

# **Dentistry with a Vision**

Building a Rewarding Practice and a Balanced Life

# DENTISTRY WITH A VISION

Building a Rewarding Practice  
and a Balanced Life

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# PREFACE

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**T**he story you are about to read models the principles that were applied in Dr Wadhwa's practice with astounding results—from below zero net profit to more than \$3 million in 10 years, with the expectation of exceeding \$4 million in the next year—while simultaneously improving the quality of patient care. Of course, this didn't happen overnight. Yet, once a few strategic changes were made, Dr Wadhwa saw real improvements in the practice within weeks and incremental increases in profits every year, reaching the \$1 million benchmark in the first 4 years. We want to share these principles with you so that you too can benefit from an immediate impact on the success of your practice. Experiencing these benefits will keep you and your staff motivated so that you will continue to implement the changes and reach even higher levels of efficiency, reliability, profitability, and enhanced patient care.

You may wonder why we chose to write this book as a novel. Over the years, we have read many dental and medical practice management books and articles that describe an approach using theoretical language but do not address the complex emotional and practical struggles involved in making changes in a practice. Practitioners may read the book and understand the principles, but when it comes to implementing them in their own practice, they come up against unexpected roadblocks, such as resistance from their staff, and then become frustrated, lose momentum, and fall back into old habits. The novel format allows us to convey complex strategies using visual and emotional examples that the dentist can relate to, making the learning process much easier and more enjoyable while improving retention and the ability to apply the principles to the practice. In addition, the fun and easy-to-read format of the book makes it appealing to the entire office staff. It is exceedingly difficult for a dentist to sustain improvement without the full cooperation and enthusiasm of the staff. By reading the book, staff members will understand their role in the process and become indispensable partners in implementing the changes.

Another problem with most practice management approaches is that they do not address the natural cause-and-effect nature of implementing changes in a practice. If you change one process or procedure, it impacts others. The change on its own may be positive, but the ultimate effect may be negative or—worse—insignificant. If you invest a lot of effort to make a change in your practice and the result is trivial, it can drain your energy to the point that you don't even want to try again. The story in *Dentistry with a Vision* clearly demonstrates the effects that will result from procedural changes, including implications for the staff and the emotions involved in the struggle to improve. It also helps practitioners who may have tried to implement some of the common practice management paradigms in the past to recognize the invalid assumptions behind them. For example, many practice management seminars,

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books, and articles focus on personal efficiency and cost cutting. However, we have seen many times over how this approach limits the growth potential of a practice and adversely affects the quality of patient care and the happiness of the dentist and staff. The approach of *Dentistry with a Vision* is to show how to apply proven business methodologies to a dental practice in order to be able to provide better care for more patients in a way that makes the practice more profitable. To provide further clarification or emphasis for some of the most salient points, we have included notes in the margins of the story text.

Part I of the book illustrates the basic root causes of many problems in a practice. There is undoubtedly a great deal of complexity in running a successful practice; however, we show how there are just a few key leverage points underlying many of the problems in a practice that can be used to improve that practice.

Part II illustrates the Five Focusing Steps, which help you discover those few, precious leverage points in your own practice. To many dentists, it appears that the only way to improve is to work harder—either by working faster under great duress or by working more hours—to maintain the quality of health care. When applied in real life, the Five Focusing Steps reveal a much simpler, albeit rather counterintuitive, answer.

To sustain success, however, a practice must do more than just improve its ability to deliver patient care. Part III deals with two “dirty words” in many professional practices—marketing and sales. Most professionals whom we meet want to do more of the work that they enjoy. They just don’t know how to develop the demand for those services. These chapters show how to capitalize on the extra capacity of practitioners and staff that was developed in the previous chapters by creating market demand. The story will show why a professional selling approach is a must for every health care practice.

By applying the techniques presented in these first three parts of the book, a practice will experience immediate growth. However, eventually the practice will stagnate unless the dentist develops new skills in processes and managing people. Part IV shows how, in a few steps, a practice can apply scientific approaches to improving quality, reducing waste, and managing people. These chapters also discuss an approach to scheduling that fulfills the needs of both the patient and the practice.

Appendix A spells out the step-by-step approach that formed the conceptual framework of the novel—the Vision Tree. This is a new tool that we have used in many improvement efforts over the past few years. Finally, Appendix B provides a concise step-by-step summary of the approach illustrated in the story.

Our goal is to help you see your way out of the stress of constant cost-cutting by giving you a new, practical, tested, and enjoyable means to improve your practice. Enjoy!

