

If You're Thinking of Switching Practice Management Systems...

by Ralph Laurie²

Not a day goes by that I don't talk to a doctor who's considering switching from one practice management system (PMS) to another. When I ask why, the most common answers are "It doesn't do what I want it to do" and, "I don't like the way it does treatment planning." Some say, "My team doesn't like it" or, "My new office manager is used to another system and wants us to switch." If you're even thinking about replacing your PMS, there are some things to consider. First of all, which system is going to truly outperform the one you have? All the prominent PMSs do all the same things: patient accounting, recall, electronic claims, appointment scheduling, clinical charting, treatment planning, etc. Most allow the practice to become "chart less" if desired. All can interface with the major digital x-ray systems. So unless you have a PMS that has been orphaned by its original developers, has not been periodically updated, or is operating on an obsolete computer platform, the chances of getting something significantly better than what you have now are slim.

It's a typical "grass is greener" situation: once you make it to the other side of the fence, there are almost certainly going to be as many things you don't like about your new PMS as you didn't like about your old one. And there will be things you really liked about the old one that your new one can't do, or doesn't do well. Unfortunately, you won't know what those things are until after you've committed tens of thousands of dollars to the switch. "

COST OF SWITCHING:

The cost of software alone can run \$8,000 to \$10,000. When you purchase new software, you usually need to upgrade the server, the workstations, the networking components, maybe even the printers, which will conservatively add \$15,000 to \$25,000. Add \$1,000 to \$2,000 for additional training (above and beyond what's required), which I highly recommend. Closing the practice for a couple of days for training and the data conversion will cost another \$5,000 to \$7,000. All tolled, you will rack up fees of \$25,000 to \$35,000 or more! Plus, there is the trauma of learning a new system and keeping the team on an even keel during this critical phase. And no matter what

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...THINK AGAIN!

you're told, you will lose a lot of valuable historical data when it's converted to the new system. When it's all said and done, you will have spent over \$30,000 and dedicated 6+ months to the change. What will you have gained? A new PMS that probably does almost exactly what your current system does now, just a little differently.

RETURN ON INVESTMENT:

A factor to consider is how much revenue you will need to generate in order to pay back your investment in the new PMS. If your current overhead is fixed at 60%, in order to pay back \$30,000, you need to generate an additional \$75,000 just to break even. I'm not saying that a \$30,000 investment is wrong, but, if it doesn't give you a significant return in a reasonable time frame, you may as well be putting your money through a shredder. Will purchasing a new PMS bring in \$75,000 more revenue? Will it make you that much more efficient and effective than you are now? Will it fill your appointment book or keep your patients from breaking appointments? I'd be concerned about the added strain on your pocket book, especially given the current state of the economy.

WHAT YOU SHOULD DO BEFORE SWITCHING:

Although you may not know it, your PMS can probably do most of the things that you want it to do. If you think it can't, make a call to the customer support department and verify it. If you haven't updated the software in a few years, you may be advised to upgrade to the latest and greatest version in order to get the most out of your system. If you've been paying for support, any upgrades you're missing are probably already paid for - you just need to get them.

If you find that your existing system can perform all the functions you want, you should arrange for additional training sessions focused on getting your team up to speed with the software. While this will cost some money, it will be far less than switching to something entirely new.

...continued in the next issue.

Then I visited the offices of dentists I viewed as some of the best out there. I came away with jewels from each. The main treasures I sought were in the area of efficiency. I was at Scott Perkins' first ever workshop at Destin where he talked about efficient crown preps and root canals. I immersed myself so much in his principles that he later invited me to lecture and assist at two of his future workshops. I came to believe that efficiency is key if you want to drop a day without losing income.

As a funny aside, I was scared to death the first time I lectured with Scott. It was the first time I had ever spoken before any crowd, ever. Would you know that some sure fire dental superstars were in the crowd? I was in awe of those big name guys like Howard Farran, Marshall White and Jerome Smith. I'll never forget looking at Howard Farran as I am trying to explain the clinical research on sodium hypochlorite and seeing Howard dead asleep. But I will say this, as soon as I was finished, Howard stood up and clapped harder than anyone in the room. That made me feel better. I'll always hope that Howard had a long flight and I wasn't really that boring.

BACK TO MY POINT...

You **cannot** be one of those dentists who enjoy doing a simple procedure for one hour, undisturbed and then go back to your private office and surf the Internet until your next patient is ready.

There are three secret truths to follow if you want to pull this off. I say secret. Actually, they are not all that secret, but it is imperative that you seriously follow them to the letter if you want to be successful.

- 1. Motivated Staff:** There are lots of ways to motivate, but the easiest is to pay good people a lot of money. **Bonus.** Paying a lot is a good thing if your employees are smart and you don't break the bank (get your staff salary percentage out of line). Of course, you can't pay a bad worker enough to make them a good worker.
- 2. Effective Dentist:** Notice I didn't say efficient. Yes, efficiency is demanded, but it is only a small piece of the puzzle. An effective dentist accomplishes his purpose no matter what obstacles are thrown in his way.
- 3. CUW:** This stand for **C**ompletely **U**tilized **W**orkday. This can be broken down into five parts that are necessary to function together. They can be remembered by the acronym S.P.O.T.S. These five parts are **S**chedule, **P**rocedure, **O**rganization, **T**eamwork and **S**ystems.

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3 Day Dentist...continued

Either the three truths or the 5 SPOTS can be broken down into infinity of minor details. All of which are important by the way. For example, under the heading of CUW, the Schedule Spot can only be completed if you have enough patients to fill it. The way I solved this problem was to hire Jay Geier. When I hired Jay's company, I was averaging 69 new patients per month. After one year in his program, we were averaging over 100 new patients per month. Now this increased new patient flow creates new challenges in the other four spots. And, as you solve these problems, new ones will invariably arise in other spots so that constant recalibration is necessary.

