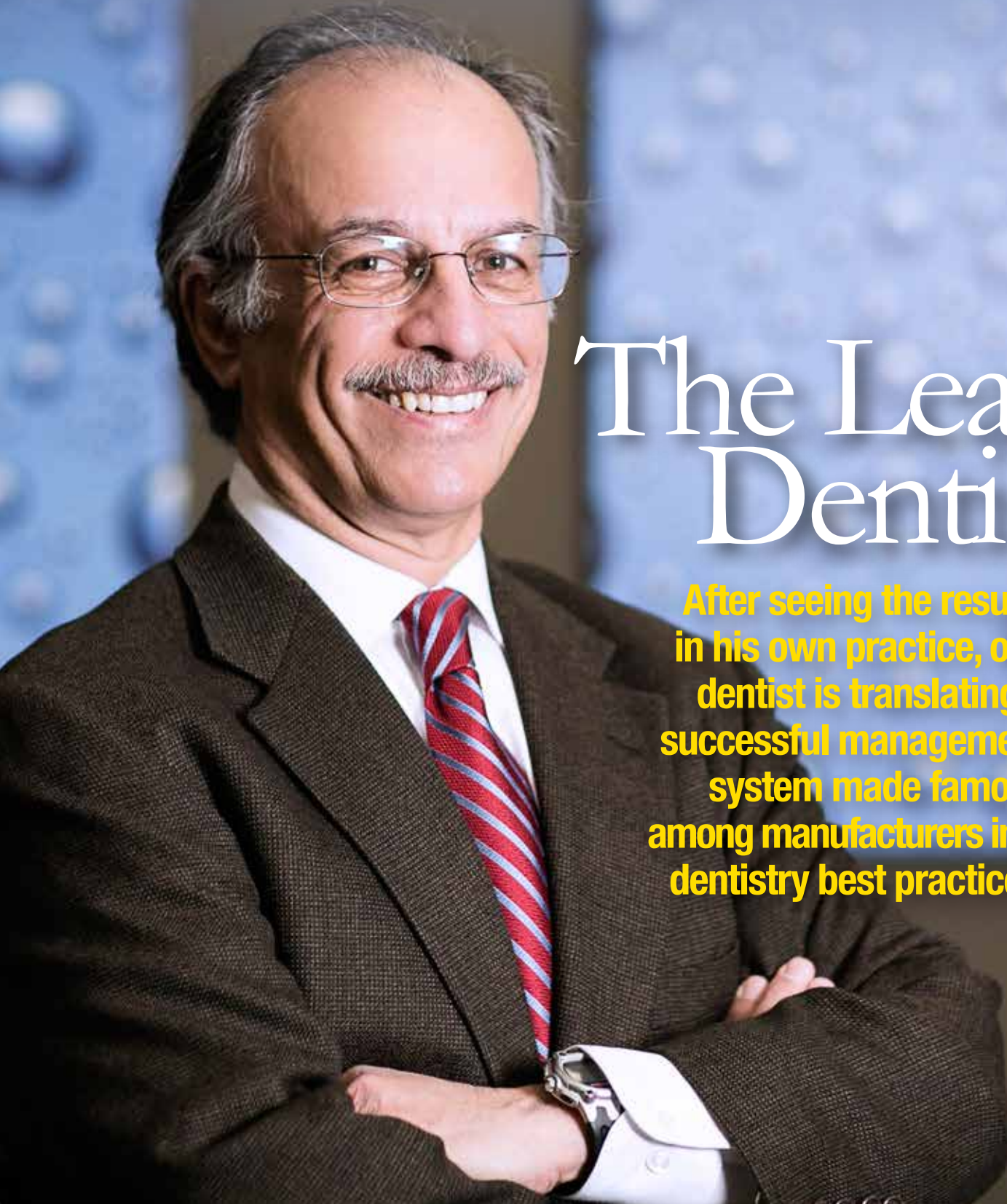


EFFICIENCY

IN GROUP PRACTICE

VOLUME 1 . ISSUE 4 . 2013



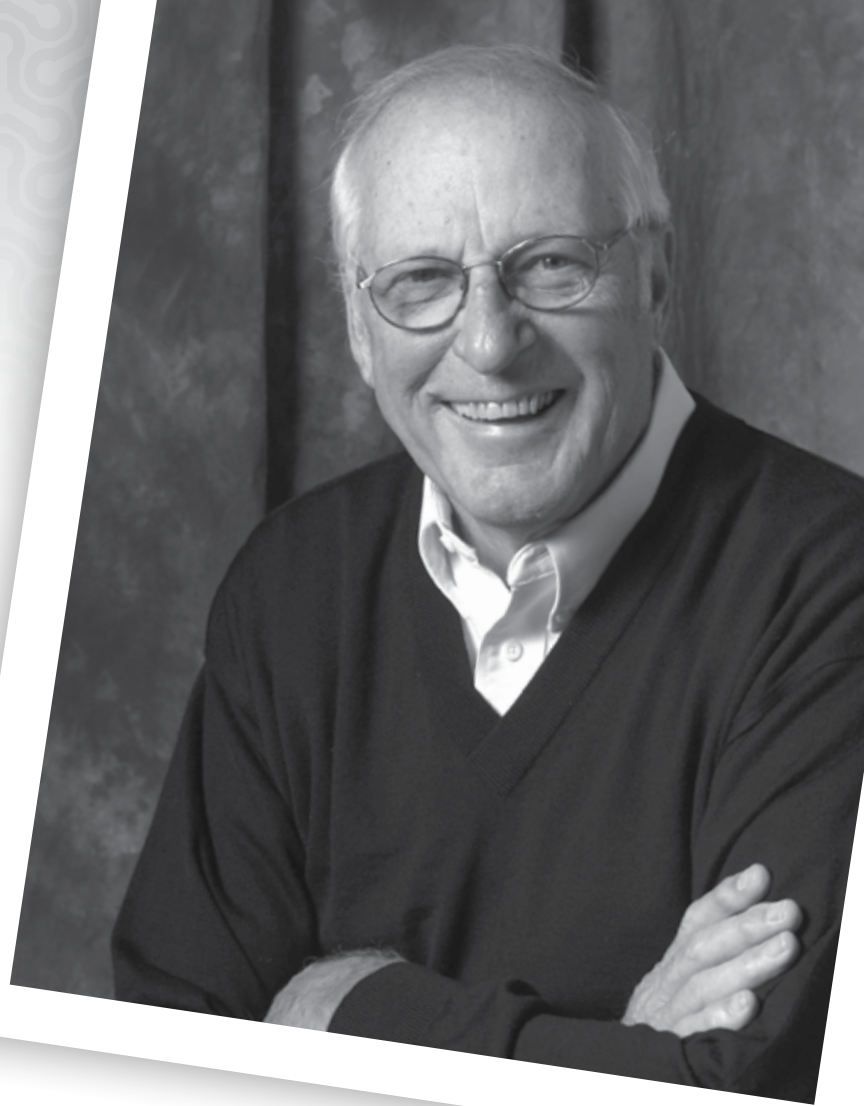
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The center in any dental operator, the "center of the universe" is the patient chair

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Taking Notice



As I write this publisher's letter I am traveling to yet another dental meeting. (It seems there is a dental meeting somewhere in the United States every week of the year!) However, you may never have heard of this dental meeting: the DTA annual meeting (www.dentaltradealliance.org). This is an event where dental manufacturers, distributors and service providers get together to network and converse about the state of the dental industry. This will be my third time attending. The DTA always delivers a superb lineup of speakers, events and wonderful opportunities to speak with the 'movers and shakers' in the dental industry.

Why do I bring up this industry trade association meeting you may have never heard of? It is because dental group practices are sure to be a topic of conversation at this meeting. DSOs/GPOs can no longer be ignored. The growth and influence of the DSO/GPO business models in dentistry are forcing the industry to take notice.

This heightened interest is a great opportunity for you and for dental manufacturers and distributors. There is a lot of misinformation circulating and many assumptions made about groups. As a dental group, you have an opportunity to educate the industry and your potential business partners (manufacturers, distributors and service providers) as to your specific business model and how you can work together to build a fruitful partnership.

We here at *Efficiency in Group Practice* have a duty to bring DSO/GPOs relevant, unique, and beneficial content. We also have a responsibility to help the dental industry understand what DSO/GPOs are all about, and how best to form a long-term business relationship with them. I am looking forward to helping provide that content to all of our readers.

Speaking of content, please read our story on Dr. Sami Bahri, who is the pioneer of using *Lean* principles in dentistry. These are the same *Lean* principles used by the likes of Toyota, Boeing, and GE. This article starts on page 26. We are also featuring our first "Group Practice Profile," which will become a regular feature. Smile Source[®], who has seen huge growth this year, will be the first featured group. Let us know if you'd like your group to be featured in an upcoming issue.

We're very excited about bringing you a great deal of relative content, which is sure to make you extremely enthusiastic about the future of group dentistry.

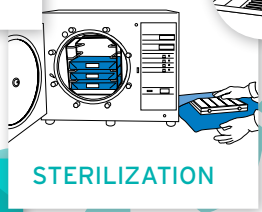
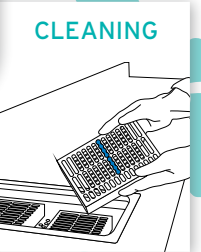
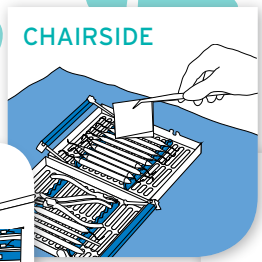
Hope to see you at an upcoming dental meeting,

A handwritten signature in black ink that reads "William Neumann". The signature is written in a cursive, slightly slanted style.

Bill Neumann
Publisher
EGP
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How the best perform



All Smiles

The Smile Source® business model allows independents to thrive

Even from across industries and marketplaces, the business potential in dentistry is evident. “Dentistry is a growing, stable and profitable profession founded in the noble cause of serving people and their needs,” says Andy Goldsmith, Chief Dental Officer/ VP Vendor Relations, Smile Source®. The backbone of which is the dentists themselves.

However, it’s also an industry that has relied on high profit margins for years. As a result, independent dentists haven’t necessarily seen the need – nor had the bandwidth – to educate themselves or train their staff more on the business side of their practices. At best, this has meant they’ve missed key revenue opportunities that could have been capitalized on with better business practices. At worst, it’s led to a poorly run business, despite their best of intentions and high level of care they’re providing for their patients.

But how could local dentists leverage their independence while gaining the resources of a large group practice organization?

That was the question Smile Source® aimed to answer through its business model.

“We believe that through collaboration, sharing of best practices and utilizing economies of scale, we can make them more efficient, grow their practices and make them more profitable,” Goldsmith says.

Eyes on the dental market

Smile Source® consists of independently owned dental practices empowered as one alliance. Dentists maintain 100 percent ownership in their practices and remain autonomous in the decision making. “What



Smile Source® consists of independently owned dental practices empowered as one alliance.

unites us is a unique franchise structure that follows federal guidelines and is approved in all 50 states,” says Goldsmith. “Our member practices pay a monthly franchise fee and in return they have access to the efficiencies typically only afforded to group practices such as world-class marketing services and tools, education and staff training and buying power.”