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# No Time for an Emergency: *Identifying Scheduling Problems*

**A**t 6:30 am on Monday morning, Brian sat at his office computer, eager to start the assignment Rich had given him. During the past few months he had found it difficult to get up and go to work every morning, with a motivation level that had him arriving at 8:30, barely in time for his first patient. He had gotten to a place of hopelessness from which he could see no way out. Today, he found himself invigorated because he had opened his mind to change and finding a way out of the misery caused by previously insurmountable challenges.

It was blessedly peaceful lounging in his black leather chair early that morning, a latte steaming on his desk. Brian opened his new diary to the first blank page and wrote, “July 29th,” and below it, “Effects of Staff Shortages.” As he searched his online practice management system, the first thing he noticed was the amount of open time in the schedule over the past month, particularly in July. Of course, early summer was usually a little slower, but not this slow. He pulled up last year’s July schedule for comparison, and sure enough, he was down 25% in booked appointments from a year ago! How had that happened? he wondered, dumbfounded.

Brian began furiously shuffling the papers on his desk until he found the last American Dental Association newsletter. He quickly reread the article “US and International Trends in Dental Demand,” which claimed that there were shortages of dental health care providers throughout the country. If that were true, why were his appointments down?

Panic started to set in, consuming the positive energy he had begun the day with. If he let this feeling take over, he might fail at Rich’s plan before he even started. But his thoughts centered on the 25% cut in booked appointments, which meant a more than 25% cut



**Effect of staff shortages:** Open time in schedule

ing or isn't available, there is no problem. You continue to work. The bucket of work sitting in front of you, of course, becomes partially depleted. Let's say just one of your staff was away for one day. The bucket just lost 32 procedures of future booked work.

"When that staff member returns, she will continue to put work into the bucket at the rate of four procedures per hour. However, since you are drawing out of the bucket at the identical rate, the bucket never gets refilled to the top. To do that, staff would need extra capacity. By the third or fourth time that one of those resources is sick or away, the bucket will be half empty and stay that way, or get worse, and very soon, you will be idle part of the time."

Noticing Brian's furrowed brow, Rich paused and asked if he had a question. "Yeah," Brian said. "How can you say the bucket stays half empty? If I keep drawing out of the bucket of appointments and it's not being filled to a higher level, wouldn't it eventually go down to zero?"

"No, Brian, typically not in a dental practice. How do you react now when someone is away and your workload goes down? You pressure people to work overtime or to take shorter lunch breaks. You lecture them on keeping your appointment calendar full but without giving them the extra capacity they need for the frequent times when stuff happens. What's the result? *Everyone* gets stressed out! You might gain a few appointments, but your calendars are still half empty. Just reread a page or two from your diary. When future appointments get too low, you only recognize your lousy utilization of resources *after* the fact, and you panic and take action. You might even bring in a temp for a week or two to help out. But you never fully recover that lost time."

Everyone was beginning to nod slowly in understanding, so Rich summarized: "What does this mean? For *you* to be utilized to 100 percent, every other staff member must have greater capacity than just doing the work of four procedures per hour—I call it *protective capacity*. Your staff must be able to not just replenish the work *you* took out of the bucket but also to *refill* your bucket of work to the top to replace what the absent staff member took out!

"But there is another huge implication. In your practice, protective capacity means adding staff and materials, where possible. If the staff

**A practice often reacts to staff shortages after the fact.**

**Protective capacity:** Having enough staff to cover absences and other variations



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uses that capacity to 100 percent, they actually end up creating damage. For example, if your hygienist had the extra capacity to generate six procedures per hour for you, but you could only handle four, those patients might have to wait months for their procedures. They would get upset and go elsewhere, and you would lose more than just appointments—you would lose patients. If your purchasing staff member could purchase enough material fast enough to cover six procedures per hour but you could only do four, you would need another office and tens of thousands of dollars to buy and hold the excess inventory.”

Barb grimaced and said, “Yeah, but there are other kinds of damage that can be done when you have no spare capacity too. I was thinking earlier that it’s not just about someone being absent. I can remember one morning our last receptionist came in hung over and in a really lousy mood. She was rude to the patients all morning, made mistakes, and got everyone else upset. It would have been better if we told her to take a few hours off and cool down or just take the day off. But because we had no spare capacity, we kept her around, and she damaged our reputation and probably our collections as well.”

“That’s right, Barb. So we can have damage caused both by having no spare capacity and by always using protective capacity to its fullest extent.” Rich emphasized his point by writing on Joe’s whiteboard:

**Principle #1:** *Have protective capacity for staff and materials. Use protective capacity only to recover from a problem or to complete special projects.*

Rich turned to the room and asked, “Now do you understand why a staff member standing idle is not a waste?”

Joe shook his head, still somewhat bothered. “If a staff member costs me \$30,000 a year, it could add up to \$15,000 I’m throwing into the garbage can with your protective capacity. How can you justify that?”