

THE
EMPOWERED
PRACTICE
BLUEPRINT

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Premier
DENTISTRY ADVISORY GROUP

TOP 10 MISTAKES and SOLUTIONS to Maximize Your Dental Practice's Potential!



Mistake #1

Failure to Set Clear Goals

Many dentists operate without specific, measurable, and timely goals, leading to unclear direction and ineffective strategies.

Solution #1

Map out your goals and the plan

Create goals and set a plan for achieving them. Breaking the goals down into 90-day sections will help you run a moderately-paced 5K, rather than a marathon with no end in sight. Identify possible obstacles which may keep you from reaching them. If they arise, you will be ready.

Questions:

1. What is your goal in revenue and profit 3 years from now?
2. What is your goal in revenue and profit 2 years from now?
3. What is your goal in revenue and profit by the end of this year?
4. What was your goal 12 months ago? How did you perform in relation to that goal?
5. What do you consider to be your greatest strengths to be able to achieve the above goals?
6. What do you believe to be the current limitations in achieving the above goals?

Mistake #2

Inefficient Scheduling

Without optimizing the scheduling according to production goals, practices may not utilize their capacity effectively or may miss opportunities for higher-value treatments.

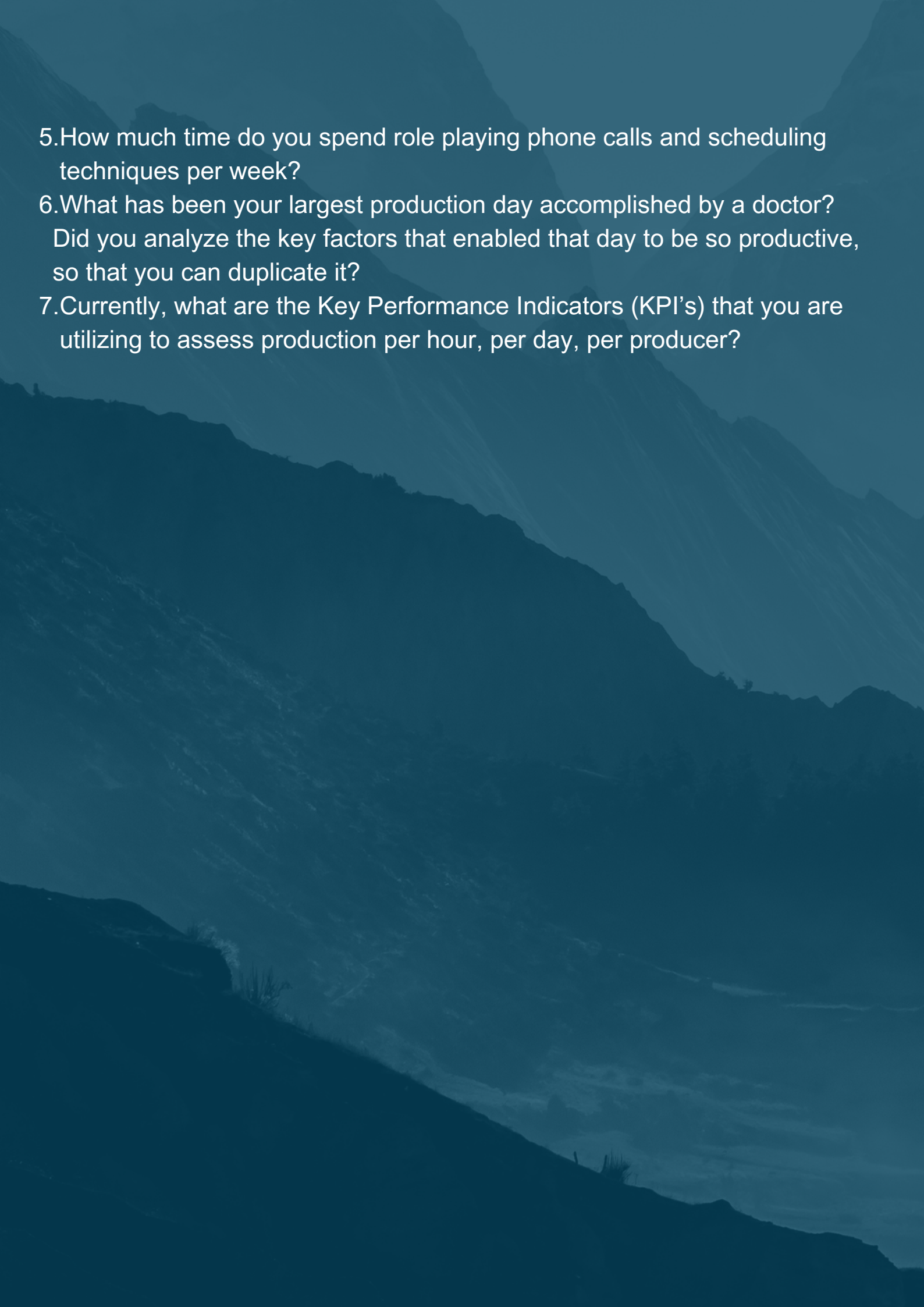
Solution #2

Schedule to goal

What kinds of procedures do you need to do in order to reach your production goals? For example, if your goal is to improve production from \$15K to \$20K per day, what needs to change in the scheduling for that doctor to achieve that goal? (Example: \$1,300/hr production x 8 hrs = \$10,400, increasing to \$2,300/hr x 8 hrs = \$18,800). Ask patients the right questions in scheduling to get them with the right provider at the right time for that goal to be achieved.

Questions:

1. How do you currently schedule your producers to reach their production per hour goals?
2. Is there any differentiation between the production level that some doctors would do versus what other doctors would do?
3. Are there any opportunities in your current structure to do scheduling cherry-picking?
4. On a scale of 1-10, how would you rate your front desk in its ability to schedule to goal?

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5. How much time do you spend role playing phone calls and scheduling techniques per week?
 6. What has been your largest production day accomplished by a doctor? Did you analyze the key factors that enabled that day to be so productive, so that you can duplicate it?
 7. Currently, what are the Key Performance Indicators (KPI's) that you are utilizing to assess production per hour, per day, per producer?

Mistake #3

Inconsistent Patient Experience

Lack of a standardized approach to patient interaction can result in varied patient satisfaction and unpredictable patient retention.