The Smile Source® model comes from its parent organization, Vision Source®, a leader in optometry, which started 22 years ago and now has over 2,800 locations in the United States. Goldsmith says they conducted research with dentists and worked with industry-leading brand experts that led to mapping out plans for entering the dental market through an alliance model that helps preserve the independence of local dentistry.

Catching on

Within a short timeframe the company has built its presence in the dental market. Smile Source® has added 87 new locations in the last 12 months, and currently has over 100 locations in 17 states, according to Goldsmith. The average practice has seen an increase in new patients of about 10 percent, and lowered their cost of goods percentage by 2.7 percent, he says.

However, like any business venture, there were starts and stalls during the process. “Our greatest challenge was getting started,” Goldsmith says. “In the beginning, we were able to jump to 20 locations quickly, but then we stalled. Establishing and executing a strategic growth strategy was key to overcoming our hurdles.”

Goldsmith says one of the biggest “aha” moments for Smile Source® was in realizing how the value proposition must be positioned in order to resonate uniquely with dentists. By operating as a franchise, the members receive certain protection and valuable programs.

on investment of a marketing campaign. “We create a strategic marketing campaign for them and in some instances we are able to leverage our groups to manage a campaign covering multiple locations and even obtain the group marketing funds from outside vendors,” says

Within a short timeframe the company has built its presence in the dental market. Smile Source® has added 87 new locations in the last 12 months, and currently has over 100 locations in 17 states, according to Goldsmith.



“We enable them to brand, and participate in group marketing efforts. There is an established infrastructure along with sound financials.”

With marketing, most dentists do “one-offs,” because they simply don’t have the resources, time or personnel to devote to creating, managing and tracking the return

Goldsmith. “With a group, a marketing fund is significantly larger and the effect is exponential. I always use the analogy that alone I may not be able to afford a billboard, but between 10 of us, not only can we afford it, but our risk is lower and we can all benefit from a quantifiably greater return on investment.”

Looking to the future

The dental landscape of today is already shifting. Goldsmith says dentists can expect mergers and acquisitions to increase, along with the proliferation of DSOs. “Eventually dentists will see a shift from a traditionally cottage industry and solo practices to a different business model of group practices, longer,

more patient-centric hours, pricing, and options,” he says. “Further, the general climate is in support of centralized healthcare so, dentists will no longer be able to perform dentistry without compliance to standards. I see the need for a system that evaluates outcomes and establishes protocol that promotes overall health.”

This puts dentists in a unique position, he says. “Dentists are uniquely positioned to provide general health-care in the form of screenings for health concerns such as hypertension, diabetes, and possibly even administer flu shots. The idea of being a fee-for-service dentist is going to shrink into a niche within dentistry and will no longer be the norm. You will see the



“Ten years from now, dentistry will look very different than it does now.”

**– Andy Goldsmith, Chief Dental Officer/VP
Vendor Relations, Smile Source®.**

larger groups capitalizing on opportunities like collaborating on accountable care initiatives. Meanwhile the patient pool will decrease for independent minded dentists. You will also see a shift in the way restorative dentistry is delivered from an “ideal” to “healthy function.” However, dentists will be increasingly compensated for keeping their patients healthy versus only restoring disease, Goldsmith says.

Dentistry is at a “watershed” where the tides of change will begin to move swiftly and abruptly, much to the surprise of the uninformed solo dentist, Goldsmith says. “Ten years from now, dentistry will look very different than it does now. The days of low quality, ‘corporate chains’ are gone. They have been replaced by quality minded DSOs that will be leading change in the profession. I see groups like Smile Source® carrying the banner for independent dentists.” ■

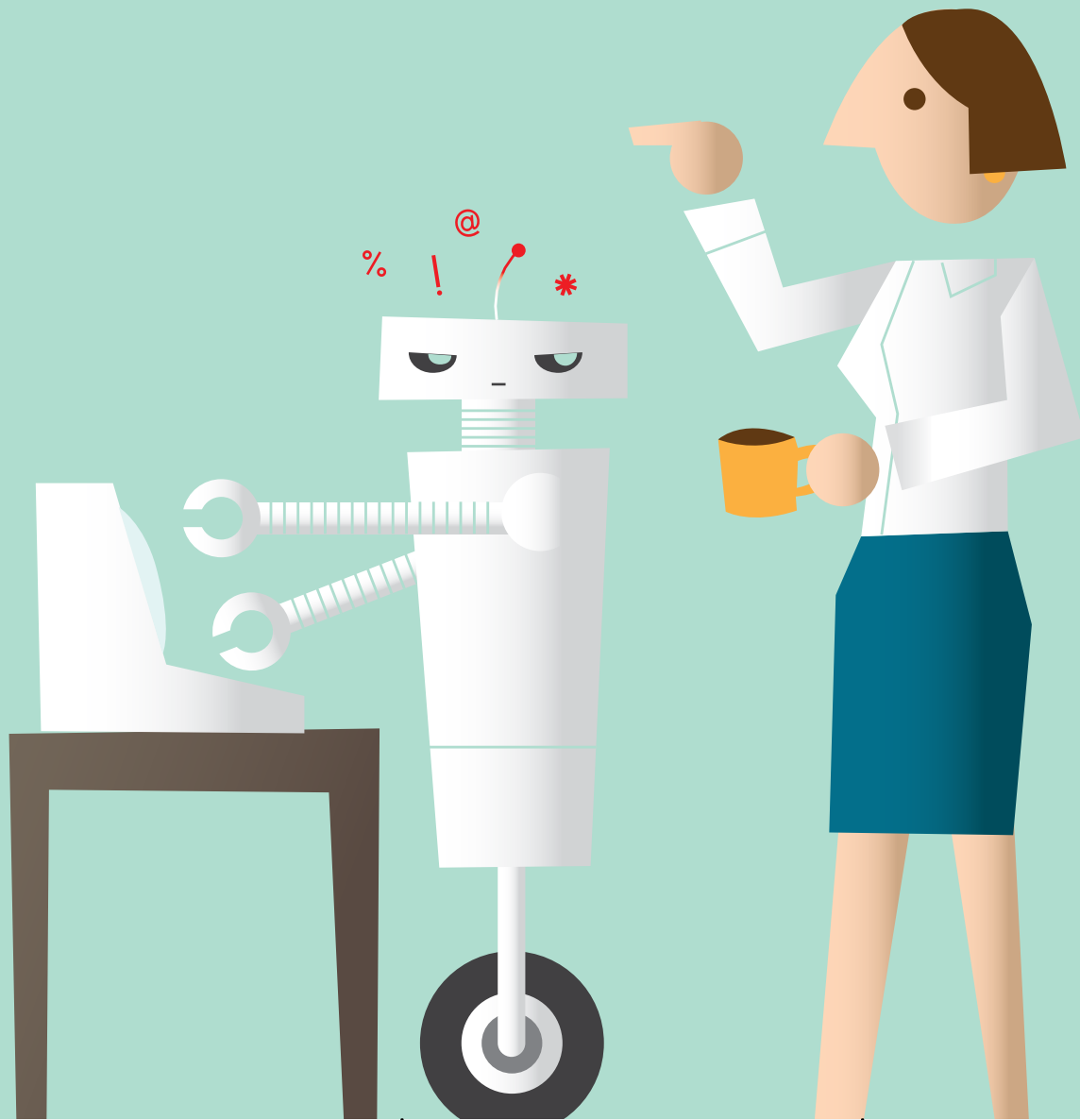
Smile Source® core values

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A Clear Direction

The importance of hygiene leadership in the dental group setting



According to a recent report from the American Dental Association (ADA), dental group practice growth has risen 25 percent in the past two years, and this growth is expected to continue in the years to come.

From a clinical care standpoint, dental group practice is very similar to the solo-practitioner setting. However, due to the number of providers and staff within a dental group practice, they have to manage differently. Consider this: A dental group of 20 offices could employ upward of 25 doctors and 40 dental hygienists or more on a day-to-day basis. The sheer numbers requires a different manner in which to support and manage the providers

The Director of Dental Hygiene at ABC Dental Group will partner with the Chief Clinical Officer (a dentist) in the management of the dental hygiene team and business. This will include clinical training and coaching of the dental hygiene team.

The search for the right candidate

Finding the right candidate for this position is more than just promoting your top



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.

One of the largest struggles groups encounter when hiring their Director of Dental Hygiene is taking a person from clinical to a full time management role.

and the teams in the offices. Especially when it comes to the dental hygiene team.

Creating a Dental Hygiene Leadership structure in the group setting is necessary to develop and grow the hygiene team into the future. Today, dental groups often hire a Dental Hygiene Coordinator, or a Director of Hygiene to manage, grow and motivate the dental hygiene team. This role is crucial to the success of the group.

In most dental groups, the role of the Director of Dental Hygiene is responsible for managing the overall dental hygiene side of the business; and the development of the dental hygiene team. Their job description will look like this:

performing dental hygienists. You should select someone who has proven success chair side, but who also has a strong understanding of the operational side of the business. And no doubt, strong leadership and communication skills should occupy this role.

There are no rules or timing for hiring your first Director of Hygiene. However, managing teams over locations greater than six can become challenging. The earlier you bring in this position, the better. Remember, you don't have to start with a full time position. This role could easily work clinical and management until you have the full time demand within your group.

One of the largest struggles groups encounter when hiring their Director of Dental Hygiene is taking a person from clinical to a full time management role. This transition can be very difficult due to the change of expectations and the management of their time and focus. As with your clinical staff, it is important that you

provide training and mentoring to this individual.

Before hiring your Director of Hygiene, take the time to define what a typical day as the “Director of Hygiene” looks like, and what you expect from them day-to-day, week-to-week, etc. Having clear expectations is crucial to their success, and

their ability to navigate their way into this new role.

The Director of Hygiene will provide abundant benefits to the practice, including a return on the investment of their role. With the right candidate, clear expectations and support; your dental hygiene director can grow your hygiene business rapidly while keeping your team motivated and happy. ■

Director of Dental Hygiene Job Summary:

To lead dental hygiene team in achieving the highest levels of quality patient care and productivity through orientation, mentoring, coaching and leadership development activities designed to meet the mission, vision and goals of the group.

Essential Responsibilities:

- Support the financial goals of the group.
- Develop, implement and support a dental hygiene curriculum for professional development.
- Develop, implement and monitor dental hygiene protocols and systems, training initiatives, mentoring/coaching plans, productivity, service mix goals and a social operating system for dental group.
- Provide ongoing coaching, feedback for performance of dental hygiene team, and dental hygiene mentors.
- Support dental hygiene recruitment and hiring.
- Continuously improve revenue, service mix, scheduling efficiency and patient retention.
- Establish and maintain a dental hygiene orientation and mentoring program for dental group.
- Develop social operating plan with dental hygiene team in order to drive initiative and results.
- Meet regularly and collaborate with operation and clinical leaders to coordinate development and implementation of dental hygiene initiatives.
- Meet regularly and collaborate with dental hygiene mentors/coaches.
- Act as subject matter expert for dental hygiene.

Knowledge and Skills:

- Understanding of business acumen.
- Proven success in project management.

