

Automatic Practice Management

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Automatic Practice Management has been the dream of most orthodontists in private practice. This is because it takes the burden of much of the daily decision-making away from the doctors and places it on their team. Most doctors delegate too little to their team, causing frustration for all and loss of production. The following organizational guidelines are suggested for *realistic* automatic management ... delegation with control. For a more comprehensive approach to Automatic Practice Management refer to “The *Other* Book ... on orthodontics”, “The Environmental Safety Handbook” and “The Book ... on orthodontics” by this author.

Practice Management (decision-making) exists on *three* levels:

1. The first level is the ongoing decisions that are made by the **Doctor**, and include all decisions that affect treatment quality control and the overall operation of the practice. This level is minimized in Automatic Practice Management.
2. The second level is ongoing decisions that the doctor *need not* make that other team members *should not* make, which are made by the **Team Coordinator** (office manager).
3. The third level is the ongoing decisions that the doctor *should not* make, which are made by each **Team Member** in the performance of her daily duties.

Doctor responsibilities/accountabilities for management

Below are the kinds of *decisions* that only the doctor should make to have Automatic Practice Management *control*.

Treatment Quality Control, including:

- a comprehensive examination, diagnostic records and a comprehensive diagnosis and treatment plan.
- an accurate estimated completion date that is set and kept.
- accurately pre-planning the *next* visit's treatment and then do it.
- 6-month periodic progress reviews and control on run-on cases.

Treatment Fee Control, including:

- setting the fee *structure*.
- prescribing the *treatment* at the exam.
- allowing the Team Coordinator to set the fee for the treatment prescribed.

Systems Control, including:

- considering system changes proposed by the Team Coordinator.
- having the final say on all system *changes*.

Team Member Staffing Control, including:

- who works in what position.
- when another team member is needed.
- who is hired.
- who is fired.

Production Control, including:

- utilization of a productive schedule.
- working the required treatment days per month and per year.

Marketing and sales control, including:

- motivating the patients to *not* want their treatment elsewhere.
- assisting the TC in a patient-centered exam and consultation.
- leaving the majority of marketing to the TC and Team Coordinator.
- marketing of the family dentist, directly.

Team Coordinator responsibilities/accountabilities for management

Below are the kinds of decisions that the **Team Coordinator** makes to both relieve the doctor of unnecessary decision-making and to support the rest of the team in their daily decision-making.

Daily production-related decisions, including:

- a short morning meeting about the day's schedule and how to best handle it.
- a check on starting appointment availability and use.
- a check on new-patient exams, which should not be getting too far into the future.

- a check that all 6-month progress reviews are set up for the day.
- review the daily OSHA checklists.
- a check that all else to be done that day is prepared for.

Daily relationship-related decisions, including:

- getting a sense of the relationships between the doctor and the rest of the team, and, if necessary, helping the doctor to resolve any problems that may be stressing him/her out.
- getting a sense of the relationships between the team members, and, if necessary, helping them to resolve any problems that may be stressing them out.

Weekly duties-related decisions, including:

- Team Meetings: schedule, conduct, take notes on, and follow-up on.
- Doctor Meetings to review the week's challenges/successes and follow-up on the meeting.
- Team Member work completion review: TC, receptionist, bookkeeper, etc.
- Payroll: calculate time sheets, obtain/write and distribute checks.
- Benefits: maintaining accurate accounting of benefits given.

Monthly duties-related decisions, including:

- preparing the monthly reports (written or computer reports, "Super Reports").
- reviewing the Environmental Safety Coordinator's daily, weekly and monthly checklists.
- month-end financial control (AP reconciliation, etc.).
- others as required.

Quarterly duties-related decisions, including:

- semi-yearly critiques of all systems to make sure they are being used properly
- semi-yearly and yearly OSHA training.
- year-end reports and financial duties.
- others as required.

Team Member Utilization-related decisions, including:

- team member *Staffing Level* decisions (who works in which positions).
- changing staffing levels as needed with growth.
- team Member *Hiring*, including:
 - seeking new team members (newspapers, interviews, etc.).
 - making new team member *salary level* decisions with the doctor's approval.
 - setting new Team Member *Benefits* with the doctor's approval.
- team member *Replacement*, including:
 - unsatisfactory team member's performance documentation for 2+ months with dates and warnings.
 - team member replacement and timing approval by the doctor.
- team member *Medical/Personnel File* maintenance including:
 - maintain Employee Medical/Personnel Records.
 - make sure that all initial and ongoing team member training is scheduled and completed.

