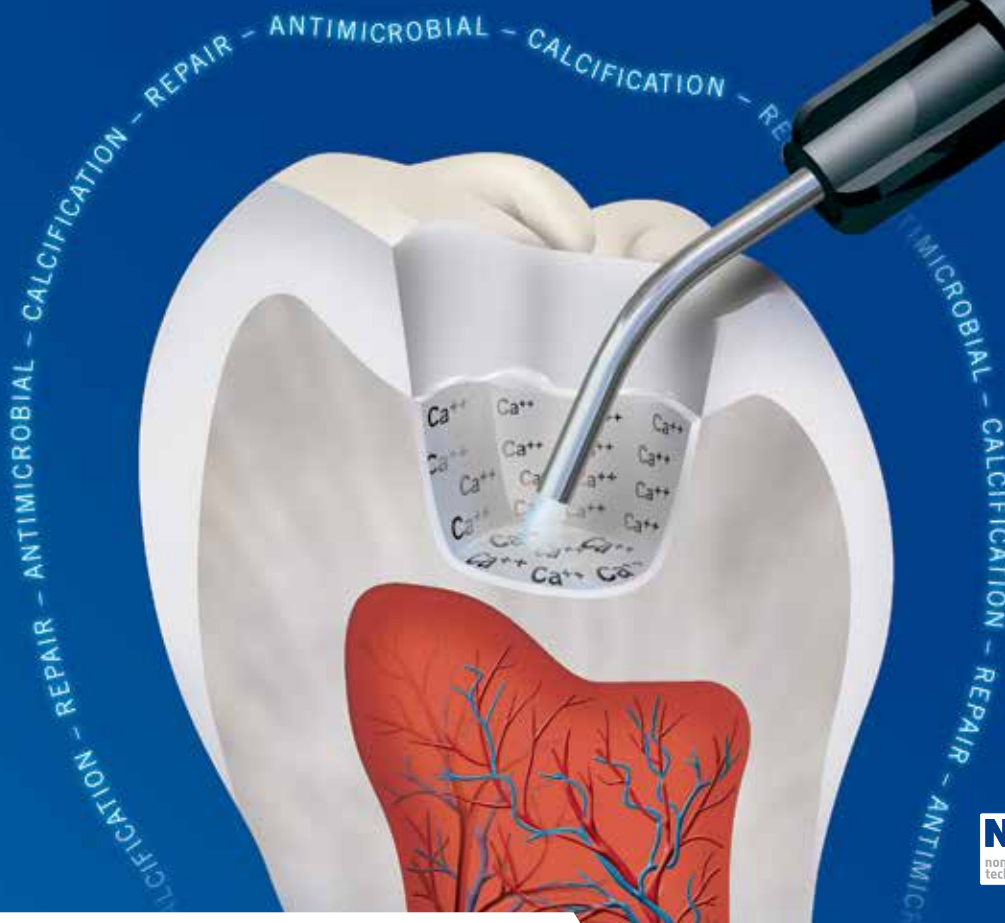
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