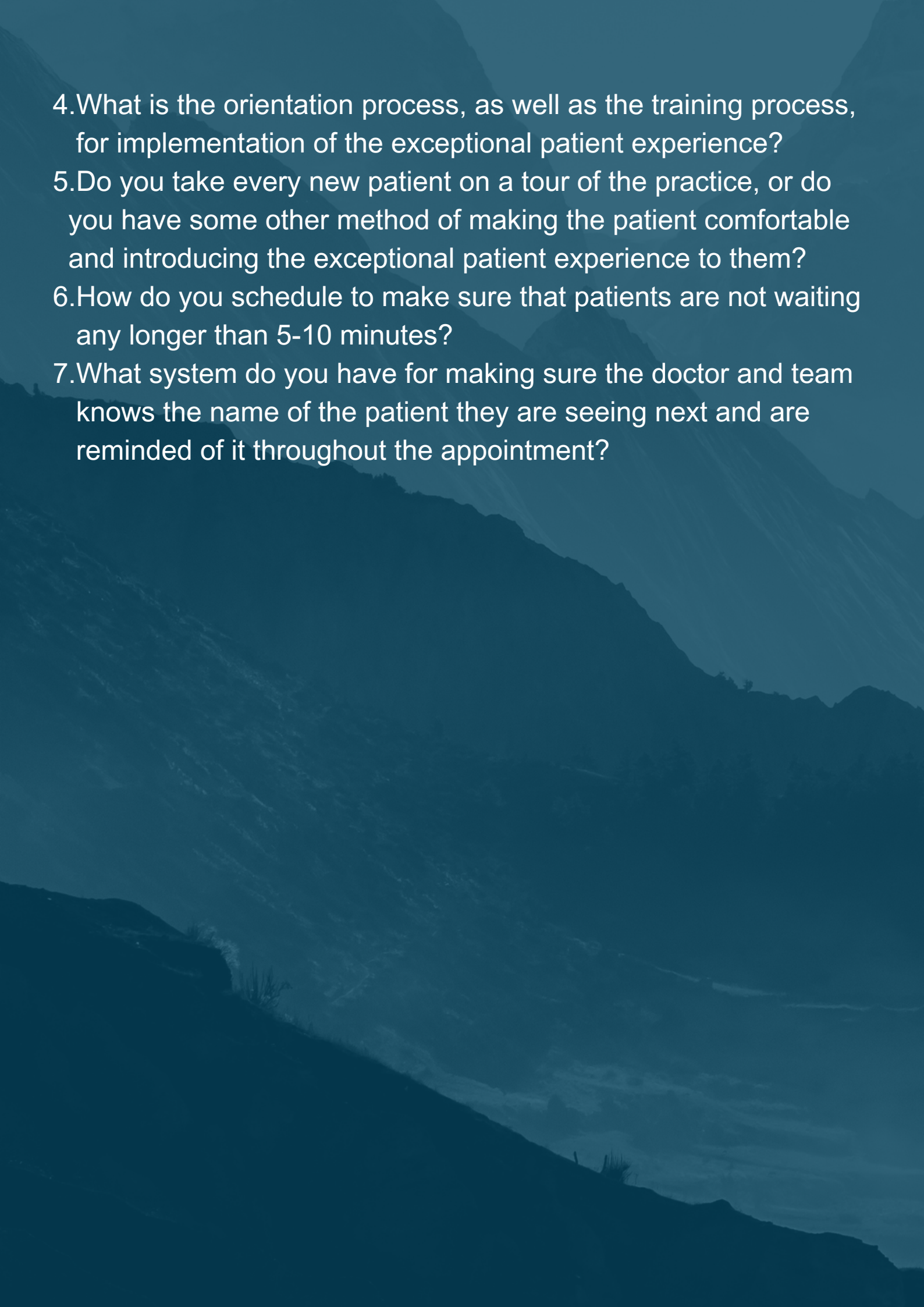
Solution #3

Create a consistent, exceptional patient experience

We live in a world where speed and convenience have replaced quality human interactions. Know the patient intimately, focus on quality of life needs and opportunities, do a tour of the practice showing creature comforts. Surprise your patients by anticipating their needs.

Questions:

1. What is your current vision of an exceptional patient experience in your practice?
2. In what way does the approach to the appearance of the practice impact your patient experience? Positively or negatively?
3. What measurables do you use to make sure that you are creating the exceptional patient experience that you expect?

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4. What is the orientation process, as well as the training process, for implementation of the exceptional patient experience?
 5. Do you take every new patient on a tour of the practice, or do you have some other method of making the patient comfortable and introducing the exceptional patient experience to them?
 6. How do you schedule to make sure that patients are not waiting any longer than 5-10 minutes?
 7. What system do you have for making sure the doctor and team knows the name of the patient they are seeing next and are reminded of it throughout the appointment?

Mistake #4

Not Utilizing Staff Efficiently

Failure to delegate appropriately can lead to high-value dentists performing low-value tasks that could be handled by other team members.

Solution #4

Create the opportunity for cherry-picking

Have another doctor focus on the \$1,500/hr and less production work, and one High-Value Dentistry-focused doctor scheduled for all the over \$1,500/hr production work.

Questions:

1. What are the production goals of each dentist in your practice?
2. Is there any differentiation between the production level that some doctors would do versus what other doctors would do?
3. Based on your goals, do you intend to have general dentists doing \$500-1000 of production per hour, so that it frees up higher-producing doctors to produce \$1500-2500 an hour?
4. How do you currently take advantage of your surgical expert in each of the practices, and how do you schedule accordingly?
5. Based on your goals, how many surgical experts will you need to have throughout the practices, and how will you juggle the scheduling to maximize production per hour in each practice?

Mistake #5

Poor Marketing Targeting

Focusing marketing efforts on a broad audience without consideration for the specific demographics that represent the most valuable or likely-to-convert patients.

Solution #5

Target marketing

Determine the age, gender, need, locations, etc. to focus on the appropriate patients that need High Value Dentistry.