Patient Scheduling-related decisions, including:

- determination of the days to be worked in each office.
- maintaining the proper number of work-days per month per office.
- modifying the days worked to account for doctor vacations, branch office utilization and staff utilization.
- momentary* and *seasonal* modifications of the daily schedule.
- permanent* modifications of the daily schedule for changes in the doctor's Tx Mechanotherapy or techniques.

Purchasing Budget Control-related decisions, including:

- determining and monitoring the practice's budget for all expenses.
- having the purchasing done by specific clerical and clinical team members.
- accepting all the *usual* purchases.
- reviewing and approving all "Out of the Ordinary" purchases.

Marketing Budget Control-related decisions, including:

- promoting internal marketing based on exceptional, patient-centered services.
- promoting external marketing programs.
- setting the marketing budget, which is typically 1% to 2% of one year's income, which includes:
 - Yellow Pages advertisements.
 - all brochures for practice promotion.
 - all promotional mail-outs to non-patients.
 - gifts (Christmas, birthday, etc.) to referring dentist's or their families.

- “lunch and learn” for a referring dentist’s team with the practice team.
- “muffin runs”, flowers, etc., brought to the dental practices.
- bonuses paid to team members for increased *referrals* that start.
- expenses (not salary) when doing school or community lectures, etc.
- sponsoring local teams or activities.
- other, as new marketing programs arise for the stimulation of more *referrals*.

Team Member responsibilities/accountabilities for management

Below are listed the team member positions and the kinds of decisions that team members make in those positions. Included are decisions that require the Team Coordinators help.

TC Position responsibilities/accountabilities and decision-making

Exam-related decision making, including:

- pre-exam call to patient/family and preparation for the exam.
- exam Procedures (refer to the Patient-Centered Services Manual in “The *Other* Book ... on orthodontics.”).
- taking Imaging Photos, if done.
- post-exam Communications, appointments, DDS Referrals & letters and Patient Letters.
- post-exam follow-up on Will-Call-Back patients.
- post-exam statistics and use of the TC Tracking Log.
- treatment *fees*, courtesies, etc., for the *treatment* prescribed by the doctor.

Tx Consult--related decision making, including:

- Records Evaluation Control (assemble records for the doctor's Dx & Tx Planning).
- Treatment Consult procedures.
- post-consult Communications, appointments, DDS Referrals & letters.
- post-consult Follow-up on Will-Call-Back patients.
- post-consult statistics and use of the TC Tracking Log.

Recall-related decision making, including:

- on-going recall patients *not* ready to start yet.
- recall patients who are ready to start treatment.
- The Team Coordinator makes all decisions for:
 - fees that are higher than was promised (e.g., Ph-II treatment).
 - changes in the treatment initially stated at the start of Ph-I treatment..

Parent Conference-related decision making including:

- parent conference appointments and follow-up appointments (letters, etc.) for problem cases.
- support for situations where the *patient/family* or the *practice* wants the braces removed and the Team Coordinator determines the fee balance, removal date and liability release and the doctor prescribes retention.

Marketing Programs-related decision making.

(refer to marketing in the Team Coordinator position above)

The Team Coordinator makes all decisions on procedure modifications or new situations.

- Once resolved with the Team Coordinator this kind of decision is made by the TC.
- Once modified the TC makes decisions relative to those modifications.

Receptionist Position responsibilities/accountabilities and decision-making

Daily procedures-related decision making, including:

- Telephone Control: answering and routing calls, telephone answering machine control.
- New-Patient Call: use of New Patient Call Sheet, mail out Health History, start New-Pt. Folder.
- Tx Chart and Records Folder Control: daily pulling and filing of charts.
- Daily Cash Control: taking payments and using the Daily Financial Control Envelope.
- Scheduling: appointments, missed appointment control, canceled appointment control, and recall control.
- other miscellaneous responsibilities.

Patient Scheduling Control-related decision making, including:

- the number of days worked per year per office as determined by the Team Coordinator.
- momentary* schedule modifications, although a properly designed scheduling system should be used *as designed*.
- permanent* schedule modifications, requiring the Team Coordinator’s and doctor’s input.

Receptionist-related decisions requiring the Team Coordinator's input:

- for any modifications in forms or procedures.
- once resolved by the Team Coordinator this kind of decision can be made by the receptionist.

Bookkeeper Position responsibilities/accountabilities and decision-making**Daily procedures decision making, including:**

- daily credit checks of all exam patients and giving rating to TC before or at the exam visit.
- Daily Cash Control: income received into the bank using the Daily Cash Control Log.
- Daily Charge Control of miscellaneous charges using the Misc. Charge Control Log.
- posting all daily: contracts, misc. charges, payments, credit/debit adjustments.
- Past Due Control: daily lists of past due patients to call and re-negotiate and receive payments.
- Accounts Payable and Payroll control.
- Petty Cash Control.
- clerical supplies Inventory Control: inventorying, ordering and stocking clerical supplies.
- monthly processing of reports, etc.
- insurance processing control: initial claims, ongoing forms processing and past due control.
- other miscellaneous responsibilities.

