Part Two: Trends in Minnesota Dental Practice

Bill Rossi*

Most dentists practice alone or with one partner. Even those who practice in groups can feel isolated. Dentists want to keep up with current procedures and technology, but with a plethora of new products and choices it is hard to sort out what is genuine and what isn't. It isn't easy to keep up with the clinical, technological, and managerial aspects of practice.

For the past ten years our company has conducted "Current Practices and Procedures" surveys of Upper Midwest dentists. Our clients tell us that the number one reason they contact a practice advisor is for an informed third-party perspective. The purpose of these surveys is to find out what technologies dentists are using and how they deal with various other aspects of practice such as insurance participation, financial arrangement options, and staffing.

In Part Two of this article,** we continue to discuss trends shown in the five surveys done between 1999 and 2005. (No survey was done in 2003.) We sent out approximately 1,200 surveys and received between three and four hundred responses each year. We believe this data provides a solid frame of reference when making important decisions about a practice. As Dr. Omar Reed said, "If it's been done before, it's probably possible." The purpose of these surveys is to help dentists and their staffs see those possibilities.

Delta Participation

When we asked dentists about the issues that concern them the most, "Third party influence" has consistently come up high on the list. The most often cited third party was Delta. It is no secret that there is plenty of controversy in the Minnesota dental community about Delta Dental.

The great majority of dentists do participate with Delta. The survey showed this was 90% in 1999, but declined between 2001 and 2002. Part of this was due to Delta significantly reducing reimbursement on 71 dentists, most of whom left the network. Fifteen percent of dentists surveyed then said they were seriously considering dropping Delta in the coming year, but the facts show that few did. Participation in Delta's Premier network is not continuing to decline based on the last two years' survey results. It may be increasing slightly.

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New Patient Intake

We surveyed this category in 1999 and again in 2005. In 1999, 49% of practices said they saw routine non-emergency new patients through hygiene first versus new patients coming in through the doctor/assistant schedule. That number was 51% in 2005.

Thirty-seven percent said they have new patients come in through the doctor/assistant's schedule, (primarily for records and examination) with 17% being "Other." One other intake scenario that was mentioned was having the patient see both the doctor and hygiene so the patient would have more time for an examination yet get the cleaning that many patients request.

Restorative Implants

In 1999, 37% of general dentists responding said they had placed at least one restorative implant in the previous year. This increased to 72% by 2005. However, many doctors who do restorative implants do fewer than 10 in a year.

Appointment Lengths for Hygiene

Years ago, before OSHA and ten-minute appointment books, adult recall hygiene appointment lengths were most often 45 minutes. With the advent of more infection control procedures, perio probing, and in-operatory technology, appointment lengths have increased. The most common appointment length now is 60 minutes, but a significant number of practices allow 50 minutes or less for standard adult continuing care appointments.

This can be a very important and controversial issue in the management of a practice. If you have a limited physical facility, long hygiene appointments can literally choke off your

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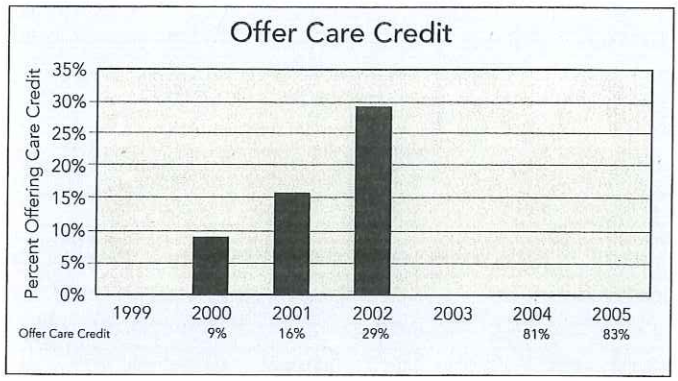
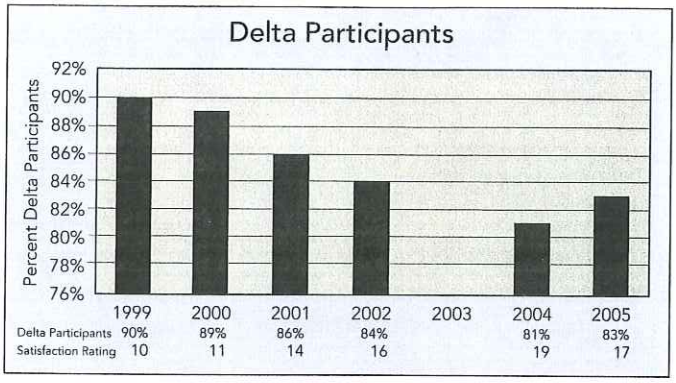
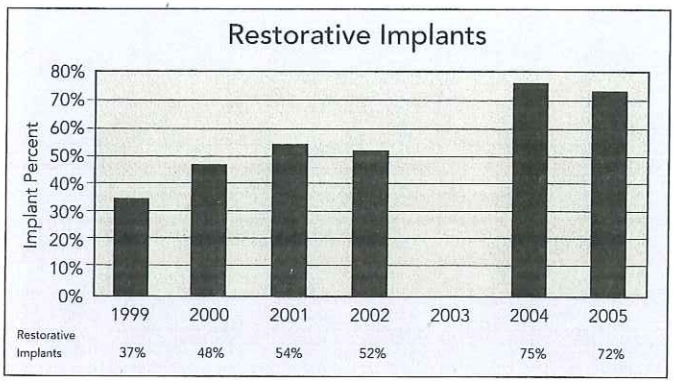
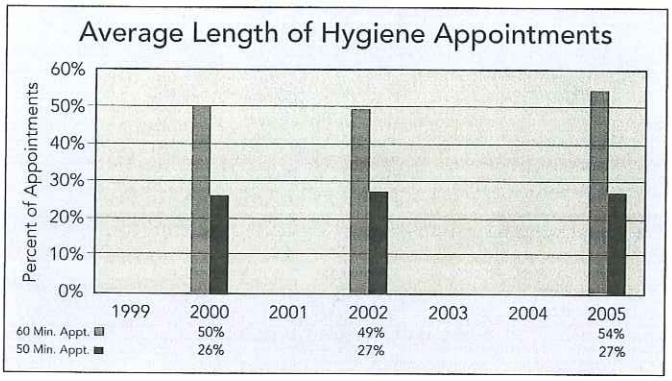