- Experience delivering training to providers using sound principles and research to support information.
- Demonstrated success achieving results through defined goals.
- Possess outstanding communication skills; verbal and written.
- Ability to influence change through interpersonal skills.
- Passion to drive results and deliver on commitments.
- Ability to understand, develop and execute organizational development/dental hygiene development strategy to fulfill business objectives.
- Demonstrated proficiency as a strategic thinker, possess self-confidence and organizational awareness, and ability to impact and influence.
- Ability to work independently toward achievement of agreed upon goals and tasks.
- Ability to confront difficult issues.
- Ability to lead team projects from start to finish.

Attributes:

- Strong communication skills with patient, doctors and team members.
- Ability to work independently.
- Act with honesty and integrity.
- Ability to hold self and others accountable to performance and results.
- Respect strength and weaknesses of each team member.
- Ability to deliver on expected results.



First medicine, now dentistry

Sometimes, out of bad news, good things come. That might be the case with infection prevention and dentistry.

It's time for a culture of patient safety in the dental setting

“The recent stories in the popular media about breaches in infection control in dentistry provide an opportunity for healthcare personnel to evaluate their current infection control and safety practices, and look for ways to both monitor and improve in areas such as instrument sterilization, prevention of cross-contamination and medical waste management,” says Eve Cuny, director of environmental health and safety and assistant professor in the department of dental practice at Pacific Dugoni School of Dentistry, and a presenter at the OSAP 2013 Symposium in San Diego.

But it's not just the well-publicized Oklahoma breach that is bringing about change. It's broader than that. "The discussion about safety culture in dentistry is gaining momentum," says Cuny. "The patient safety culture in medicine was revolutionary, and could be a predictor of a major shift in how we look at the patient experience in dentistry."

Fostering a culture of safety in healthcare is part of the broader move to improve healthcare quality, says Cuny. "In the 2001 Institute of Medicine report, 'Crossing the Quality Chasm; A New Health System for the 21st Century,' safe care is identified as one of the six aims for improvement – along with care being effective, patient-centered, timely, efficient and equitable. It's an essential element of improving the healthcare delivery system in the United States, of which oral health must be part."

The role oral health professionals can play in overall health is indeed growing, says Cuny. "With the development of rapid screening for HIV and HCV in recent years, in addition to the more traditional screenings, such as blood pressure and diabetes, there is an increasing opportunity for oral healthcare providers to participate more fully in preventive health for their patients."

No one-shot deal

It's true that there's always room for improvement in terms of creating a culture of safety in the dental setting, says Dr. Fiona Collins, who presented at the OSAP Symposium. However, today's clinicians and dental office staff are cognizant of the importance of safety and infection prevention, notwithstanding the publicized breaches

Can bad news lead to good things?

For the dental community, following the recent stories about breaches in infection control, that may be the case. Safety practices are in the spotlight. Now is the perfect time to have the discussion.

Fostering a culture of safety in healthcare is part of the broader move to improve healthcare quality, says Cuny. Oral health professionals can play an increasing role in overall health. "With the development of rapid screening for HIV and HCV in recent years, in addition to the more traditional screenings, such as blood pressure and diabetes, there is an increasing opportunity for oral healthcare providers to participate more fully in preventive health for their patients."

The patient safety conversation isn't a one-time thing. It calls for continuous improvement and mindfulness on the part of everyone in the office, says Collins. Quality initiatives must be implemented, and barriers identified and dealt with. Continuous monitoring on the part of the entire dental team is a part of this. "It has to be part of daily life and reality."



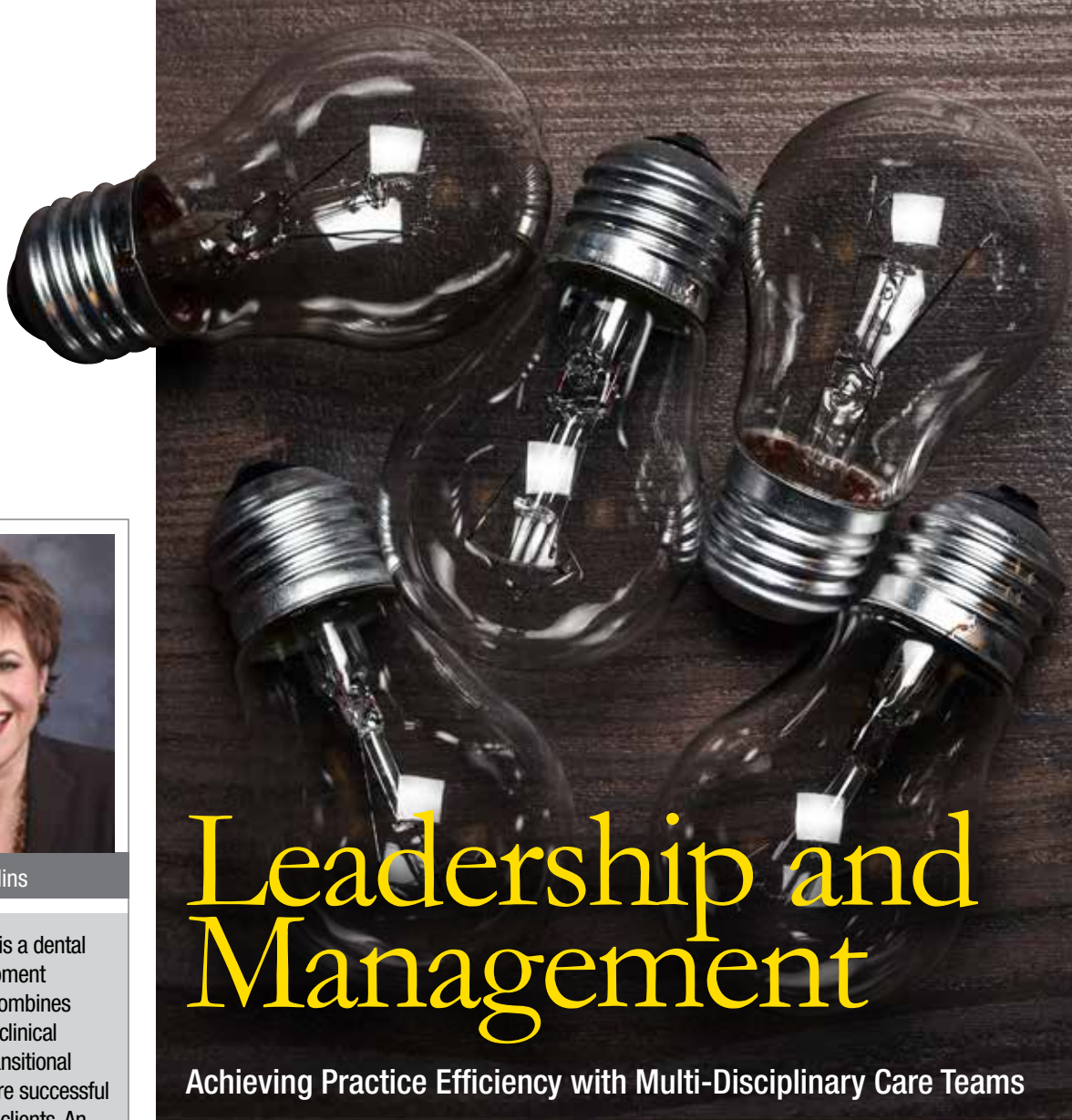
Continuous monitoring on the part of the entire dental team is a part of this. "It has to be part of daily life and reality."

in Oklahoma and elsewhere. "Those really are the exception," she says.

A culture of safety isn't a one-shot deal. It calls for continuous improvement and mindfulness on the part of everyone in the office, says Collins. Quality initiatives must be implemented, and barriers identified and dealt with. Continuous monitoring on the part of the entire dental team is a part of this. "It has to be part of daily life and reality."

Patients themselves are much more aware of the need for infection

prevention, particularly in light of recent breaches, adds Collins. "Certainly they are aware of it, and they look at the office, talk to the staff and clinicians, and ask questions. That rarely happened 20 years ago." For this reason, it's important to not only adhere to infection control protocols, but to also demonstrate to patients that the office takes infection control seriously, and that there are protocols in place to protect patients, the dental team, and the community at large. ■



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® dentistry. For more information Ms. Mullins can be reached at: Rhonda@rhondamullins.com or rhomullins@gmail.com

Leadership and Management

Achieving Practice Efficiency with Multi-Disciplinary Care Teams

In today's dental practices, it is becoming more difficult to manage the challenges of closing the gap between science research (best practice) and optimum patient care. Many patients still see dentistry as an elective service and not the preventative medicine it truly is. With that in mind, patients could present with medical problems that could delay, prolong, or even rule out dental treatments they want or need due to other priorities in their medical health. This is unlike a medical case synopsis, which makes it easy for doctors to execute a prescribed path of care based on best practices – such as kidney disease, which immediately requires some form of dialysis without any negotiation from the patient. Dentistry has and always will allow for a unique approach and conversation with each patient in their decision-making process for their desired outcome.



Dr. John Kois, director of the Kois Center, teaches his members to ask: Are patients trying to create a smile they once had or one they have never had? In dentistry, a risk assessment is determined at an initial appointment when gathering information and all of the diagnostics needed to create a case synopsis for optimum outcomes for the patient. As these recommendations for preventive, functional, and esthetic goals are discussed in depth with the patient, the patient and dentist prioritize treatments based on the most realistic outcomes.

Patients desire the best available care provided by a qualified, multi-disciplinary team of professionals and specialists who are part of their general dentist's collaborative circle in order to realize for the most economical investment and greatest value. Success in being efficient and obtaining optimum results for the patient can only be achieved with a team that is committed, coordinated, possesses clear communication skills, and cares. Delivering safe, lasting treatments must be paramount while still maintaining a well-trained internal support team with an eco-system

that will withstand any type of patient needs, maintain a focus of closing the gap between scientific research and patient care delivery, and sustaining practice profitability.

To move toward mastering an eco-system in the culture of any practice, systems and strategies must be created and maintained, with each procedure provided to the patient, without exception. Supporting technology is the catalyst for an efficient eco-system in the culture of each practice. This includes, but is not limited to, all diagnostic technology, practice management software, data processing and documentation, and a system for all providers on the multi-disciplinary care team to virtually review and discuss the case synopsis and their part in care delivery. It also includes a shared portal through which the internal support team eco-system can communicate and track patient progress throughout the entire patient experience of preparation and post care. This allows a more efficient transfer of information and care and, as a result, more patients will be satisfied and feel they not only made the right decision, but they are apt to refer others who desire the same outcome level that they obtained.

A practice structure that has shown promising results is that of the multi-disciplinary care team committed to excellence through best practice scenarios. These multi-disciplinary care teams should be formed and function with a "zero tolerance" attitude for mediocrity that surrounds and drive them to achieve consistent execution. The

Always engage the patient in the decisions about their dentistry and health based on a clear vision of “why” they want what they want.



right place, people, processes, and technology are integrated and utilized efficiently and effectively.

Approaching efficiency in a practice

Efficiency in the practice will be important in the future as a result of society's shifting focus toward prolonged health and the realization that oral health is a significant factor in overall health. Once this preventative mindset is instilled in patients, they will demand practices that offer

a consistently effective, streamlined standard of care with accurate diagnostic record-keeping and patient information that can be quickly and easily shared among everyone involved in their treatment.