Monthly, Quarterly, & Yearly procedures decision making, including:

- monthly Financial Statistics & Reports.
- monthly Insurance control.
- monthly credit card payments control.
- monthly computer file maintenance, if done.
- quarterly/yearly financial processing.
- other procedures as needed.

Financial-related decisions requiring the Team Coordinator's input:

- for any new *fees* or new financial *policies*.
- for any changes in forms or procedures.
- once resolved by the Team Coordinator this kind of decision can be made by the bookkeeper.

Clinical Assistant Position responsibilities/accountabilities and decision-making**Daily Patient Treatment decision making, including:**

- cleaning up after the last patient.
- preparing (setup) for the next patient.
- starting the prescribed treatment without waiting for the doctor first.
- understanding the additions to the treatment as prescribed by the doctor.
- completing treatment prescribed by the doctor.
- learning all techniques to be able to do any appointment scheduled.
- keeping on schedule with the low-volume patients scheduled to your column.
- keeping on schedule in high-volume by getting any patient done on time.
- doctor routing (after exam/consult) to the treatment chairs.
- adjusting to early, late and SOS's (scheduled patients) patients to stay on schedule.
- handling emergencies (unscheduled patients) and staying on schedule.
- conducting 6-mo. Pt. Progress Reviews: evaluate cooperation, Progress Review form, and explain results to family.
- retention conference procedures at the retainer insertion visit.
- other miscellaneous responsibilities.

Diagnostic Records-related decision making, including:

- taking Initial Records after the new patient exam.
- taking *Scheduled* or *unscheduled* Miscellaneous Records (Pano, Photos, etc.).
- processing records and photos control.
- other miscellaneous responsibilities (records area maintenance, etc.).

Sterilization-related decision making, including:

- sterilization procedures before, during and after the patient treatment day.
- sterilization area: daily/weekly equipment maintenance, materials labeling and restocking.
- other miscellaneous responsibilities (hazardous materials control, etc.).

Patient Training-related decision making, including:

- the Patient Orientation (initial separation, impressions, etc.) Visit.
- the initial patient education after new appliances are inserted.
- ongoing patient education for problems with hygiene and appliances.
- patient Behavior Modification and motivation.
- patient/parent communications about cooperation.
- other miscellaneous training responsibilities.

Daily Non-Patient Treatment-related decision making, including:

- clinical supplies inventory control: inventorying, ordering and stocking clinical supplies.
- cleaning the operator, minor fabrication, etc.
- Other miscellaneous responsibilities

Chairside Assistant-related decisions requiring the Team Coordinator's input.

- The clinical coordinator is responsible for the work of the clinical team.
- For any new systems or procedures the clinical coordinator must work with the Team Coordinator and doctor.
- Once the new programs are in place this kind of decision can be made by the clinical coordinator.

Environmental Safety Coordinator Position responsibilities/accountabilities and decision-making

Daily procedures-related decision making, including:

- doing new employee OSHA *Self-Training* with "The Environmental Safety Handbook."
- controlling environmental safety in the offices.
- establishing Employee Medical Records (kept by the Team Coordinator).
- labeling of hazardous materials via its MSDS.
- completing daily required OSHA checklists.

Weekly, Monthly and Yearly procedures-related decision making, including:

- scheduling and completing employee OSHA *Self-Training*.
- completing weekly, monthly and yearly required OSHA checklists.

Environmental Safety-related decisions requiring the Team Coordinator's input.

- Any new sterilization policies, equipment, etc., must be approved by the Team Coordinator.
- Once established by the Team Coordinator this kind of decision can be made by the sterilization tech.

Laboratory Tech Position responsibilities/accountabilities and decision-making

Daily procedures-related decision making, including:

- pour-up work models.
- fixed appliance fabrication.
- removable appliance fabrication.
- study model fabrication.
- archwire fabrication.
- mailing and receiving outside labwork.
- having appliances done on time.
- other lab procedures (lab maintenance, ordering supplies, etc.)

Laboratory-related decisions requiring the Team Coordinator's input:

- Any new laboratory procedures, equipment, etc., must be approved by the Team Coordinator.
- Once established by the Team Coordinator this kind of decision can be made by the lab tech.

It is hoped that this description will help you organize your team to be automatically managed, giving you the peace of mind that you are not over-burdened with decision-making and that the practice is still under control.