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Exclusively to Clients and Friends
of Advanced Practice Management

BULLETIN



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DENTAL DOW FIRST HALF 2021:

Compared to the first half of 2020, Practice Production was up **53%** and Collections were up **48%** for the mature practices sampled. Total patient flow was up 43% with New Patients being up 72%.

Compared to 2019: General practices have recovered from 2020 and then some. Production and Collections are up 13% over the **2019 averages** with patient flow being up 2% and new patients being up 6%. Crown and bridge is up 11% and Doctor Production per Hour up 9%. Hygiene Production per Hour is up 5%.

We should all be very thankful for how well dentistry has recovered. 14 months ago we thought we'd be talking about laying off staff and dealing with a "Dental Depression." Patients have returned in droves. As it turns out, the main challenge that our clients are having are in staffing, particularly assistants and hygienists. This has driven up wages. For example, the average experienced hygienist (8+ years) pay in the Minneapolis/St. Paul metro area was \$37/hr. in Fall 2020. Checking online, there are many ads for \$40/hr., \$45/hr., even \$50/hr. and more. As Doctors recruit new staff, they have to circle back and bump the pay of existing staff. Double ouch!

Still, it's a lot more expensive to **not** have hygienists helping you keep your patient base ac-

What's Inside:

- The Dental Dow—First Half 2021
- Staff Costs
- Three Things You Can Do to Make Every Day a Little Better
- The Morning Huddle Checklist
- Statistical Snapshot: Doctor and Hygiene Hourly Productivity

tive and cared for. Conservatively speaking, for every "lost" day of hygiene, the typical practice loses over \$4,000 in business if you include the treatment the Doctors will discover through the hygiene exams.

Most team members who are happy will not leave just for the dollars but there will be pressure as they learn that some of their colleagues are making more. You can't control the market and you'll probably have to pay more than you want. However, even in a situation where you have no choice but to offer higher pay and give substantial raises, it is important that you get something for it. Examples: Being flexible on vacation time, covering for other team members, adding or reducing hours now and then, lighting up the intra oral cameras, numbing up your patients, helping on the phone.

At the very least, you need to ask the team members for their assurance that this will keep them happy for a while (they won't be coming back to you in the next 9 months asking for another raise). Anything you can think of that they can do to add to their contributions to the practice that will help increase your revenues or improve your days. That can take the sting out of paying higher wages.

We Believe In You!

We believe that Independent Private Practice is the best way to deliver dentistry. It is best for the patients, the doctors and the staff. Private practices can be more selective with their continuing education and technology. They can also be more adaptable and efficient. **Most importantly, the people who make decisions about patients' dental care are the ones in direct contact with them.** We also believe that professional management support helps **good practices be better** and thrive in a competitive environment.





THREE THINGS YOU CAN DO TO MAKE EVERY DAY A LITTLE BETTER:

Robyn Theisen I frequently hear from dental teams that there are not enough hours in the day, they all want more time. The way we utilize and plan our time determines what we get out of it.

In Your Morning Huddle

1. Review your results from yesterday. What were the great things that happened and what are some results we want to change for today? Some examples would be, what patients did not leave with a next scheduled appointment? Did we meet our production goals? Which treatment plans were accepted, and which were not? The last question is: What are you going to do to change the results for today?
2. Plan for today. Which patients coming in do not have hygiene appointments scheduled? Who are our new patients today? Who are our best patients to ask for referrals and reviews? By asking these questions, you can plan for success today.
3. Prepare for tomorrow. What are the openings we have in our schedules? Have we scheduled to our production goals? Are there new patients that we need to call and welcome to the practice? Asking these questions allows us to create opportunities for today.

Don't Have Time for a Morning Huddle?

- Try a Huddle right after lunch each day. It only takes 10 minutes.
- You don't have to have perfect attendance. If team members start at different times, you can still address issues by whiteboard or notes.
- Start the schedule 10-15 minutes later every day.

The 10-15 minutes you invest in a Huddle will pay you back several times over in less stress, more efficiency and better teamwork. Try it!



WATCH FOR OUR 41ST ANNUAL FEE, WAGE & MARKETPLACE SURVEY:

Our 41st Annual Fee, Wage & Marketplace survey will be mailed in early September. Please participate and encourage your colleagues to do so too!

STATISTICAL SNAPSHOT:

January-June 2021	Average	95th %	5th %
Doctor Production/Hr.	\$786	\$1,515	\$471
Hygiene Production/Hr.	\$167	\$205	\$109
Practice Prod/Exam	\$626	\$1,109	\$424
New Patients/Mo./ Full Time Doctor	18	50	5

*From our "Dental Dow" sample of 33 mature practices in the Upper Midwest.

Yours truly,



OUR TEAM IS YOUR TEAM!

Advanced Practice

MANAGEMENT and TRANSITIONS

HUDDLE CHECKLIST



Shelly Ryan

Each week, one team member facilitates meeting all week. (This is rotated from team member to team member each week).

1. Yesterday's Schedule (what went right/what were the challenges)

- Doctor/Assistants Schedule
- Hygienists Schedule

2. Today's Schedule:

- Administrative:
 - ◇ ID patient needs thru pertinent personal information – finances, special circumstances, phone discussions, etc.
 - ◇ New Patients, Emergency patients – any Hot Buttons (personality quirks known)
 - ◇ Next available production block (one hour or more)?
- Assistants:
 - ◇ Where do we want to see emergency patients today?
 - ◇ Health concerns – ID BP readings needed, etc.
 - ◇ Does treatment plan for appointment confirm with schedule?
 - ◇ Identify any problem patients or procedures (sample: fearful, hard to numb, PIA-J)
 - ◇ Photos needed (before and after-full face photos, photos for ins-pre and post prep, etc.)
 - ◇ Next Continuing Care appointment – scheduled, overdue?
- Hygiene
- Undone dentistry – need to schedule
- Other family members due

3. Marketing Information (All)

- Referrals asked for from previous day (i.e., phone conversations, compliments from patients, consults and new patient visits). Any “missed opportunities”
- Identify NP referral sources – referred by: GP/Yellow pages or advertising/patient/insurance
- Who should we identify on schedule to ask for referrals from today?

4. Next 2 Days Schedules:

- Are lab cases here?
- Repeat offenders?
- Bottlenecks in Schedule?