ability to keep up with patient flow. If you are asking the hygienists to implement technology such as intraoral cameras, Caesy, laser caries detection, plus post their charges, they will naturally want more time to do those things.

Cuspid-to-Cuspid Veneer Cases

There certainly has been a lot of talk about cosmetic dentistry in the last ten years, yet only 43% of dentists had done one or more cuspid-to-cuspid veneer cases when we first surveyed this in 1999. This increased to 54% in 2005, with the average number of cuspid-to-cuspid cases (for doctors doing any) being nine. Very few offices are primarily delivering cosmetic dentistry.

Charging for Crowns at the Prep or Seating

Delta and some other insurance companies insist that crowns should be charged out at the seating appointment, not the prep, yet the majority of dentists continue to charge at the prep appointment. This is the time when most of the work is done and the doctor is committed by sending the case into the lab. Most offices now request payment in full or part at the time of service for a crown procedure so they charge at the prep in order to collect a payment.

Staff Incentives and Bonuses

Since 1999, participation in this category has remained at approximately one third of practices responding. When asked about satisfaction in bonus plans (on a scale of one to 10), the responses are between five and seven.

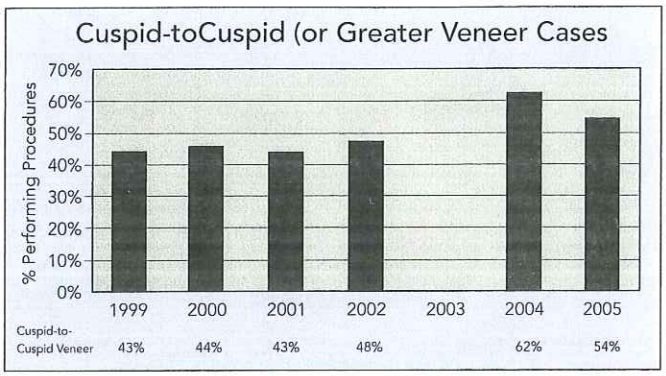
On the surface, incentives make perfect sense. Give the staff a stake in the practice's success and they will be more likely to put in extra effort for practice growth. However, for this to work, the doctor and staff have to have a practice with potential for growth and a good plan for making it happen. Often incentives go from being stimulating to being taken for granted. However, if the practice has the right people and is growing, incentives can really spark performance. My experience has been that staff incentives are not a good remedial measure. They will not make a poor team perform well, and especially will not remove dissension or conflict. However, if you have a good team already well focused with a clear set of goals and strategies, incentives can help drive things to the next level.

