

Throw away the book!

Electronic scheduling makes your day

By Dr. Larry Emmott



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Electronic patient scheduling is becoming the norm. Dr. Larry Emmott discusses productivity scheduling and the advantages of the electronic appointment book.

Productivity scheduling

- Booking by doctor, by room, and by procedure
- Tips on managing productivity scheduling (page 34).

Electronic scheduling: benefits

- Access to patient data from anywhere there is a computer
- Availability of Bonus Information (digital data), which makes it easier to search through appointment lists and other data.
- Easy to track broken appointment and tickler lists that help generate income.

Scheduling software: what to look for (page 38)

- Integrates with existing practice management software
- Supports productivity scheduling, Ideal Day planning
- Creates appointment lists
- Tracks daily activities.

—The Editors

For many years, dental practices have resisted using a computer to schedule patients. And with good reason—most scheduling software was pitiful. Now, though, some great scheduling programs have been developed and electronic scheduling is becoming the norm. It's time to “throw away the book!”

Whenever you are considering a new technology for the office, though, ask yourself these basic questions: Does the technology system support the human systems in the office? Does it improve what we do? Does it solve a real human problem? I believe that you never use technology for its own sake; it must solve a human problem and enhance what you do in the practice. If not, don't do it. Following is a look at the “human system” of scheduling and how technology can enhance that system.

Traditional office scheduling

Dr. Omer Reed, an author, lecturer, and practitioner based in Phoenix, Ariz., is correct when he calls the dental-office schedule “the engine of productivity.” A well-designed schedule allows the office to be productive, on time, stress-free, and profitable. A poorly designed schedule can decrease productivity, increase stress, and reduce profits. Good office administrators know this, and for that reason, they often have resisted electronic scheduling. They were afraid to give up the familiar paper book for the unfamiliar electronic book. Some offices tried to fudge by using both paper and the electronic books simultaneously. This always results in a disaster, because neither book is ever totally right.

Historically, the typical dentist's schedule has been a list of names and, sometimes, procedures. More aggressive practices sometimes made two columns and “double-booked” the doctor in an attempt to accomplish more.

Productivity scheduling

Recently, office scheduling has become much more sophisticated. Now many dentists use some form of productivity scheduling—that is, booking by room as well as by procedure. With productivity scheduling, the office schedules both doctor time and assistant time and, possibly, even anesthesia time (see “Productivity scheduling tips” on page 34). Double-booking is not done randomly; it is determined by estimated free time based on the actual procedures.

The office also can schedule Ideal Days with a proper mix of procedures performed at pre-selected times. Ideal-day planning is based on pre-scheduling a block of time according to the complexity of a procedure. For example, difficult, time-consuming procedures (such as crown preps and root canals) are scheduled only during the first part of the day. Intermediate procedures (like fillings) are scheduled next, and then simple procedures (such as adjustments or suture removals) are scheduled just before the office closes. Ideal-day scheduling reduces stress, increases productivity, and practically assures you will finish on time.

Another aspect of successful productivity scheduling is goal setting. Many dentists resist planning their practices' financial goals. These dentists view such planning as unprofessional and possibly even unethical. After all, as professionals we have a sacred public trust to act only in the patient's best

interest; we never should do something simply to reach a financial goal. However, it is possible to use goals ethically if they serve not just as a financial tool, but as a time management tool as well.

When daily goals are used as a time management tool, they can help smooth out the days by reducing stress, ensuring even cash flow, and helping the office stay on schedule.

Electronic scheduling: benefits

Electronic scheduling provides time-saving and organizational advantages, including the ability of multiple staff members to simultaneously book appointments and to have quick and easy access to information. Another benefit is the availability of reports and lists to help track treatment progress and fill open times.

