

Effective Scheduling & Practice Growth

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Like many other businesses, dental practices are extremely dependent on time management. Dental production is based on the *law of averages*. Some hours can be more productive than others, but most are not three or four times more productive than the average hour in the practice.

A practice's main business objective is to achieve the annual production goal. This only occurs when systems are operating properly, which allows the practice to reach its production potential. If all systems are running optimally except for the scheduling system, the practice will suffer from declining production. I have personally seen numerous schedules that limit the practice's production potential, and all of the goal setting in the world will not make any difference.

The Truth about Scheduling

Many practices have poorly designed scheduling systems that focus more on filling gaps than achieving the annual production goal. A haphazard schedule attempts to keep the doctor busy, whether it make sense from an efficiency and production standpoint. There is another more effective option—a scientifically designed schedule that will achieve ideal targets.

Levin Group teaches a mathematical method of designing a scheduling system known as Power Cell Scheduling™. Even before the year begins, Power Cells are established and calculated to achieve the annual production goal. Many offices set daily goals, but few have schedules designed to achieve practice objectives. Simply calculating a daily goal in no way assures that the practice will achieve it. This is why Power Cell Scheduling™ focuses more on *production per chair scheduling* as a way to achieve daily and monthly goals.

The following principles are taken from Power Cell Scheduling™:

- 1. New patients should represent approximately 40% of doctor production.** This is especially important when examined in light of the ideal practice model, which calls for 75% doctor production and 25% hygiene production.
- 2. The average production per new patient should be considerably higher.** Based on working with thousands of practices, Levin Group has found that once improved new patient systems are put in place, production for new patients can increase significantly. This means doctor production for new patients could more than double in a short period of time. It is entirely possible for this to happen, yet most practices have very little idea how to accomplish it. One aspect is how quickly new patients are seen, along with how well they are introduced to the practice, examined, educated and presented treatment with flexible financial options.
- 3. The majority of general dental appointments are single-tooth treatments.** This means that schedules are being designed for one patient and one tooth at a time. Although this may result in a high volume of cases, it is perhaps the hardest way to create production for a practice and one of the greatest inhibitors to overall practice growth.

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- 4. All cases should be started, if possible, within seven days.** The longer patients have to wait for appointments, the more likely they are to call the office and cancel. When patients have to wait weeks, they often become demotivated about following through with treatment. The key is to identify the case, close the case and start the case as soon as possible. Practices that make patients wait more than a week often lose more productive treatments solely due to ineffective scheduling.
- 5. One overlooked aspect of a superior scheduling system is the use of a *minor procedure chair*.** The *minor procedure chair* provides an opportunity for offices that have enough space or chairs to schedule one extra chair at approximately 50% of the main chairs. Keep in mind, we recommend production per chair rather than simply daily goals to reach the practice's true production potential. While it might seem logical that every chair should be fully scheduled and at maximum capacity, doing so would eliminate any flexibility in the scheduling system. Procedures such as emergencies, late patients, recommendations, quick checks, and post-ops all tend to interfere with productive scheduling. Having a minor procedure chair can virtually eliminate this problem.

The minor procedure chair is scheduled at about 50% of other chairs' production in a normal day. This creates a level of flexibility that makes it possible for these unpredictable procedures to be scheduled without causing major disruptions. If patients are late, the practice does not have to ruin the flow of the day. Staff can move these patients to the minor procedure chair using excellent scripting. This creates a high level of customer service for both the late patients and for other patients who can still be seen on time. The minor procedure chair is an outstanding concept for practices that have enough physical space to make this happen.

- 6. Schedule minor appointments at the end of the day.** If scheduled throughout the day, minor procedures often limit production and cause a great deal of stress in practices. When the minor procedures are moved to the late afternoon, the day goes more smoothly and the practice operates more efficiently. Practices that use *minor procedure time* typically enhance practice productivity, as the doctor and staff are not constantly pulled in multiple directions to do little things. By establishing minor procedure time at the end of the day, the doctor and staff can focus on more productive procedures during the majority of the workday.
- 7. Any practices that are still scheduling in 15-minute increments should change to 10-minute increments as soon as possible.** While this is now a minority of dental practices, there are offices that are still in the habit of using 15 minutes and for that reason lose a great deal of time every year. Many practices have increased doctor production by the equivalent of 10–15 days per year simply by switching to 10-minute units. This fact alone makes it desirable to work in 10-minute increments, as production will certainly increase if patient flow is maintained. Doctors don't work faster. In fact, they work more smoothly with much less wasted time throughout the day.

Conclusion

The schedule is the operational foundation of the practice. It is one of the first systems that should be evaluated and updated by any practice that is serious about growth. Nothing controls productivity more directly than the schedule. Following the recommendations in this whitepaper will help practices increase production and profitability while experiencing reduced stress.

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Learn More about Growing Your Practice, with a Dental Business Analysis



Before developing a strategic growth plan, real-world businesses call in outside experts to evaluate their current situation. Levin Group offers this vital business service to practice owners with an Practice Performance Analysis™.

To find out how one of our Certified Practice Analysts can provide the objective information and insights you need to increase production and reduce stress, call **888.973.0000** or visit www.levingroup.com/practiceanalysis



Dr. Roger Levin is a third-generation dentist and the Chairman and CEO of Levin Group, Inc., the largest dental practice consulting firm in North America. As a leading authority on dental practice management and marketing, he has developed the scientific systems-based consulting

method that will increase practice production and profitability, while lowering stress. Dr. Levin presents more than 100 seminars per year and is a keynote speaker for major dental conferences. He has authored more than 66 books and 3,800 articles. Dr. Levin sits on the editorial boards of five prominent dental publications, serves as the practice management editor of *Compendium* and is managing editor of *Dental Business Review*. Dr. Levin is also a regular contributor to the *Journal of the American Dental Association*. He has been interviewed by *The Wall Street Journal*, *The New York Times* and *Time* magazine.

Levin Group is headquartered in Baltimore, Maryland, with offices in Phoenix, Arizona, and Marseille, France.