MANAGEMENT & MARKETING

(Editor's Note: This quarterly JCO column is compiled by Contributing Editor Howard Iba. Every three months, Dr. Iba presents a successful approach or strategy for a particular aspect of practice management. Your suggestions for future topics or authors are welcome.)

The next two editions of this column will be a change of pace. I thought it might be interesting to see what a variety of orthodontic consultants consider the most common problems they face in serving their clients. I asked them to list the top challenges they encounter and their best recommendations for resolving them.

It should come as no surprise that each consultant found the greatest challenge in the area of his or her own expertise. Even so, I found interesting ideas in every response, and I hope you will as well.



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Today's Top Challenges for Orthodontists

One of the greatest challenges I see for orthodontic practices is to create three-way partnerships in which parents, children, and the practice staff share appropriate responsibility for successfully completing treatment. "Compliance" is the word most often used to describe what is missing, but "commitment" may more accurately describe the challenge. There are no simple solutions to this complex problem. There are tools you can use to encourage commitment:

1. Ask before you tell. From the beginning of the relationship, avoid overwhelming the patient and parents with information until you know what they don't know and what they want to know. Ask, "What do you know about orthodontics?" "What have you heard?" "What concerns you about orthodontic treatment?" "What comes up for you when you think about braces?" Ask both parents and children—and ask them separately, because their concerns will be different, yet equally important to the process.

2. Stay in the question. A question is a good indication that the person asking it is open to learning. To take advantage of that opportunity, avoid moving too quickly into giving information. Stay in the question to help them become clearer about what they want to know. If a child asks what foods he or she can eat with braces, respond, "What foods do you eat that you think might cause a problem?" You can always give your thoughts on the matter, but first engage the patient in thinking *why* certain foods are troublesome instead of merely naming them.

3. Get agreements. Avoid dictating policy and assuming that patient and parents automatically agree with what you have told them. For in-

stance, if you are describing how you schedule appointments, ask, "How does that sound to you?" Listen carefully for any hesitation. It's better to discuss such issues early than to wait until they miss appointments or object to taking children out of school. When you talk to children about home care, ask, "What do you think you can agree to do about this between now and the next time we see you?" Even if it's less than what you'd like, it's a place to begin that comes from them. If children fail to keep their agreements, help them to come up with ones they can keep.

4. Support their efforts. Whatever a child is doing to care for his or her mouth deserves recognition. Look for behavior you want to encourage. Build on strengths instead of shortcomings. Recognize that parents also appreciate support. They are not forced to provide orthodontic care for their children. It's easy to blame them for not taking enough responsibility for the success of treatment, but a sympathetic ear, acknowledgment for the part they do play, and recognition of their efforts are more effective than blame and judgment.

5. Maintain the vision. Orthodontic therapy is a long-term commitment that requires the ability to see the big picture. Experienced staff members have the advantage of having witnessed the process with many patients over the years. They know there will be both high points and low points during any course of treatment, but that most people manage to get through it and feel positive about the results. The better we can put each case in that perspective, the better we will be able to help our patients (and their parents) remain confident and optimistic throughout. Our commitment supports their commitment.

MARY H. OSBORNE 1564 Alki Ave. S.W., Suite 303 Seattle, WA 98116 he challenges I most frequently encounter during visits to orthodontic practices:

1. Today's U.S. businesses operate with both budget and tracking mechanisms that enable them to operate successfully. Additionally, they have contingency plans in the event that revenues are not realized as forecast. An orthodontic practice is somewhat different from a company that manufactures computer equipment or consumer products. Still, because of the practice's irregular cash flow, a sophisticated budget is a must. In my experience, only a handful of orthodontic practices have appropriate operational budgets. The orthodontist who does not make use of this basic fiscal management tool is squandering dollars that could go either for profits or for needed capital expenditures.

2. Most orthodontic practices with more than one office do not routinely track the statistics of each location as a separate profit center. Even if the other offices are only "convenience satellites", it is critical to track profit realization per doctor hour for each. A good, accurate budget will reflect separate profit centers.

3. The CEO of almost any organization, regardless of size, has a job description. Orthodontic practices usually have job descriptions only for the staff. It is equally important, however, to put in writing exactly what the doctor must do by state law, and what other tasks the doctor wishes to handle, so that the remaining duties can be delegated to staff members. This can save hours of doctor time, increase profitability, and perhaps most important, reduce stress. The orthodontist is freed to spend more time on practice building and taking care of patients, parents, and referring professionals.

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he most common problems I see when consulting in orthodontic offices:

1. The first challenge is a lack of non-patient time together for the office team. So often the doctor and staff are running around all day seeing patients, leaving no time for communication, training, and organization behind the scenes to help prepare for day-to-day operations. I advise clients to see patients no more than 12 days per month, allowing one day a week for administrative duties and another day (usually Friday) to take off and enjoy life. By enabling the staff to be better trained and to take better care of the patients, this schedule increases productivity and reduces the stress level in the office.

A related challenge is that many orthodontists are working too many hours per week. By the time doctors reach 12-14 years in practice, if they have not taken control of their schedules, they will start to burn out. Doctors need time for treatment planning, marketing with referring offices, training staff, and all the other tasks that go with running a business. They also need time to spend with their families and to pursue whatever hobbies they enjoy.

2. Another problem is a lack of tracking measurements for various systems in the practice. Some examples include the number of active patients without pending appointments, the number of observation recall patients who have missed appointments and have not rescheduled, contracts past due, and procedures per day per assistant. If the orthodontist doesn't understand how to evaluate each area, the responsible staff members will not be accountable for how well they are doing. Consequently, many things will slip through the cracks, and profitability will suffer. Establishing a measurement and accountability system will greatly enhance the effectiveness of practice operations.

3. The biggest challenge I see for orthodontists is managing the team. This is an area that is often ignored, and as a result can cause a great deal of stress for the doctor. Effective personnel management requires systems for hiring, orientation, training, evaluation, and ongoing empowerment of the staff. I recommend setting up a staff empowerment calendar, which would include dates of staff members' birthdays and anniversaries, continuing education opportunities, and social outings.

Orthodontists often tell me they only want to treat the patients, but do not want the responsibility of leading and managing the staff. This is not realistic. The reality is that the orthodontist receives the largest paycheck on the team, and in return takes on the greatest percentage of responsibility for management. It definitely requires an investment of time and money for a doctor to acquire excellent leadership and management skills. Nevertheless, a happy, enthusiastic team is the foundation of a successful practice. Take good care of the people who are helping you achieve your goals and success in life.

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