An efficient internal support team has commitment to the process and will work diligently to reinforce the new paradigm through repeated opportunities as more patients are processed with a focus of closing the gap between scientific research and patient care delivery. They also will

consistently demonstrate a “zero tolerance” in every step to ensure continuity of use of all supporting technology that will enhance the quality of their dentistry. This is usually measured by every practice's profitability margin. The internal support team's motive to step-up mastering efficiency in functioning each day will be equal to their individual desire for purpose and autonomy in their job. Many will undergo creative training and development particular to working in these types of practices, and they understand that effective and efficient communication is the core of being a part of an excellent multi-disciplinary care team.

The ability to record, save, and instantly share information with all involved team members provides the ability for everyone to collaborate. This facilitates the best practice approach to care based on screening, prevention, education/behavior modification, routine care, serious care, chronic illness/pain management, or restorative care. This means that patients can be treated as efficiently as possible, which in some cases may be important to their immediate health.

To become efficient there are basic steps a practice can complete. First, be sure to have large capacity people as your internal support team able to understand and function in a multi-disciplinary setting. Secondly, an eco-system for all processes, from hello to good-bye, is necessary. Establish in-service training and education to make sure practice management software and all charting, notes, and documentation protocol

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penetrate the soul of the practice for excellent risk management and maximized outcome in communication with all specialists on the care team. Then, assess what the patient experience is like in your practice – from their perspective.

Ask yourself if you are providing a thorough risk assessment of each patient's case, a comprehensive evaluation, case synopsis, and treatment strategy. Always engage the patient in the decisions about their dentistry and health based on a clear vision of “why” they want what they want. The practice culture dictates what experiences the patient will have and how the patient interrupts those experiences throughout their care sequence. The key to efficiency in this aspect is making certain that the patient is heard, engaged, encouraged, comfortable, and that the planned care sequence will provide the outcome that shouts, an “extraordinary” experience. This will increase the relationship equity built with the patient, thereby increasing value proposition

When your practice functions at optimal speed with minimal risk, you can affect measurable differences in a patient's health and well-being.

and increased referrals. Lastly, the impetus behind the efficiency mindset – the supporting technology – must be fully utilized within a multi-disciplinary care setting. This is because, at times, a multi-disciplinary care team member may be at a remote location; utilizing a mobile device puts them

“in the same room” with the patient or other team members.

The role of multi-disciplinary care teams

In the dental practice, a multi-disciplinary care team is a group of dental doctors and sometimes medical specialists dedicated to closing the translational medicine gap between science and care, through service delivery innovation. However, as with any practice, the doctors are only a part of the equation. The medical/dental assistants, hygienists, management, and internal support team members in every location must all work cohesively and collaboratively in concert to achieve efficiency. This is accomplished when all members of the team understand and uphold the values of multi-disciplinary care by delivering the highest standard of care quickly and effectively, and accurately documenting all aspects of the patient's health/treatments so all team members have the same information pertaining to each

patient. This is the value proposition at its best to each patient.

This structure presents a no ceiling, no limits level of comprehensive care in one setting, in the least amount of time, with the greatest value proposition to the patient. When your practice functions at optimal speed with minimal risk, you can affect measurable differences in a patient's health and well-being. The practice benefits from increased referral rates, a much higher level of case acceptance via the "value proposition," and the completion of more cases due to a better relationship with patients.

Moving to the future

The most important key for unlocking the future of your multi-disciplinary care teams in more practices is to keep in mind the components of the value proposition to patients and care delivery innovation. Choose team members who are willing to perform their duties without mediocrity on a daily basis. They can be found or developed anywhere with a consistent template of

care. Make certain your treatment rooms are systematically equipped, stocked, and laid-out for versatility and efficient time management, the highest productivity, and equal treatment capability.

Create a sustainable eco-system of care protocols for any and all functions performed in your practice. Dr.

sure to utilize all available supportive technology with each existing patient and every new patient.

Choose to be extraordinary at every touch point your patient will encounter, from hello to good-bye. Providing this structured, consistent, and optimized level of care will increase your patient base and team solidarity as they learn,

Choose team members who are willing to perform their duties without mediocrity on a daily basis. They can be found or developed anywhere with a consistent template of care.

John Kois has coined, "Always Rule," doing things the same way all the time for optimum outcomes in the least amount of time. Guessing, at any level of treatment, wastes time and money. Lastly, keep technology congruent and current with practice needs, care team needs, and patient expectations, and be

grow, and serve with a greater capacity to care. How will you know it is working? Profitability is the measurement of innovative thinkers coming together to execute efficiently that which is needed by both the multi-disciplinary care team and the value proposition of each patient daily, if not hourly. ■

✓ Drive for perfection

Multi-disciplinary care teams should be formed and function with a "zero tolerance" attitude for mediocrity that surrounds and drives them to achieve consistent execution.

✓ On the record

The ability to record, save, and instantly share information with all involved team members provides the ability for everyone to collaborate

✓ Are you providing...

A thorough risk assessment of each patient's case?

A comprehensive evaluation case synopsis, and treatment strategy?



Here to Stay

How group practices can successfully operate in a managed care environment

A majority of my coaching involves offices that are heavily involved in preferred provider organizations (PPO) or other managed care (MCO) plans. When I decided to dig deeper into this area of revenue management I was warned that I was contributing to the problem. By recommending ways for offices to bill correctly and efficiently I would be validating the role of PPOs in dental offices. The message was clear: keep telling offices that they should focus on quality and education and PPOs will go away.



By Teresa Duncan, MS,
FADIA, FAADOM

Teresa Duncan, MS 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 also coaches managers to increase their practice's profitability. She can be reached at Teresa@OdysseyMgmt.com.



Where are we now? In a heavily dominated PPO/MCO environment that group practices and offices have to acknowledge.

The PPO impact

Even if you are able to avoid participating in them you should still know the impact that they are having on your competition, and more importantly – your consumer. Some doctors still hold the opinion that they don't have to worry about PPOs because they will never participate in their plans. However,

most of these doctors are in the mid-to-late or late phases of their career and are solo providers.

Doctors who have associates aren't as rigid. Perhaps in the past they were, but the realities of a practice sale, associates who want to be paid and local competition all factor into the makeup of the practice. Doctors just starting out are in debt of up to \$350,000. One doctor I spoke with recently interviewed a new dentist who told him "I don't care how many hours you want me to

The best teams will operate efficiently in several different areas: staffing, supply-side and billing environment.



work – I have huge loan I need to pay off.” Into the mix let’s add our environment of large group practices (corporate or privately owned) that have systems efficient enough to take on large numbers of PPO/MCO patients.

Pull back a bit to look at the big picture: we can see a perfect storm for dental offices and insurance companies. Remember the three scenarios we discussed:

- Doctors who need to increase or maintain the value of their practices. Hiring associates does this nicely, but to keep them busy, PPO/MCO participation is needed.
- Large student debt is causing new dentists to sign up with PPO/MCO plans without considering ‘going it alone’ or strictly fee-for-service.
- Group practices can handle the volume of PPO/MCO enrollment lists and so don’t hesitate to sign up their offices. For some corporations this is a strategic decision.

I was once told by a colleague that this was resulting in a ‘race to the bottom’ when it came to quality care provided to our patients. I disagree wholeheartedly with this sentiment. Many offices are operating just fine in a managed care environment and have many happy patients.

Best practices

The best teams will operate efficiently in several different areas: staffing, supply-side and billing environment. Practices that are staffed efficiently typically use four-handed dentistry (which is not as common in today’s start-ups as you may think), employ hygiene assistants and have team members that are also trained in specialty services. These

services could include orthodontic assisting, 3D imaging, implant assisting and laboratory services such as model pouring and creating temporaries.

Efficient offices also do not have excess inventory in stock as this can be a huge drain on cash flow. Their ordering systems are set up well (sometimes with the help of the supplier) and are monitored according to a supply budget.

Efficient offices
also **do not**
have excess
inventory in
stock as this can
be a huge drain
on cash flow.

Finally, billing efficiency has to be present, or all the hard work we just discussed is for naught. An administrative team that will expertly collect copayments and use online claims submission/eligibility checks will be ahead of the game. The goal is to avoid coverage surprises, and offices can only do that by checking benefits and eligi-

bility. Using an online service to help with this can save valuable phone time that is better spent on new patient and treatment discussion calls.

As PPOs/MCOs continue to grow in popularity with employers, we as an industry should strive to understand their impact rather than waiting for the tide to turn. Managed care plans are here to stay for the near future. Even if you do not participate with them you will still need to monitor their local market penetration. Awareness of the issue is the best way to prepare yourself for any shifts in your environment. ■

An administrative team that will expertly collect copayments and use online claims submission/eligibility checks will be ahead of the game.



Chairside Efficiency Begins with the Chair

In the current economy, dental practices are much more in-tuned to creating efficiencies than ever before. Efficiency in delivering dental care to patients is one of the key factors in profitability for a practice. Although scheduling and financial systems also play a critical role, the configuration of the workplace (operator) makes a great – but sometimes more subtle – difference.

Many years ago, Dr. Harold Kilpatrick, a renowned researcher in time and motion efficiency in dentistry, was reported to have said “the most uncomfortable person in the treatment room should be the patient.” This has never been more true. This is not to suggest that we don’t make every effort to enhance the comfort of the patient, but the reality is if the team members – dentist, assistant and hygienist

The center in any dental operator, the “center of the universe” is the patient chair

– are not comfortable when treating patients, their attitude and productivity suffer, particularly if they acquire musculoskeletal injuries as a result of working with less-than-optimal equipment.

