

CUT CLUTTER TO PUMP UP PROFIT

We all know first impressions are everything. Have you ever sat in your waiting room and had a look around at what your patient first sees? How about sitting in your dental chairs? If you haven't, give it a try. You might be pleasantly greeted by a neat, welcoming environment. Or, if you have let your office slip into a disarray of clutter, filled with dated décor and equipment, you may realize it's time to organize and modernize!

Your office speaks to who you are as a dentist, so if the first impression you want to portray is one of enthusiasm for your work and dedication to quality care, let it reflect that image. While change is undoubtedly difficult, the returns you will see in patient satisfaction, referrals, and efficiency will make the initial inconvenience worthwhile.

ORGANIZE

Studies have proven that patients who notice clutter and disorganization during their dental visit feel increased stress and anxiety. Since your office represents who you are, when a patient sees disorganization, they instinctively negatively judge your ability, control and precision. Still, it may be daunting thinking about reorganizing your office – and who has the time? There is no other way to begin than simply starting room by room, one item at a time as Mom may have taught you growing up.

Getting started:

- Get motivated by first purging your office (and desk!) of all the unnecessary paper junk lying around. This can usually be accomplished on an unscheduled day. Once the actual paper clutter is out of the way, setting up a system for managing the things you do need will be a lot simpler.
- Next, develop a system for organizing instruments. Instrument cassettes can be helpful in this area, as they allow you to group tools by procedure for treatment, cleaning and sterilizing. Not only are the instruments safer to handle this way, but you and your staff will also save time usually spent packing and sorting instruments for reuse.
- Other materials should also be assigned a place where they can easily and consistently be replaced. Using storage tubs in the treatment rooms to arrange materials by procedures carried out in that room makes set-up a breeze. The supply and lab area should also be organized in a similar way. Once the system is set in place, maintaining and using it will make everyone more efficient and decrease the stress of hunting for needed items.

MODERNIZE

Almost as important as the neatness of your office is the ambiance. Patients view offices as a reflection of your

expertise; while a state of the art office means equally quality care, outdated furniture, décor and equipment are a turnoff to a patient's trust. While a complete office renovation may not be possible, there are some simple ways to start updating your office.

Tips for easy improvement:

- Make sure décor such as wall art and paint color are current. Some dentists find it successful to decorate the walls with portraits of patient's whose smiles they have helped-or even created! A new paint job can also work wonders for an office, and is relatively inexpensive.
- While it is a bit more of a commitment to modernize equipment and, for example, make the switch to digital radiology, you can take a much smaller step by revamping the waiting area. Hopefully the clutter of old magazines is gone, but how are the chairs or couches looking? Dated, stained, or old furniture in a waiting room immediately turn off a patient. Investing a few thousand dollars in new furniture will impress new patients and satisfy loyal patients.
- Most people today value businesses committed to environmentally friendly methods. Making even a few changes, such as incorporating low-energy light bulbs, or using reusable instead of disposable products is a great way to show your patients you are a modern, socially conscious practice.

CAPITALIZE

You may be surprised how much time and money you save by doing a quick office makeover. The World Health Organization conducted a 2004 study finding that disorganization in the workplace leads to fatigue, lack of concentration, difficulty making decisions, and ultimately employee turnover. While these all contribute to lack of productivity and therefore decreased income, studies further show that just 20 hours of cleaning and devoting 1 hour a week to staying neat will yield a savings of 4000 hours of work in 10 years! That means that all the time you and your staff spend looking for documents or instruments will now be put toward servicing more patients.

It has also been proven that patients feel more at ease accepting treatment when they are in an environment that exudes a positive image. Your modernization efforts will greatly improve patient satisfaction, thus increasing referral probability.

Between the liberation de-cluttering will give you, increased employee productivity, and patient approval, your investment in sprucing up your office will have an enormous payoff!



"iPharmacy"

by Dr. Woody Oaks²

Most dentists and physicians still have a copy of the PDR (Physician's Desk Reference) somewhere in the office. Mine's currently being used as a doorstop.

In the 1990's I went to a battery operated PDR that I could carry in my pocket from chair to chair. Now things are even better with iPharmacy, which is an iPhone app.