Now probably the biggest challenge of all in trying to magically turn four clinical days into three is that the staff is so busy seeing patients that they get behind more than usual. This is when your perfect schemes will become very imperfect. No one wants a sloppy office or piles of paperwork strewn everywhere. How about piles of lab cases thrown about the lab? No way! I could just yell or browbeat the staff and nitpick their every move until they were so miserable they quit. Or I could come up with a radical solution.

AND ON THE 4TH DAY THE STAFF MADE IT PERFECT...AGAIN

In our case, we work extremely hard, efficiently and effectively for three days. Then on the fourth day the staff works a half-day without the interruptions of seeing patients. That way, each Monday when we start again, things are as close to perfect as we can make them. This improves the appearance and the spirit of the office. One warning...you must have excellent staff members who are disciplined and can accomplish all their specific goals and tasks on this special day. Otherwise, some might not fully pull their weight.

THE 3-DAY OFFICE MUST HAVE GOOD TEAMWORK AND CAMARADERIE.

This is just a very basic outline of things to consider if you want to buy back some of your life and get a free day off. Of course, you could also use these principles and ideas to work the same or more and just make a ton of money. I, myself, am happy with an extra day off.

Get a FREE CD How to Work in \$7500+ Per Day Without Killing Your Staff by visiting Dr. Griffin's website www.3daydentist.com.

Contact Dr. Griffin by email at 3daydentist@live.com or fax 662-837-8199.

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Castle Rock Oral & Facial Surgery Opens New Office!

We are excited to announce that as of July 9th we are now seeing patients at our new office! Located at the Alexander Medical Office Building on the Castle Rock Adventist Hospital Campus, we are thrilled to be part of the Centura family. It is hard to believe that after all the hard work of design and coordination we finally made it!

Over the last two years we have built great relationships and friendships with the surrounding doctors and staff members. Thank you all for being so helpful and encouraging to Dr. Hart and our staff, we truly appreciate it. We will be diligent in making sure our referring doctors receive new referral pads for your patients. We hope to have them out to you within two-three weeks of move in.

During the interim, please let your patients know we have moved to: 2352 Meadows Blvd. Suite 205
Castle Rock, CO 80109



CROMFS 2nd Annual Scholarship Award:

The 2nd Annual Scholarship Award is in action and the entries are coming in. With high school and college students off for the summer, we anticipate a great turnout for participants.

The scholarship winner will be drawn August of 2013. Students must be 14 years or older and a wisdom teeth patient of CROMFS. Let your students know!

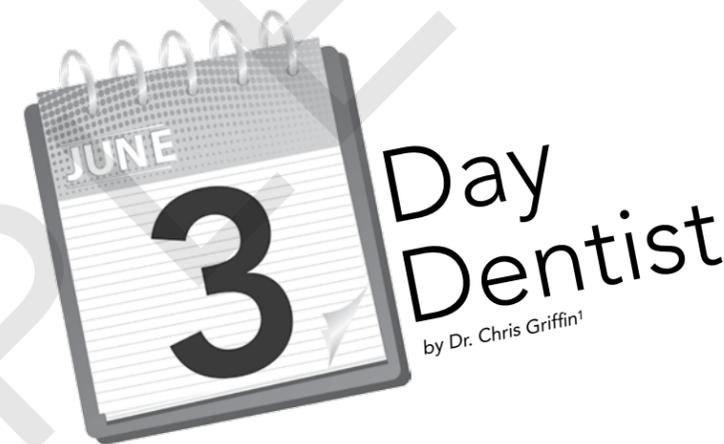
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I love being a dentist, but that's not the point. Just like everybody else these days, I have too many people and projects pulling on me. I have always felt like if I were going to do something, anything, I should give it my very best effort. What things deserve my very best effort? My dental office, my family, my faith? When those things are taken care of, hobbies, **fun?** What young professional or any professional has enough time? One thing I noticed at my recent 10-year reunion, **we all work too much!**

Now, I know that as a "young dentist" I need to pay my dues. I have to grow my practice, support my family, plan for retirement, support my employees' families, stay current on my continuing education, involve myself in the community, etc., etc., etc. All this while keeping a smile on my face and getting farther and farther behind on the things that I think "I should" be doing. **Then I had a crazy idea.** Or at least an idea that is foreign to most dentists my age. For sure, crazy for a solo practitioner. I wondered what would happen if I condensed my current 4-day workweek into 3-days. Would my staff quit? Would my income dwindle down to nothing? **Would my**

whole world explode? I mean, my dental office is my most precious asset. It is my most prized material possession. I would **never** do anything to harm my office intentionally. But I needed to do something to give my life back a little spark of sanity before it became overwhelmed by busyness. **I need to buy another day off.**

Did I pull the trigger? Well, yes and no. While the wild and impulsive side of me screamed, "**do it!**" The logical dentist side wanted to slow things down a bit. That side wanted to research and find the most logical and scientific way possible to accomplish this major shift with as little practice disruption as possible.

If I had a partner or associate I don't think anyone in my little town of 6,500 people would notice. But I don't and I'm not ready to cross that bridge just yet.

I wondered if I could drop the 4th day and enhance my practice at the same time. I took my first steps toward this goal without even knowing it. When I first opened my practice, I found myself referring out very simple procedures due to my lack of education. So I took all the classes I could find on any topic. I even got my Fellowship in the AGD before I was 30 years old. This allowed me to fill my days more fully with profitable procedures.

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