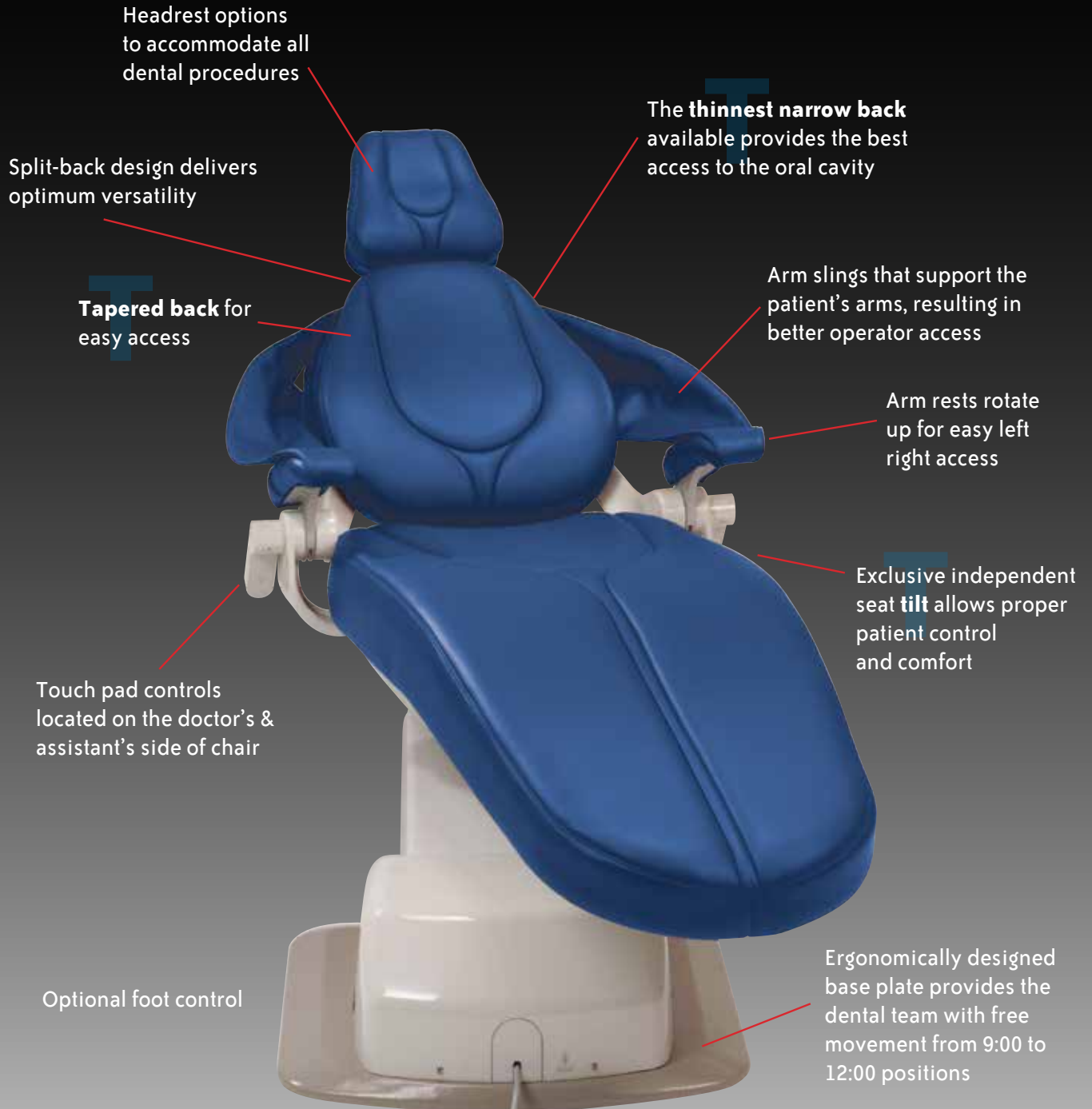
The center of it all

In any dental operator, the “center of the universe” is the patient chair. Many chair manufacturers emphasize the benefits of their chair design primarily on patient comfort. This is an upside-down approach. The members of the dental team are the ones who spend the most time in the treatment room; therefore their comfort is of the utmost importance.

The NuSimplicity patient chair from DentalEZ is a wonderful example of a chair design that truly has the dental team in mind. The ultra-thin back allows the operator (doctor/hygienist or assistant) to work easily from a 12:00 position behind the patient, with enough room to place their legs under the back of the chair. This is the



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most neutral posture for the operator and helps prevent them from having to straddle the back of the chair and lean in to see in the mouth. The head of the chair is tapered to allow the dental assistant to position him/herself close to the patient and also avoid excess leaning, which can result in back, neck and shoulder pain.

Virtually all of the features of this chair are designed with efficiency in mind, including the conveniently located control buttons near the headrest. The chair also has wireless controls and an airglide feature, that allows for optimal positioning of the chair. The height adjustment on the NuSimplicity provides maximum flexibility for treating patients, whether in the reclined position or if procedures are performed with the operator in a stand-up position. These may seem like simple things,

If the team members – dentist, assistant and hygienist – are not comfortable when treating patients, their attitude and productivity suffer.



however, they do have a significant impact on the ability of the team to work at their greatest efficiency with patients. If the team is comfortable when they are positioned correctly, they are able to complete procedures in a shorter amount of time, since they don't have to stop and adjust their positions as frequently. Over the course of the work day, discomfort and stress from working with less-than-optimal equipment will take its toll on the team members.

This chair is a win-win for both the team and the patient. When the team is less stressed, the patient is more at ease. And the contour, arm rests and double-articulating headrest design of the NuSimplicity allows for maximizing patient comfort and positioning.

Efficiency and productivity truly do begin with the chair. ■

Instrument Management: An Excellent Safety and Efficiency Strategy

Managing instruments in a dental practice or facility is often taken for granted. Analyzing the steps involved in the use, cleaning, sterilization and storage of instruments reveals that there are a number of issues related to managing instruments that can affect both safety and efficiency in the practice or facility. A well-organized instrument management system can significantly reduce safety risks and enhance the efficiency of delivery of care.

The ideal type of instrument management system is one that facilitates safety for the dental team, protecting the hands of the team members from puncture during transport, cleaning and preparation of the instruments for sterilization. An instrument cassette readily accomplishes these objectives. When instruments are placed in the cassette, the risk of a puncture from sharp, contaminated instruments is eliminated while the instruments are being carried from the treatment room to the sterilization area.

Handling loose instruments during the cleaning process creates another risk for puncture injury, which can also be reduced by the use of cassettes. The entire cassette can be placed in the ultrasonic bath or instrument washer for cleaning, and then be wrapped or packaged for sterilization eliminating the need to handle individual instruments.

While safety is the most important factor to consider when selecting an instrument management system, efficiency and ease of use are certainly an important consideration as well. Studies have demonstrated that utilizing cassettes can significantly reduce the amount of time that dental team members spend processing instruments. The instruments are organized by procedure in a cassette, which serves as the delivery system or tray in the treatment room. Since the instruments are already in the cassette, once a procedure is completed, the assistant or dental hygienist simply closes the cassette, locks it and takes it to the sterilization area.

The instruments are cleaned in the cassette, which is then packaged, placed in the sterilizer and then stored. The need to sort individual instruments and regroup them by procedure is eliminated, saving valuable time. Although some practices bundle and tie instruments for a procedure together for cleaning, this method can prevent the handles of the instruments in the middle of the bundle from being thoroughly cleaned, which can interfere with sterilization. In a cassette, the instruments are separated for efficient and effective cleaning and sterilization.



A well-organized instrument management system can significantly reduce safety risks and enhance the efficiency of delivery of care.

Yet another benefit of utilizing instrument cassettes is that the instruments are protected during cleaning. Loose instruments in an ultrasonic bath can become scratched or damaged, reducing their useful life.

Developing and implementing a safe and efficient instrument management system should be a critical process for every practice or facility. Research, analysis and experience will demonstrate that cassettes provide the most benefit in terms of both safety and efficiency. ■

Editor's Note: Mary Govoni is an internationally recognized speaker, author and consultant on clinical efficiency, ergonomics, OSHA & HIPAA compliance, infection control and team communication





The Lean Dentist

Dr. Sami Bahri, DDS, is always looking for improvement. Since he began practicing dentistry in the 1980s, his practice has been a workshop for developing and implementing process improvements. Through the years, he's studied every management system available and applied sound dental systems to improve quality of care, reduce cost, generate revenue and increase patient flow.

After seeing the results in his own practice, one dentist is translating a successful management system made famous among manufacturers into dentistry best practices.

Yet, for many years, he saw inefficiencies that needed a solution. It was during this time that he studied Lean principles, enormously successful in manufacturing industries. By 2005, Bahri, co-founder of Jacksonville, Fla.-based Bahri Dental Group, was determined to translate Lean principles into success in his dental practice. Though pioneering Lean principles into dentistry came with its challenges, Bahri says the results have transformed his practice,

and can make a huge impact in the dental industry overall.

Bahri shared those results in "Follow the Learner: The Role of a Leader in Creating a Lean Culture," as well as in a DVD: "Single patient flow: applying lean principles in healthcare." The book won the 2010 Shingo Prize for Research and Professional Publication and the DVD won the same prize for 2013. The Shingo Prize Conference also recognized Bahri as the "World's First Lean Dentist." He is a sought-after speaker and lecturer nationally and internationally on implementing Lean management in dentistry.

Efficiency in Group Practice recently spoke with Bahri regarding Lean principles, and how practices can apply Lean for better patient flow and increased revenue.

Efficiency in Group Practice: Can you describe the process that led you to consider implementing Lean principles in your dental practice? Were there any reservations you initially had?

Dr. Sami Bahri: Even after we created sound systems in our practice, assistants and hygienists still waited for me while I struggled to catch up. At the time, their wait didn't bother me as long as providers were constantly busy. Providers and assistants generate income when busy, but can be costly when idle. We needed to reduce that cost, not only generate income, because we were really managing profit, which is the difference between production and cost. One of the lessons Lean teaches you is cost reduction so you can be profitable at any level of productivity.

But before I learned about Lean, I studied every management system available, trying to find out why despite applying sound dental systems we still had unresolved problems. I studied and applied systems like Total Quality Management, pioneered by Dr. W. Edwards Deming in the 1950s, that was very popular in the United States and Japan; I studied reengineering, pioneered by Michael Hammer; the theory of constraints by Eli Goldratt; I studied Six Sigma as adopted by Motorola and later General Electric; franchising by Michael Gerber; the teachings of Phil Crosby; Tom Peters; Frank and Lillian Gilbreth and many others.

In our hands, only Lean made a big difference at all levels, i.e., profitability, quality, patient experience, stress level, etc.

Did I have reservations? Yes, from the time I started to experiment

with Lean principles, right through 2005, when I was finally able to translate them into dental terms. But I began to understand how to translate them into dental terms only in 2005. In the meantime, I was often frustrated to see few tangible results for my considerable efforts. Right before the breakthrough in May 2006, I was tempted to stop Lean altogether, and went back to take a closer look at Six Sigma. But in 2006, the results spoke for themselves, and we opted for the Lean system above any other choice.

When Lean experts have studied businesses, they have found that a well-run business spends 20 percent of the time on real work and 80 percent on waste. Reducing waste and transforming it into real work is what Lean does.

Efficiency: How is Lean different than those other management systems and traditional dental management?

Dr. Bahri: I agree, for the most part, that to manage well you need to have systems; a system for scheduling, a system for treatment plan presentation, a system for financial arrangements, hiring, etc. Some people go up to 25-26 systems that you need to have in a dental office. Lean goes a step further.

The way Lean looks at things is totally different; it looks at daily activities as either work or waste. You look at your employees, and you study what they are doing with their time. If you followed every activity of your employees, you're going to find that some of the activities the patients are willing to pay for. They are called value-added and represent true work. Some of the activities in your practice, you will be paying the employee, but the patient is not willing to pay you for. Those are called non value-adding activities, and represent waste. These include cleaning the rooms, organizing something, or the way you file your insurance, etc.

When Lean experts have studied businesses, they have found that a well-run business spends 20 percent of the

Lean view

Lean looks at daily activities as either work or waste. You look at your employees, and you study what they are doing with their time.



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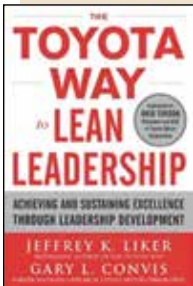
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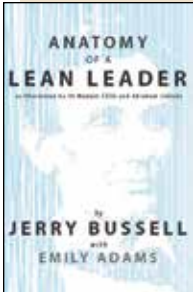
Lean reading: Book and resource recommendations



“Follow the Learner: The Role of a Leader in Creating a Lean Culture,” by Dr. Sami Bahri.