This gives you, your dental assistant, and hygienist a very fast way to study a patient's "drug cocktail" and look for potential interactions.

You will be surprised at how many problems you find. Things like Coumadin being given with Celebrex, several meds for the same purpose (3 pills when a high dose of 1 will do)... it's scary!

Add to that the Pharmacy errors (filled wrong, wrong dose, wrong directions, etc.) that accounted for an estimated 500,000 deaths alone in 2009.

So before you remove teeth, place implants, SRP or do a root canal, you'd better check the drug mix yourself.

In a one week period we found that over 50% of our patients had drug errors that required a call to their physician(s) and a drug change. Wait until Universal Health Care hits!

Regardless, this simple app that's easily installed on your iPhone is a necessity the way that dentistry and especially medicine is "practiced" today!

The Insurance Independent Dentist ... CONTINUED

forms, putting them in a stamped envelope and asking the patient to address and mail the form. We also give them a duplicate insurance form and tell them, "This is so when the insurance company claims they never received your form, you will have another one ready to go." The daily calls stopped and our patients began to understand it was the insurance company causing all the problems, not our office.

Eventually, we gave up accepting assignment of benefits even for hygiene appointments because of the same problems we had with other treatment. Now, every visit is paid in full either at the time of service, or in advance (we offer 5% courtesy for pre-paying for a visit).

Do we lose some new patients because we don't accept assignment of benefits? Yes. Do we miss out on potential patients because we're not on a PPO list? Absolutely. Yet our schedule is full of productive patients who gladly pay in full and deal with our insurance policies. How does this happen? And can you make this work for you?

First, let me admit that it is very scary to do what we did. I remember when the team thought it was best to stop accepting assignment of benefits. I resisted, because in my mind I thought that it was good customer service to accept assignment. Well that may be true, but my former doctor's office accepted assignment of benefits, and believe me, I did not feel like I was getting good customer service at his office. In fact, I have since switched to a physician who does not accept insurance because she runs on time, spends more time with me, thinks outside the box, etc.

Second, after the initial shock to you and some (not all) of your patients, the practice evolves into a more customer ser-

vice based culture; partly out of necessity and partly because it can. The time your team used to spend dealing with insurance companies can now be spent with patients or on other practice systems such as inactive recalls, etc. Also, most new referrals to the practice will already have been informed by the referring patient that your practice doesn't participate and doesn't accept assignment of benefits. In some ways, the patients will self-select themselves before calling you. In order to keep these patients in your practice, you will be forced to provide a higher level of service than dentists who still participate with insurance.

Finally, if being free of insurance companies is one of your goals, let me assure you it is totally worth the risk. I love going to the office every day. I have the time to chat with patients and still keep my hourly average very high. I can afford a highly skilled and trained team and they collect a bonus check almost every month. I still work hard, but it's for me and the team rather than boosting the insurance industry's profits.

If you would like more information or need that little encouragement, I would be happy to help out. I'm not a consultant and I have nothing to sell. I just want as many dentists as possible to be free from the control of the insurance industry.

Dr. Michael Rogers has maintained a private practice in Northern Virginia for the past 20 years and has not participated with any insurance company since 1999. He also stopped accepting assignment of benefits in 2004, yet has increased revenues every year even during the current "recession." He places a high emphasis on the human value of his team members and the relationships developed with his patients. You may contact Dr. Rogers at DrRogers@fairlingtontdental.com or 703-671-1001. www.fairlingtontdental.com.

DANIELLE IS BACK FROM MATERNITY LEAVE!

Thank you all for your patience the last few months while Danielle was out on maternity leave. She is Rachel's right hand woman and we know Rachel is glad to have her back! They run the show up front, so if you have any questions regarding scheduling or a patient they are your gals!

X-RAYS FOR PATIENT APPOINTMENTS

To avoid any delay in treatment of your patient, please send an x-ray that is 6 months or newer with your patient to their appointment. If you prefer to send via email please send to: info@castlerockoralsurgery.com. We also check our daily if you prefer that method. If you do not have an x-ray that is 6 months or newer please let us know and will be happy to take a one for the patient. We will send you a copy of the new x-ray for your records.