No more bottlenecks

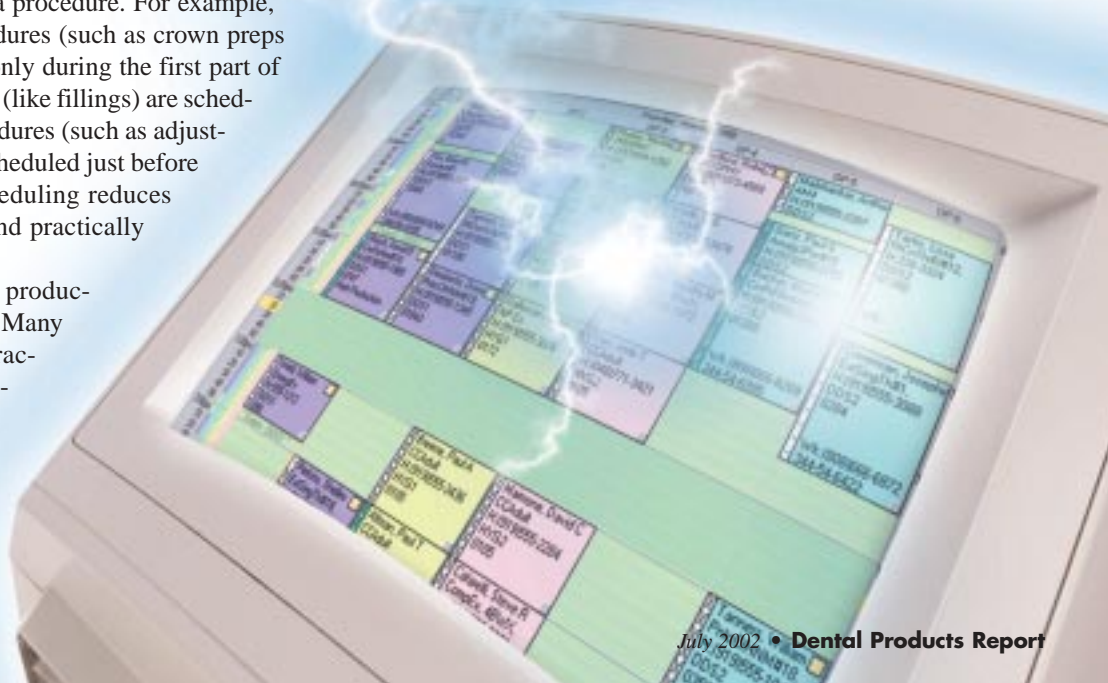
The primary benefit of an electronic book is that it eliminates bottlenecks. If you have a paper book, you have *one* paper book; it can only be in one place at a time, with only one person using it at a time. The result: Everyone has to wait—the restorative patient checking out and trying to make another appointment; the hygiene patient needing an appointment for her next cleaning and some new fillings; the new patient on the phone waiting to book an examination; the patient on hold wanting to confirm her next appointment and find out when her kids are due for a checkup; and the chairside assistant waiting with a patient to hand him off to the front so they can schedule some comprehensive care. With a paper book, it is a sure bet that others will have joined the queue before all five of these individuals are taken care of.

Before long, the comprehensive care patient gets restless and the assistant needs to get back to her room, so the patient leaves, promising to call later. The new patient on hold gives up; he'll call another office later. The hygiene patient stares at her watch and just waits. Using the paper book has created the bottleneck, which costs you in lost productivity and patient goodwill.

On the other hand, an electronic schedule can be accessed from anywhere that there is a computer—at the front desk (in fact, at several different places at the front desk), from the back of the office, and even from a different building.

What happens to our five patients once we have an electronic schedule? The restorative

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Productivity scheduling tips

Here are some tips from Dr. Emmott on how to manage scheduling for high staff productivity:

Room time

Each treatment room has its own column. You can't schedule two people in the same room at the same time, and you must allow time to clean and set up the room.

Doctor time

Captive time

This is time when the doctor is dedicated to a patient and will not leave the room. This could be during the middle of a procedure or time spent with a new patient. The basic concept is no room hopping. The doctor is much more productive when he/she starts and finishes a procedure without leaving the room.

Overlap time

This is time during a procedure when the patient is in the chair but the doctor is free. This might be time while anesthesia is working, x-rays are being taken, or the assistant is taking impressions. If necessary, this is the time the doctor can leave the room to see another patient.

Assistant time

This is time the assistant is busy, but the doctor isn't involved. The doctor is free; the assistant isn't.

Setup time

If you schedule by room, there must be time allotted for the assistant to clean the

room, disinfect it properly, and set it up for the next patient. If this isn't part of the schedule, you will always be late.

Administrative time

This is time to reschedule, take a payment, or update a health history. It is a good idea to schedule some of this time at the start of every appointment.

Anesthesia time

Some procedures need anesthesia; others don't. Anesthesia time is an opportunity to overlap, but only if it is scheduled.

An ideal day

Pre-block each day with the procedures you want to do at each segment of the day. A common example is scheduling crown and bridge work in the morning, fillings next, and adjustments last. Of course, not every day will be ideal, but many will be—and if you don't plan for it, you will never have an ideal day.