Questions:

1. Do you target market the same for all practices? If so, what criteria do you use in targeting your market(s)?
2. What are the demographics of the top 20% of your patient base?
3. How do you track where each lead comes from and the value of each patient coming from each lead?
4. What lead sources do your highest-value cases come from?
5. Where else do your leads come from?
6. Thinking about the demographics of your best patients, where do those people currently consume information and media?
7. What do they care about most related to quality of life?
8. Currently, what is your process for getting patient-to-patient referrals?
9. What have you thought about doing to market at a higher level, but haven't gotten around to do it yet or budgeted for yet, but you would like to?
10. How do you currently use patient testimonials in your marketing?

Mistake #6

Not Fostering a Positive Team Culture

A dental practice that neglects to cultivate a positive, collaborative team culture may face high staff turnover, reduced productivity, and lower patient satisfaction." provide a solutions with 5 questions for dentist

Solution #6

Cultivating a Positive Team Culture

In the fast-paced and precise world of dentistry, the heartbeat of every successful practice is its staff. Yet, many dentists lose sight of the vital role that a positive and collaborative team culture plays in the longevity and prosperity of their practices.

Questions:

1. How can you regularly gather feedback from your team to improve office dynamics and address any concerns they might have?
2. What strategies can you put in place to recognize and reward staff contributions and achievements?
3. In what ways can you invest in the professional development of your staff to enhance their skills and job satisfaction?
4. Are there team-building activities or exercises that you can introduce to cultivate stronger relationships amongst staff members?
5. How can your practice's leadership demonstrate their commitment to a positive work culture through their daily actions and management style?

Mistake #7

Inadequate Treatment Planning

Without a systematic approach to presenting treatment options, patients may choose sub-optimal treatments or defer treatment altogether.

Solution #7

Higher Treatment Acceptance

Designate a team member to always communicate three levels of treatment options (good, better, best). Always start with explaining the best option first, and focus on finding a way it can be paid for.

Questions:

1. Currently, what is your process for treatment planning?
2. Is it your desire to implement in its entirety a treatment planning system including a designated treatment planner presenting in a non-operatory consult room?
3. Do you currently communicate good, better, and best to all patients regarding treatment options?
4. Do you currently keep track of proposed treatment versus accepted treatment? Do you break it down into \$0-5000, \$5000-15,000, and \$15,000 and above in your metrics?

Mistake #8

Resistance to New Technologies and Systems

Failing to embrace new technologies and systematizations can leave a practice behind competitors in both efficiency and the quality of care.

Solution #8

Commit to continuous improvement

Integrate state-of-the-art technology. Systemize best practices, test and measure.

Questions:

1. What percentage of your practice procedures are systemized? For example, 80% systemized or documented, 20% variable or open.
2. How does that look in your practice?
3. In what areas of your practice do you recognize the greatest levels of chaos?
4. In what areas of your practice do you recognize you are not utilizing leverage as well as you could?
5. Do you currently have position descriptions for each and every one of your team members?



6. Is/Are there:

- a. Clarity of expectation amongst all team members?
- b. A system of accountability for each of the team members?
- c. Systems in place to make sure that the right things are done right?
- d. Training in place to make sure that expectations can be met?
- e. Do all team members know the vision, mission, and core values of your organization? How do you make sure people are living them?

Mistake #9

Not Offering or Properly Marketing Sedation Options

Failing to address patient fears and objections through sedation options can limit the number of patients willing to undergo procedures.

Solution #9

Offer sedation

Use sedation in your marketing campaigns to empathize with high-fear patients, to overcome objections and to provide comfort.

Questions:

1. What forms of sedation do you currently offer?
2. When and if you use IV sedation, how do you schedule for it?
3. Are general dentists certified to do sedation, or is sedation only done by an anesthesiologist?
4. What percentage of our schedule is focused on sedation dentistry?
5. In what way are we currently limiting our schedule as a result of sedation dentistry?

Mistake #10

Underutilizing Patient Reactivation Strategies

Not actively re-engaging with past high-value patients can lead to a decrease in repeat business and patient lifetime value.

Solution #10

Maximize existing patient production

Implement a strong reactivation program, to retain high-value case patients as general patients for life.

Questions:

1. What challenges do you face regarding hygiene production maximization?
2. Do you have a tendency to have High-Value Dentistry-oriented patients become inactive in the practice after 18 months?
3. Do you ever have any challenges with cancellations? And not getting those time slots filled?
4. Do you have a hygiene coordinator and/or clinical director on your payroll for all/some of the practices?

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