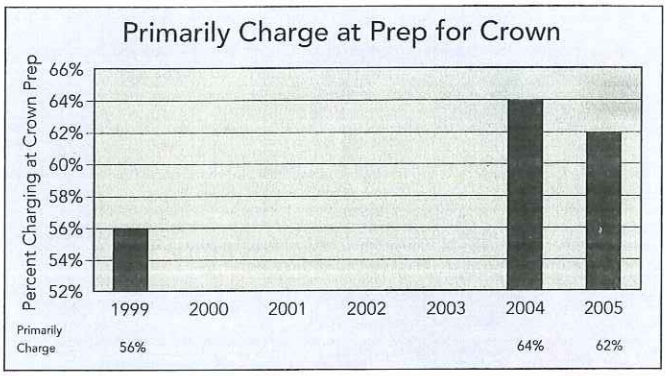
Five Percent Savings for Payment at Time of Service

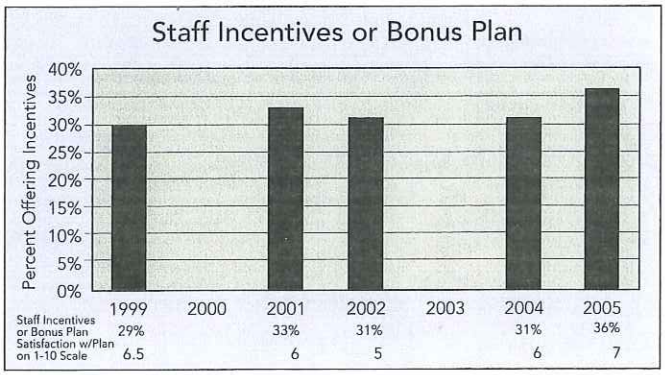
The great majority of practices (78%) offer this. Patients appreciate the courtesy, and the option gives the front desk staff opportunities for opening up conversations about fees and payments.

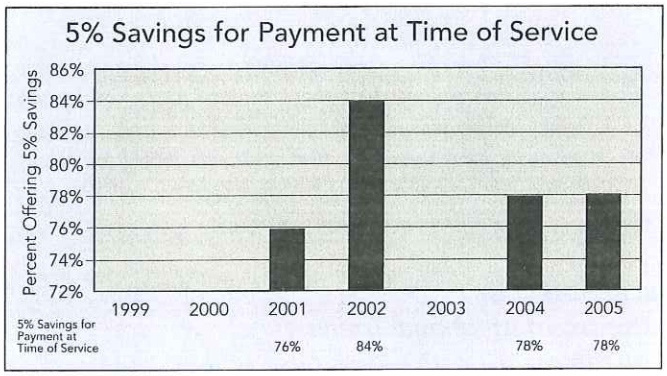
Visa/Master Card

Eighty-seven percent of dental offices offer this option. In our database of







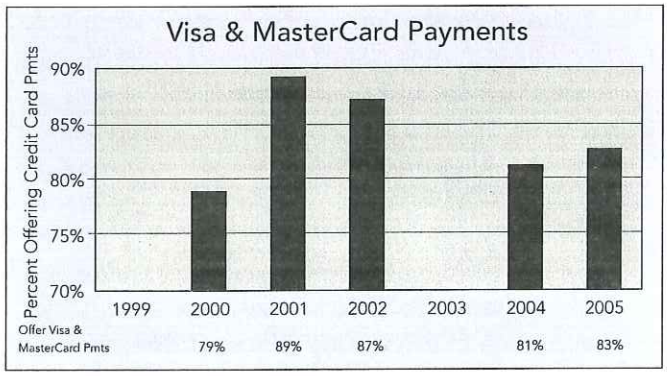


more than 200 offices, we have seen account receivable ratios decline significantly over the past 10 years. They decreased from approximately 2.0-2.5 for the typical Upper Midwest practice to about 1.2-1.5. More offices are asking for more payments up front, using Visa, CareCredit, and offering a five percent savings. General practitioners are also more assertive and consistent in collecting patients' estimated portions. CareCredit is the most well known of third-party, outside-financing options, and participation has been growing rapidly.

Dentists' Issues

It can be comforting to know that you are not alone in dealing with some nagging issues and concerns. In each survey, we ask dentists what they feel the main issues facing their practice in the coming years would be. The order has changed over the years, but the same issues show up over and over again. The top cited issues, in descending order, over the past five years are:

1. Third party interference, reimbursement, and hassles.
2. Staffing, including finding and retaining staff, staff morale, and teamwork.
3. New patient development.
4. Overhead control.
5. Technology.
6. Associate search/practice transition.



In Summary

As the practice of dentistry continues to evolve, the wise practitioner will make steady, thoughtful improvements on all three fronts: clinical, technological, and managerial. These surveys help give the practicing dentist the perspective he or she will need to make the plan that will suit an individual office.

Author's note: We encourage you to participate in future Practices and Procedures surveys. To that end, if readers have any suggestions for future survey questions, they may call Mr. Bill Rossi at (952) 921-3360 or contact him by e-mail at apm@yorktownoffices.com.