“The Toyota Way to Lean Leadership: Achieving and Sustaining Excellence through Leadership Development,” by Gary Convis and Jeffery Liker.



“Anatomy of a Lean Leader,” by Jerry Bussell.

There is also a DVD in collaboration with the “Greater Boston Manufacturing Partnership” describing our style of leadership: “Single patient flow: applying lean principles in healthcare.”

For those interested in other aspects of Lean, Bahri suggests Lean.org; “the Lean Enterprise Institute editors are very eclectic in their book selections. You could order any book from them and it will hold great value. In Lean Healthcare, Dr. John Toussaint and Mark Graban have written very good books.”

time on real work and 80 percent on waste. Reducing waste and transforming it into real work is what Lean does.

Basically, in traditional models, you run your systems exactly as people tell you, but in those systems you have 80 percent waste. Lean teaches you how to remove that waste. For the dentists who think “I have it all, I’m running my systems very efficiently, and if I need to recall my patients I have a perfect recall system...” I’m inviting them to look at their systems and ask “Is that really Lean? Is that really without waste?” If 80 percent is waste, then that gives you a huge opportunity for improvement.

Efficiency: In “Follow the Learner” you say that in some ways a dental practice is similar to a factory. Can you elaborate?

Bahri: When we are making things, it doesn’t matter whether we make cars or crowns; it is all called a process, and the principles of efficiency are the same, with the difference that people and cars experience the passage of time differently. Consequently, we can follow the principles while adapting them to our own situation.

Some might be surprised to know that our current management systems come from the teachings of a brick layer, Frank Gilbreth. In the early 1900s, he established “Time and motion studies” where he filmed and timed workers performing tasks, and improved their performance based on those data. Dentistry, like other industries across the country, embraced the “work simplification” movement that applied “time and motion studies.” A landmark book by Dr. Harold C. Kilpatrick, “Work Simplification in Dental Practice: Applied Time and Motion Studies” was published in 1964.

We see that already then, dentists adopted manufacturing methods to organize our practices. The problem is that manufacturers evolved into a more advanced management system, namely Lean management, based on updated knowledge; but dentistry stayed in the “time and motion studies” era. The results are surprising; manufacturers treat their cars better than we treat our patients. They tend to always start and finish their tasks on time, while attending to the car’s every need, and making sure that no mistakes and no defects go unnoticed.

Can we say the same? Maybe some of us can, but not the profession as a whole. Still, some feel offended to think that their practice is like a manufacturing plant;

I wish we had the precision and timeliness of a manufacturing plant, our patients would be much better off.

Efficiency: You describe that your Lean transformation “felt much more like a long trek through a mountain range.” What were some of the lessons learned?

Bahri: That’s in contrast to a linear track where you know what the next step will involve. In our case, we had to figure out the next step after we reached an impasse with the previous step. For example, we wanted to implement “one-patient flow,” adapted from Toyota’s “one-piece flow.” We learned that setup time has to be extremely short to make “one-patient flow” applicable. We worked on that, to find out that we were still sending patients home before a hygiene appointment instead of cleaning their teeth during the restorative treatment.

Bahri: One-patient flow means that once you started working on a patient, you should not stop, or have any delays in treatment between different providers, until their mouth is totally healthy and ready to enter the hygiene recall cycle.

One-patient flow is an ideal state that cannot be reached with every patient for a variety of reasons. If it can’t be reached, why adopt it, then? To answer this question we need to understand how we set goals in Lean management. We set two kinds of goals, the first kind is called “True North” goal, an “ideal state” that provides us with a direction to follow. As long as we follow that direction, we know that our processes are improving.

The second type of goal is a “Target Condition” that creates reachable, concrete steps that move toward True North. For example, being capable of cleaning teeth, and/

Once we have learned how to diagnose wasteful activities and prescribe ways to eliminate them we found ourselves in a very comfortable position where success is not random, but scientifically designed and improved.

We studied how to eliminate functional barriers between dentists and hygienists (by combining dental cleanings with restorative appointments), and when we did it, we found that we had communication problems. We created the position of “Treatment Flow Manager,” who would direct resources to where they are needed, when they are needed. As she faced the complications of directing many providers at the same time, we adopted a signal system, called Kanban in the Lean vernacular. My point is that it was a process of discovery, not an easy roadmap. Each path forward was based on what we discovered as barriers in our way “to the next level.”

Efficiency: In 2005 you implemented a new treatment system to alleviate scheduling problems. Can you describe this system?

or treating cavities on the exam day would be a target condition that would lead to one-patient flow.

Efficiency: What were some of the significant improvements that resulted from implementing Lean principles?

Bahri: At the surface, we experienced tangible improvements in cash flow, waiting time, savings in appointment numbers, which I will explain shortly. But at a deeper level, we have created a management system where we can do more with less, in which we know why we succeed, why we fail and how to fix it.

As dentists, we collect data about a tooth before we diagnose its condition, then we prescribe a treatment, we perform the treatment, and we check if it worked; if not, we adjust it and make some changes for the next time we face a similar treatment. That’s exactly what Lean does to management situations; lean practitioners call it the

Plan-Do-Check-Act (PDCA) cycle or the scientific method – since we apply it in our daily dental treatments, we found it easy to understand.

Once we have learned how to diagnose wasteful activities and prescribe ways to eliminate them we found ourselves in a very comfortable position where success is not random, but scientifically designed and improved. That makes success more sustainable whether the economy goes up or down, especially since Lean gives us the tools to face most crises.

To go back to the tangible results, cash flow improved immediately. We had taken a loan on the office

Patients are now able to fit dental appointments predictably in their schedule. They don't have to reserve a whole morning for a one-hour appointment, because we start on time and finish on time.

in 1998, and by mid-2005, we had paid back half of it. Six months after implementing Lean, we paid the whole remaining balance.

The most visible improvement, though, was the waiting time before the appointment. Around noon of every day, we ran so far behind in our operations that patients waited over an hour to be seen. Their wait time went down to around eight minutes – still unacceptable

– right after the first phase of implementation. Then it went down again to zero seconds for most of our patients, as a result of continuous improvement efforts, called Kaizen in Japanese.

We have saved around 1,800 appointments – 24 percent of the total number of appointments – in one year while keeping the same amount in production. At the same time we had a 40 percent reduction in the number of assistants, 33 percent reduction in the number of hygienists, and 20 percent in the number of chairs necessary to perform the work.

Efficiency: With all of these process improvements, how also did the patient experience improve as a result?

Bahri: Patients are now able to fit dental appointments predictably in their schedule. They don't have to reserve a whole morning for a one-hour appointment, because we start on time and finish on time.

We could be timely also by having an excessive number of staff and operatories, but we would be spending too much money on the process. Lean thinkers would call it waste, and would challenge us to use fewer resources while improving results.

Patients respect their appointment times as a consequence of our timeliness. Some show up even earlier and in many cases, we take them as soon as they arrive.

Approaching Lean implementation

The following are ways group practices can research and approach Lean before implementing, according to Bahri:

“Learn some basics of Lean management so you can start quickly. Although the goal is to acquire profound knowledge, you can experience some profits, and improvement in quality early on.”

“Seek advice, unless you want to take 13 years to see results as I did. A coach can help you see faster results.”

“Start small and run small experiments to implement small changes and learn from them.”

“You are working anyway, why not learn Lean principles and improve at your own pace?”

As we applied one principle and resolved a set of problems, another set revealed itself, leading us to explore a new principle or tool and translate it. We kept doing it until we translated enough principles to run a comfortably efficient system.



We also conducted surveys that showed positive patient satisfaction ratings at every level. We asked questions like “Did you like the idea of treating all your teeth in one appointment?” 96 percent approved. “Would you refer others to us?” 98 percent approved. “Did we fully address your questions?” the approval rate was similar.

Most important, we’re able to get to a healthy mouth ASAP, which prevents recurrence, return visits and allows for easier and more effective care.

Efficiency: One of the challenges you mention in the book is converting the manufacturing terminology inherent in Lean principles into dentistry. How were you able to do that, and then, in turn, communicate that to your staff?

Bahri: We took them one principle at a time, as needed for improvement. But we explored all possibilities, not only lean. We translated Six Sigma principles, Total Quality Management Principles, Reengineering principles as well. It just happened that, in our hands, Lean emerged as the most effective management system. Did

we waste our time translating principles belonging to other theories? We didn’t, because Lean is inclusive; it allows you to use any tool from any philosophy to reach the improvement you seek.

How did we communicate with the team? In the morning meeting, I would simply ask a question like: “What do you think one-piece flow” would mean to us? We put no time limit for the answer. We just kept the questions in the back of our minds, and as we went about our work, some random events simply revealed the answer to us. It took us over 13 years to decipher the elements. But don’t think that we lost sleep over the translation; we just let things happen naturally.

As we applied one principle and resolved a set of problems, another set revealed itself, leading us to explore a new principle or tool and translate it. We kept doing it until we translated enough principles to run a comfortably efficient system.

This was all part of an ongoing educational process of us trying to answer the question, “How can

Lean results

Waiting times for appointments improved. “Around noon of every day, we ran so far behind in our operations that patients waited over an hour to be seen. Their wait time went down to around eight minutes – still unacceptable – right after the first phase of implementation. Then it went down again to zero seconds for most of our patients.”

“We have saved around 1,800 appointments – 24 percent of the total number of appointments – in one year while keeping the same amount in production.”

“We had a 40 percent reduction in the number of assistants, 33 percent reduction in the number of hygienists, and 20 percent in the number of chairs necessary to perform the work.”

This is the most important aspect of Lean – the people aspect. When thinking of management systems, I used to think exclusively of operations, but the more I learn, the more I’m taken back to basic human relationships and moral values – that’s what leadership is about.

we constantly improve our work so that we can deliver patient care that’s faster, more effective and less expensive?”

Efficiency: What role did the staff play in becoming a “Lean” practice?

Bahri: They are the essential piece of the puzzle. Without their active involvement and support, nothing sustainable would have happened. We have developed the system together. They were involved in every detail since the beginning.

At the beginning, all the ideas came from my readings. I would discuss an idea with one team member and try it on a small scale. If it succeeded, we shared it with another interested member. When the idea has gathered enough momentum, we would share it in a meeting with the rest of the group.

As the team matured in the Lean knowledge, we started to share ideas directly in the meetings in order to get everyone involved as soon as possible.

Efficiency: How has using Lean principles made you a better leader?

Bahri: This is the most important aspect of Lean – the people aspect. When thinking of management systems, I used to think exclusively of operations, but the more I learn, the more I’m taken back to basic human relationships and moral values – that’s what leadership is about.

I started my management career as director of the dental school at the Lebanese University in Beirut, Lebanon.



I used a “command and control” style of management, where employees were expected to do as I said.

It was different with faculty members; we held long three-hour meetings discussing issues until we exhausted all ideas, then some of us went together to dinner for further discussions. Those discussions were much more successful than the “command and control” style, and led to better interpersonal relationships.

During those meetings, I experienced the benefits of seeking advice. That experience was confirmed by the Lean style of leadership which gave it even more structure. Lean leadership promotes collaboration and learning

among all team members – many brains are always smarter than one. Failing to utilize peoples’ intellectual capacity is the biggest organizational waste of all.

