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Q&A

Motivated patients keep appointments, dentists told

Q&A talks about issues in the management of a dental practice with Peter Gopal, president of Visionary Management, a dental practice management consulting firm based in Pennsylvania. He is a graduate of the Wharton Management Program.

Q: You recently hosted a seminar on dental practice management that promised to reduce canceled appointments by 25 to 50 percent. Are missed appointments really that high?

A: Many dental offices suffer two or three appointment cancels or no-shows a day, some even more. It is a pervasive problem in the industry. The number one cost in running a dental practice is labor (i.e., payroll). The second highest cost is usually the cost of broken appointments. The time lost is irretrievable and the office continues to bear the payroll costs as well as the fixed costs to keep the office open such as rent and electricity.

Q: Your program is eight steps. Let's not cover all eight but instead focus on the simplest. What is one thing a dental practice could do tomorrow to fix the problem?

A: The most important thing a dental practice can do is to use visual tools to show the patient what the dentist sees. Dental disease is often dormant and does not manifest itself as pain, until it is too late. Some options available to the dentist are: intraoral cameras, which allow the dentist to take a magnified picture of an area within the mouth and put it up on a TV screen; wax-up models or imaging software; and DVDs which educate the patient regarding the proposed treatment. The dentist needs to involve the patient in co-diagnosis. Once the patient sees the hairline fracture on the tooth, they are far more likely to schedule treatment and come in.

Q: You say a solo dental practice could increase revenue by at least \$30,000 a year by "saving" one or two no-shows a day. Why haven't dental practices taken these eight steps before? Do they not think of

themselves as a business like they should?

A: You are right. Many dental practices are not run like a business. Internally, the mentality is more of a nonprofit organization. Dentists do not receive much by way of business or management training in dental school. The result is that many important business and human resource problems go unaddressed. The CEO in a typical large corporation has other senior managers to bring functional excellence and solve problems in HR, finance, sales, or operations. In comparison, dentists are the main producers (i.e., revenue generators) in a dental office, which means they simply do not have the time to pay attention to important business matters and neither do they have talented professionals on their team to delegate to.

Q: You teach, "A simple technique borrowed from journalists that can help patients understand the need for treatment — and make them more likely to show up." What can journalists teach dentists?

A: Journalists use analogies to explain things. Likewise, dentists can compare preventive hygiene visits with something patients can relate to, such as oil changes for their car. Consumers know that if the oil is not changed, the engine is likely to seize. Another example is gum disease, which can be explained by comparing it to a stick in the sand. If the sand level drops, the stick topples.

Q: You also mention the best time to book new patients so they don't cancel. What is the best time to do that and why?

A: Today, most people are under pressure at work. Employer expectations are high and people find it difficult to ask their bosses for time off from work. Those with dental insurance and the income to pay for dentistry are usually in positions of higher responsibility, which makes it even harder to justify time off for "non-emergency" preventive care dental appointments. So, if it is not an emergency, such as an abscessed or fractured tooth, most new patients will want an appointment before work



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(early mornings), after-work or Saturdays. If the patient is inconvenienced or pushed into a slot that is not ideal for them, there is a high chance of a cancellation or reschedule.

Q: Why can't dental practices just overbook for better load management like airlines do? Wouldn't it be financially prudent to squeeze in more patients during the day and assume some will cancel?

A: Overbooking works well in the airline industry, but is not such an attractive option for dental offices. If a dental office double books and both patients turn up, it elevates stress, as the office faces the prospect of running behind schedule. No one wants to hold up the patients who are scheduled next. A reception room with waiting patients is a big stress-inducer for the dentist as well as his staff. Longer wait times annoy patients and might convey the message that it is acceptable for them to arrive late.

Q: Some dentists will charge patients for missed appointments. Does this serve to make up the lost revenue or does it just result in lost patients?

A: Across-the-board penalties for all missed appointments are ineffective for many reasons. You can't coerce people into keeping their appointments. The enforcement of such a policy is difficult, as patients sometimes do have legitimate reasons such as sickness or a death in the family for not keeping their appointments. It is also our experience that most patients flat out refuse to pay the penalty. Playing hardball with penalties only drives away patients and spreads bad vibes in the local community. It is counterproductive. In any event, a small penalty charge will not compensate for revenues lost from a one-hour dental appointment. Ultimately, the patient has to clearly understand and see value in the treatment. The challenge is to educate the patient. ■