We do our best to accommodate all patients in a timely fashion and want to avoid causing you and your office any frustration by bothering you to get the x-ray. Feel free to use our online referral form and attach the patient's x-rays directly to it!

OTHER PROCEDURES

- Alveoloplasty
- Biopsy
- Incision and Drainage
- Lesion Evaluation
- Exposure
- Hard Tissue
- Infection
- Expose and Bond
- Soft Tissue
- Frenectomy

CONSULTATION

- TMJ
- Implants
- Orthognathic Evaluation
- Pre-Prosthetic
- Cleft Lip and Palate
- Cosmetic
- Other:

RADIOGRAPHS/CLINICAL PHOTOS

- Being Mailed
- Given to Patient
- Please Take
- No X-Ray

TO ATTACH X-RAY(S) TO THIS REFERRAL FORM PLEASE SUBMIT THE FORM BELOW. AFTER THE FORM IS SUBMITTED YOU WILL THEN HAVE THE OPTION TO UPLOAD X-RAYS THAT WILL BE ATTACHED TO THIS REFERRAL FORM.

IMPLANTS

SURGICAL TEMPLATE

OSHA STAFF TRAINING COURSE

As part of our continuing education, our staff visited Fort Collins for an OSHA refresher class on April 7th. Normally, you would think it would have been a boring training but it turned out to be very interesting and entertaining thanks to a great speaker. As a practice, we strive to ensure we follow the correct practices deemed by our state to make sure our patients are in a safe environment and receive great care.

MOBILE WEBSITE

Currently, we are working diligently to provide our patients with a great mobile website that can be easily navigated by their mobile device. It should be up and running soon so stayed tuned!

The **Insurance Independent** Dentist by Dr. Michael Rogers¹



Almost any time two or more dentists get together the subject of dental insurance comes up. It's a hot topic on internet websites and all the non-peer reviewed magazines. There are seminars and consultants who focus solely on how to deal with insurance. There are dentists who hate insurance and those who love it, but at some point in our careers, we all have to deal with it some way or another.

My view of PPO insurance plans may differ quite a bit from that of other dentists. I believe that the difference between your fee and the PPO fee is simply a marketing expense. You agree to take a lower fee in exchange for being on an insurance company's list of preferred providers. In return, the insurance company provides you with many new patients. If the insurance company fee is 20% lower on average than your fee, not only are you paying a fee to attract a new patient, you are paying a fee to perform a service on that patient each time you do so. How many of you reading this would spend 20% of your gross income on marketing? Yet, that's exactly what you do when you participate with some PPOs. Even worse, most PPO plans set the fee for you. How does it make you feel to know that you are not in charge of how large your paycheck will be next year?

If you have a thriving practice which accepts PPOs, this article is not meant to criticize your practice or your way of doing things. Instead, you should seek out consultants or practice models that can help you win at the insurance game. If however, you are sick and tired of giving up large chunks of your income because an insurance company says you must, please keep reading.

Eleven years ago, my (now retired) business partner decided to drop participation in all PPO insurance plans. We had been

moving slowly in that direction by cutting back the weaker plans, but the last three or four plans were dropped all at once. There was a fear that we would lose many patients, and the hope that no longer writing off the difference would make up for the losses. Fortunately, the fear of losing many patients was never realized and collecting 100% of production not only made up for any potential losses, the practice numbers grew by 20% that year.

At that point, we were still accepting assignment of benefit, which meant guessing what the out-of-pocket might be and then waiting to get paid. Of course, insurance companies being what they are, that's a long, slow, complicated process. It created hard feelings when we guessed too low and the patient had to pay again, or we had to issue refund checks when we guessed too high. Even with Dentrax software learning from the EOBs it still required someone typing in the results of the EOB and keeping up on billing. So, we decided to stop accepting except hygiene appointments, which are easy to submit electronically.

We asked our patients to pay in full at the time of the visit, and we would produce and file their claim form for them. It seemed like finally all our insurance problems were solved. But then we would get daily calls from patients claiming we never submitted their forms. So we started printing the

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