Efficiency: When you speak to fellow dentists about Lean principles, what kind of reaction do you get? What are some of the questions they have?

Bahri: One dentist from Ontario summarized the reaction very well: “What I like about your course is that it doesn’t forget that we are above all striving to provide our patients with the best treatment available,” he said. “Unfortunately, when some advocate improving productivity without mentioning how to simultaneously improve treatment quality, they cause us to lose our sense of pride in workmanship – to the contrary; Lean dentistry will boost that sense of pride.”

He based his opinion on the fact that Lean Management improves productivity by improving quality. They seem to go in opposite directions, but, as we and other companies have demonstrated, when you apply Lean principles, productivity and quality go hand in hand. This is actually one of the frequently asked questions: “How do you get quality and productivity to improve at the same time?”

Another topic comes up frequently: “How is it that we can add patients to our schedule, and perform same-day treatments?” “Our schedule is already full,” they say, “How can we add more patients, or treat emergencies if we are already fully booked?”

To answer those questions I usually need a four-hour presentation, after which I usually get a very positive reaction from the audience. But if I don’t get to present in full, people seem curious to know more, and somewhat disappointed that there is not more information available besides my book and video recording. I have been speaking about Lean since 2006; it seems that the time has come for the dental community to embrace the lean philosophy, especially after some major players like the US Army, the US Air Force and Harvard School of Dental Medicine are taking it very seriously. ■

Lean Definitions in Manufacturing and Dentistry



Cycle Time

Manufacturing: The time required to produce a part or complete a process, as timed by actual measurement.

Dentistry: The time it takes to complete an operation like a dental cleaning, a root canal, or a crown.



Lead Time

Manufacturing: The time it takes one piece to move all the way through a process or a value stream, from start to finish. Envision timing a marked part as it moves from beginning to end.

Dentistry: The time elapsed from the moment a patient calls for an appointment to the moment his or her mouth is totally healthy. “We try to continuously reduce it by eliminating waste/non value-adding activity.”



Takt Time

Manufacturing: The available production time divided by customer demand.

Dentistry: A procedure’s takt time is found by dividing the number of minutes worked during a certain time period by the number of times patients order that procedure (e.g., teeth cleaning or root canal) during that same period.

By comparing takt time to a procedure’s cycle time we could level the schedule and determine the number of people needed to perform the task. For example, because the cycle time needed to perform a dental cleaning (21 minutes) was shorter than its takt time (26 minutes) the process flowed smoothly.

If the cycle time for a cleaning was longer than its takt time, we would have needed more hygienists and more complex scheduling efforts for a timely cleaning delivery.

Source: “Follow the Learner”

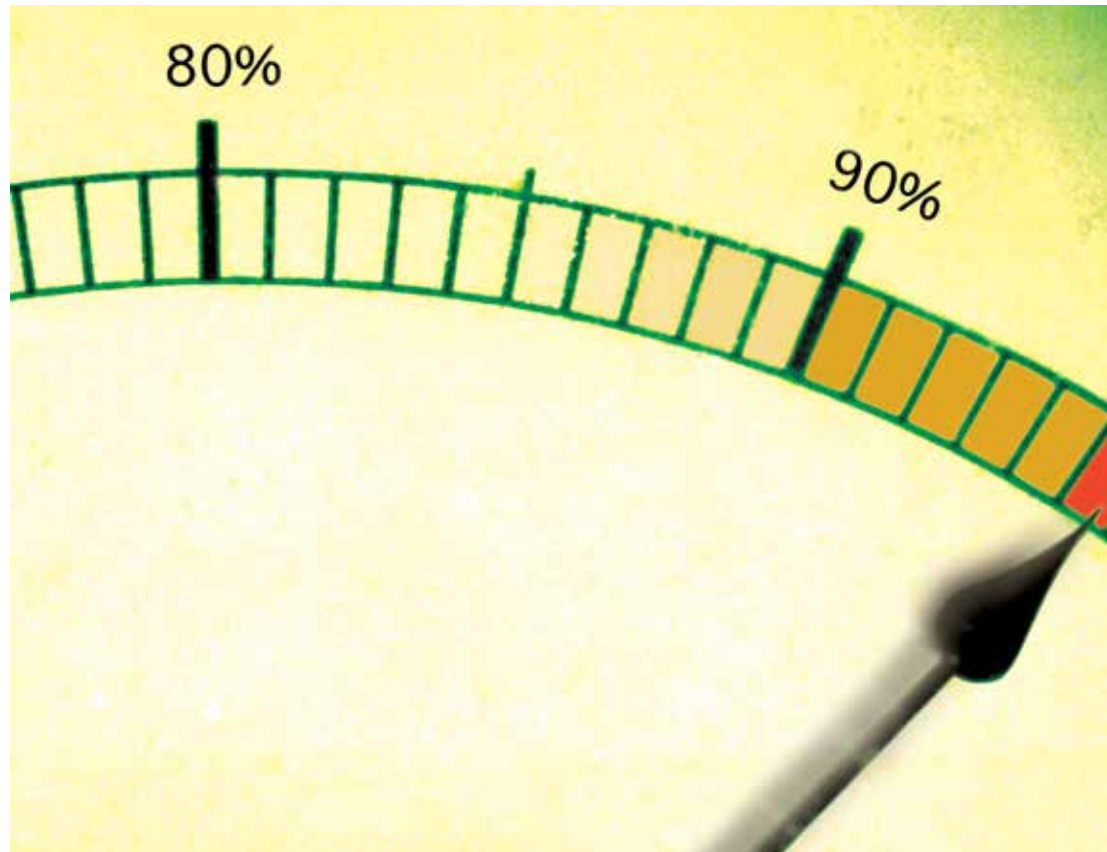
Moving the Needle

Why small bits of progress matter more than you think



By Lisa Earle McLeod

Lisa Earle McLeod is a leadership consultant, and author. Companies like Apple, Kimberly-Clark and Pfizer hire her to help them create passionate, purpose-driven sales forces. She's the author of several books including *Selling with Noble Purpose: How to Drive Revenue and Do Work That Makes You Proud*, a Wiley publication. She has appeared on *The Today Show*, and has been featured in *Forbes*, *Fortune* and *The Wall Street Journal*. She provides executive coaching sessions, strategy workshops, and keynote speeches. Visit www.mcleodandmore.com



We all want to solve the big problem. We want to be the one who creates the breakthrough, who upends the paradigm, who stops or starts “it” once and for all.

When you can't solve the big problem, it often feels futile to try. Because if you try and don't succeed, it seems like wasted effort.

But it's not, sometimes moving the needle is enough.

For example, a friend of mine took in her high school school-age nephew during a crisis. The nephew was her late brother's child. Her brother had died in an accident many years earlier. The mom had remarried, and things weren't going well with the new family. The kid was on the verge of dropping out of high school, and his parents were ready to kick him out of the house.

My friend thought she could right the ship. She knew the kid was smart. She believed that she could get him on the same track her own kids were on: high school, college, and then a successful career.

Four long years later, he graduated from high school, but is floundering in college: poor grades, incomplete classes, lack of direction.

My friend feels like she had failed. But she didn't. Though it's unclear whether or not her nephew will ever graduate from college, had he stayed where he was, he wouldn't have finished high school. My friend didn't

accomplish her big goal, but she moved the needle.

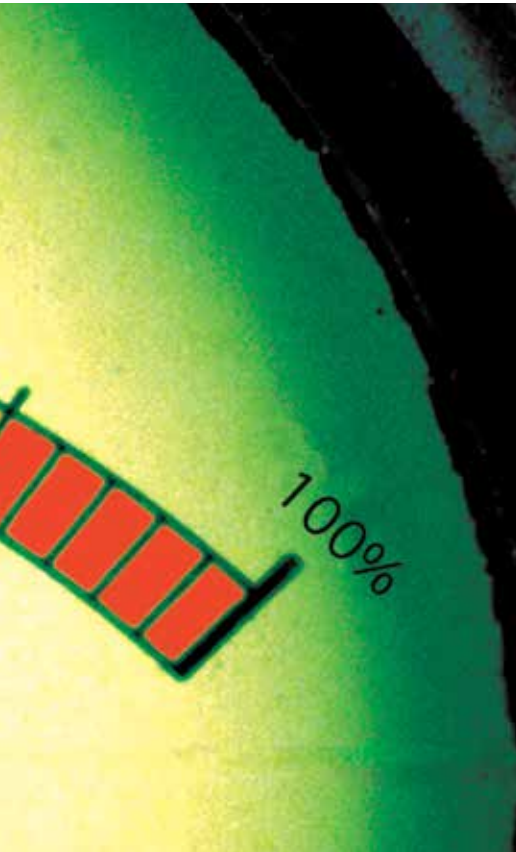
Small steps forward

Her experience with her nephew is not unlike what we encounter in many other areas of our life.

For example, I was in a client meeting last week discussing the viability of their big huge goal. My client is in the adventure travel

You don't have to know how the endgame will turn out to start moving the needle. The same principle applies to simple projects:

- You don't have to declutter your whole house; just start with one drawer.
- Don't think about losing 20 pounds; just start eating more vegetables.
- Don't try to be the perfect parent all the time; just be nicer at dinner.
- Don't get overwhelmed by thinking about having to drastically improve patient flow; start by improving by one new patient.



You don't accomplish big things overnight; you move the needle every day. Sometimes you get the big score and sometimes you don't.

business. Part of their big huge purpose is to change the way people think about and experience travel. To accomplish this audacious goal, they need to change the way travel agents think about and talk about travel. No easy feat given the size of the industry and the fact that most people are used to doing things in a certain way.

As we considered the hugeness of their goal, one of the managers asked, "Is it realistic to think we're going to change every single person in this industry?"

My answer was, "No, we're not going to change every single person."

What we are going to do is move the needle. The more we move the needle, the more we'll get traction, then there will be more energy, then more people will emerge to help us, and so on.

Trying to tackle the whole big thing at once can feel overwhelming and prevent you from starting. Instead, focus on moving the needle. When you move the needle, it gives you the energy to do more.

You don't accomplish big things overnight; you move the needle every day. Sometimes you get the big score and sometimes you don't. Whichever way it turns out moving the needle is always worth the effort. ■

Tracking teen drivers

eZoom from Securus, Inc., maker of a line of personal and enterprise mobile safety and security products, is designed to help parents keep tabs on teen drivers with advanced GPS technology. The leading cause of death for teenagers in the United States is motor vehicle accidents, according to the Centers for Disease Control and Prevention. On a per-mile basis, drivers between 16 and 19 years are three times more likely to be in a fatal crash than drivers 20 years and older, and tens of thousands are injured every year in vehicle accidents. One solution – eZoom – enables parents to keep tabs on their teen drivers' speed and location, as well as allows teen drivers to stay in touch with the press of a single button. A lightweight, multi-use GPS tracker with a compact, waterproof design, eZoom can be clipped to a keychain or permanently installed in a vehicle for real-time tracking, location history and speed monitoring. Parents can establish speed limits for their teen drivers and receive email and text message alerts when the limit is exceeded. Parents can also receive alerts when teens arrive at and leave different destinations. Using an Apple, Android or BlackBerry app or online dashboard, parents can view their teen driver's location in real time via advanced assisted-GPS tracking and get turn-by-turn directions, accurate to within 15 yards.

Smart server

HARDATA, a developer of workflow efficiency solutions for the broadcast and entertainment industries, recently announced its new SMART•server family of next-generation high definition/standard definition channel-in-a-box solutions, with built-in IP communications capability for user engagement. The SMART•server product line was engineered from the inside out as an inherently integrated CIB with comprehensive capability for launch and management of broadcast stations – including ingest, content management, transmission control, branding and graphics, traffic interface, monitoring and playout. SMART•servers can function as a standalone box or part of a multi-channel or enterprise system. The systems are said to be as easy to deploy as popular consumer devices, and operation reportedly requires little or no training. The multi-channel servers can convert between standard definition and high definition content, records in both formats, and has multi-language support for on-screen text, including Latin, Greek, Cyrillic, Hebrew, Arabic, Chinese, Japanese, Korean, Vietnamese and more. The SMART product line features next-generation IP capabilities for integrating mobile communications technologies. Examples of how broadcasters can leverage this capability include real-time station reports and alerts delivered via mobile devices, and audience engagement via social media networks like Twitter. The built-in smart capability is designed to provide broadcasters and pro A/V users with a system that can support evolving business and market demands.

Movie, TV streaming

Digital entertainment service M-GO™ has made its streaming service available across VIZIO's Smart TV platforms VIZIO Internet Apps™ and VIZIO Internet Apps Plus™. Owners of VIZIO smart TVs and Co-Star™ streaming players can gain unlimited access to M-GO's library of movies and TV shows in high definition or standard definition, directly to their TVs. Viewers pay for the movies and TV shows they select, without needing to commit to subscription fees. Remote controls for VIZIO HDTV or Co-Star products available in the past year include an M-GO button for convenient access to the service, which features:

- Comprehensive digital directory, which reportedly helps viewers find movies and shows on other media stores as well, including Amazon, HBO, Hulu, iTunes, Netflix and Vudu.
- Personalized playlists, with up to six profiles per account.
- Spending limits for parents managing their children's accounts.
- Movie trailers, critic reviews and more.



A recent *Consumer Reports* article reports that printer ink's cost ranges from \$13 to \$75 an ounce.

Scary statistics

The leading cause of death for teenagers in the United States is motor vehicle accidents, according to the CDC. On a per-mile basis, drivers ages 16 to 19 are three times more likely to be in a fatal crash than drivers age 20 and up, and tens of thousands are injured every year in vehicle accidents.



Printer friendly

Nobody needs to be told that printer ink's not cheap. A recent *Consumer Reports* article reports that costs range from \$13 to \$75 an ounce. *Consumer Reports* studied intermittent printer usage, which is said to imitate actual printer use, and concluded that most printers don't use print cartridges to full capacity, forcing consumers to purchase new ones sooner. According to the study, only Brother printers were "consistently frugal when ink was used intermittently" during the testing. Other manufacturer results varied widely, depending on the printer model.

Most Brother printers also use ink and toner cartridges that can be easily recycled and refilled, saving up to 30 percent off the cost of a new cartridge and reducing waste in landfills.

Better sound

Sony Electronics has introduced its HT-ST7 sound bar speaker, a 7.1-channel sound bar and the company's first entry in the premium sound bar category. Available at Sony stores and authorized electronics retailers for \$1,299, the system incorporates nine independent speaker drivers and seven discrete amplifiers, and uses both Dolby True HD and DTS-HD Master Audio decoders for high definition audio decoding. A built-in wireless Bluetooth connection (with support for AAC and AptX) enables users to connect any mobile phone or tablet using the Bluetooth Sync button. Additionally, the Sony HT-ST7 incorporates OneTouch NFC (Near Field Communication) technology, enabling an instant link to music by touching a compatible device to the sound bar.

Smartphone, smart design

The re-designed 5.2-inch LG G2 now places all of the buttons on the rear of the device, reportedly making it the first smartphone without side buttons. Moving the main buttons to the back of the phone is intended to provide users with greater control over the device, as well as decrease the potential for dropped phones when adjusting the volume while talking. Long-pressing

the rear-mounted volume keys allows users to launch QuickMemo™ and a camera, which comes equipped with optical image stabilizer (OIS) technology to prevent blurring. In addition, using KnockON, the LG G2 can be powered on by tapping twice on the display. Other features include:

- **Answer Me.** Automatically answers the call after lowering the ringtone when the phone is raised to one's ear.
- **Plug & Pop.** Recommends options or related features to choose from when the earphone or USB cable is detected.
- **Text Link.** Allows information embedded in text messages to be selected and saved in a memo or calendar, and searched on a map or the Internet.
- **QuickRemote.** Remotely controls popular home entertainment devices and/or be customized to operate multiple devices with flexible layouts and keys.
- **Slide Aside.** Facilitates multitasking using a three-finger swipe.
- **Guest Mode.** Protects owner's privacy by displaying only pre-selected apps when guests access the phone with a secondary unlock pattern.

ADA Health economists: State's health reform increased adults' access to dental care

Among the outcomes of Massachusetts' 2006 health reform law, access to dental care for adults increased significantly, especially among poor adults, according to new research by health economists at the American Dental Association's Health Policy Resources Center (HPRC). In an article published in the September 2013 issue of *Health Affairs*, health economists Kamyar Nasseh, PhD, and Marko Vujicic, PhD, examine the effects on adults' access to dental care in Massachusetts between 2004 and 2010 in the wake of that state's health care reform. "The law had a particularly strong impact on poor adults, who became eligible for enhanced dental benefits through both Mass-Health, the state's Medicaid program, and through the health insurance marketplace," said Dr. Nasseh. "Dental

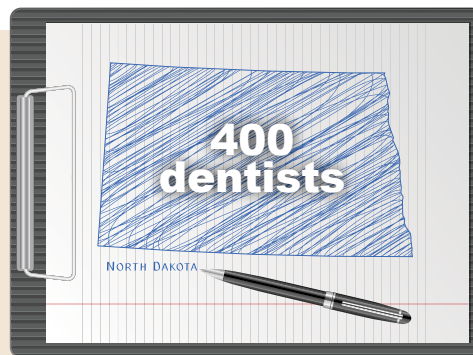
care use among that group jumped 11 percentage points between 2004 and 2010." The authors comment that even though the federal Affordable Care Act largely ignored dental benefits for adults, the experiences in Massachusetts and elsewhere show that states have ample policy options available to enhance access to dental care.

Aspen Dental opens first office in Texas

Aspen Dental announced it has opened its first location in Texas, a new practice in Odessa. The new office in Texas means that Aspen Dental dentists and staff now serve communities in 27 states across the country. Additionally, nine more Aspen Dental-branded practices are expected to open in Texas through the end of 2013. Aspen Dental provides dental services that range from dentures and preventive care to general dentistry and restoration.

Dentistry sees growth in North Dakota...

The number of dentists in North Dakota has grown steadily in the past few years, with almost 400 dentists practicing in the state now, according to DrBicuspid.com. This compares with 320 five years ago, according to a *Bismarck Tribune* story that quoted the North Dakota Board of Dental Examiners. The dental board has issued 34 licenses this year and 37 last year. Before 2012, those numbers were in the 20s on an annual basis, the board said. Membership in the state dental association has increased by 20 percent the past 10 years, particularly in the last few years. Some of the young dentists are natives who left and are returning to North Dakota, while older, out-of-state dentists are coming to the state because of the economic boom, according to the article. Part of the increased demand for dental care is coming from people in the western part of the state, where waits for dentistry services are longer.



Meanwhile, new dental school hopes to address shortage in Missouri

According to the *Associated Press*, a new Kirksville, Mo.-based dental school is seeking to ease a severe shortage of dentists in Missouri. The Missouri School of Dentistry & Oral Health opened at A.T. Still University, the Columbia-based *Missourian* reported. The only other dental school in the state is at the University of Missouri-Kansas City. The new school's initial class of 42 includes nine Missouri residents, but the school hopes its health center placement program will persuade many to remain in state, where dentists are retiring more quickly than dental schools can graduate new professionals. In 28 counties, at least 50 percent of dentists plan to retire within the next 10 years, according to an analysis conducted for the Department of Health and Senior Services. The retirements are especially concerning because dental care already is in short supply. With a patient-to-dentist ratio of 2,168-to-1, Missouri is in worse shape than 90 percent of the nation. The national average is 1,516-to-1, according to county rankings from the Robert Wood Johnson Foundation.



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News of the Weird:

Dentist saves sea turtle's cracked shell with dental tools

A turtle hospital in the Florida Keys called a local dentist for help to mend a sea turtle's broken shell. Hospital workers had been treating the turtle for a month since it was rescued from a beach near Marathon. It is believed the animal had been struck inadvertently by a boat. The dentist, Fred Troxel, used the tools he had. He used denture repair adhesive to bond two metal plates across a split in the turtle's shell. The dentist had found a solution for attaching the helpful shell repair devices that wouldn't stick.



New organization tackles dental care inequities

A group of dentists have banded together to form Dentists for Oral Health Innovation (DOHI), an organization focused on expanding patients' access to high-quality, cost-effective dental care through the use of advancing models and methods. Examples of these models and methods include engaging others with progressive systems to handle aspects related to human resources, marketing, legal matters, and insurance processing, the DOHI noted in a press release. By focusing on clinical services rather than business and administrative tasks, dentists increase patients' and communities' access to the oral healthcare they need. DOHI's next step is to unveil its nationwide campaign to address the dental health crisis.

General hospital opens dental clinic to alleviate ER burdens

Belfast, Maine-based Waldo County General Hospital opened a dental clinic to alleviate the burden dental patients were putting on its ER, accounting for 20 percent of visits. This reflects a disturbing national trend, but because doctors can only treat pain and infection and not the underlying issues, patients return multiple times for the same problems. Because the state's Medicaid program already provides care for children, Waldo County's clinic will provide dental care to adult patients who have not seen a dentist in 12 months, and who meet certain federal income guidelines. The staff dental hygienist can provide dental health education, teeth cleanings, preventive treatments, and temporary fillings. Most patients pay a \$10 to \$20 fee, but no one is refused treatment because of inability to pay. Five area dentists provide comprehensive

dental care for reduced fees to patients needing it, with the hospital's dental care initiative providing payment.

ADA releases landmark report on changing dental landscape

American Dental Association (ADA) (Chicago, IL) officials released a first-of-its-kind, comprehensive, groundbreaking analysis of the dental care sector in a report titled, "A Profession in Transition: Key Forces Reshaping the Dental Landscape." It summarizes important findings of an environmental scan carried out by the ADA as part of its 2015-20 Strategic Plan development process. Key findings include:

- While more children have access to dental care through public programs, dental care has declined among working age adults, particularly the young and poor.
- Total dental spending in the U.S. slowed considerably in the early 2000s and has been flat since 2008. This trend is expected to continue, resulting in dentists looking for more efficient ways to serve their patients, and an increase in consolidating dental practices.
- The Affordable Care Act (ACA) is expected to expand children's dental benefits, but does not address care issues facing adults.

The ADA is communicating the scan's findings via a full report, executive summary, and video, and also plans to offer a webinar in the next few weeks and presentations to interested groups upon request. For more information, go to www.ada.org.

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