Daily and weekly goals

Daily

Daily goals reduce stress. Once you have reached your daily goals you know cash flow is OK. You can relax; there is no need to squeeze out more production from every minute of chairtime.

Weekly

Weekly goals are a guideline for proper scheduling. Some days will be better than others—that's OK as long as the week is right. If the week is consistently busy, but under goal you are doing something wrong.

—LE

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patient is checking out and making an appointment, but he is doing it in the operatory with the help of the assistant. The hygiene patient is scheduling her cleaning and fillings with the hygienist in the hygiene treatment room. The new patient waiting to book an examination

is talking to a new-patient coordinator, who is at home telecommuting. The patient asking about her appointments and her children is talking to the front desk. And finally, the comprehensive-care patient is making his appointments from the treatment room, with both the assistant's and the dentist's help.

Bonus information

A second benefit of electronic scheduling is the availability of Bonus Information, which is digital data that accumulates almost as a byproduct of using a computer system. Once any piece of information is stored as part of the computer record, it can be retrieved and related to just about

any other piece of information.

For example, it is common for patients to call and say, "I can't remember when my next appointment is. Can you look it up for me?" Often they can't remember what day or week they are booked, or even whether they are seeing the dentist or hygienist. With a paper book, the staff member *politely* puts the patient on hold, and then must wade through columns of handwritten entries in both the doctor's and hygienist's books. If the practice has more than one hygienist or multiple doctors, the work is easily doubled. When the entry is finally found, the patient may say, "What about my husband? When is he coming in?" The search starts all over again.

With an electronic book, it works this way: The patient says, "I can't remember when my next appointment is. Can you look it up for me?" *Click*. "Here it is, Sally. You're scheduled for Wednesday at 2:30." "What about my husband? When is he coming in?" *Click*. "He doesn't have an appointment. It looks like his last cleaning was in 1989. Would you like to make him an appointment? And by the way, your children haven't had those sealants done yet—let's get that scheduled as well."

In other words, the rapid access to information not only helps you answer questions, but lets you better serve the patients by helping them get the care they need.

There are many other types of bonus information. For example, you can see instantly how much dentistry is scheduled for each day or search forward to the next opening.

Lists

Another benefit of electronic scheduling is that you can track important lists—including ASAP, Broken Appointments, or Ticklers—that generate income.

The ASAP list features patients who have been scheduled for treatment at the next available time, yet would like to

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come in sooner if possible. In case of a late cancellation, the first place you look is the ASAP list, which includes phone numbers. Once confirmed, the appointment is instantly, electronically, and completely transferred to the new, earlier time. No looking for a separate paper list. No erasing. No rewriting.

The second place to look when a patient cancels late is the Broken Appointment list. This list includes patients who have canceled an appointment and haven't rescheduled. Calling them to reschedule can quickly fill the book with patients who already have been treatment planned and have agreed to the treatment. This list can also be used to re-activate patients.

The Tickler is a list of patients who say they want to start treatment at a specific time in the future. For example, a patient may have said, "I'll do that this summer when school is out," or "I'm moving into a new apartment. Once I am settled in a couple of months, let's get started." Ticklers automatically pop up on the monitor on

a specific date to remind front desk staff to contact the patient.

Of course, all of the Bonus Information and lists could be compiled manually on paper. However, this would take longer, is labor-intensive (i.e., expensive), and in a busy office, often just never gets done.

Scheduling software

The benefits of an electronic schedule are tremendous. But to do it well you have to have good software. Here's what to look for.

Most importantly, good scheduling software must be integrated with the rest of the office management system. Most scheduling software is available as part of a comprehensive management program, but you also can buy the software separately as a stand-alone program. In general, purchasing the scheduling software as part of a comprehensive management program ensures the software is already integrated as part of the system. Purchasing stand-alone scheduling software without checking specifications of your office management program is a mistake, for it interferes with system integration.

The scheduling software must be able to check the patient information for phone numbers; it must allow access to the chart for the treatment plan and to fees for goal setting; it needs to find and display health warnings... and more.

Complete system integration allows you to use a single entry—that is, after it is entered once, all critical information travels electronically to the appointment book. If you need to re-enter some items (such as the treatment to be done or the fee or time units needed), then your program is not integrated.

The second feature of good scheduling software is that it supports productivity scheduling, allowing you to schedule by doctor, by room, and by procedure; each time unit also can be designated as doctor time, assistant time, or room time. The software also will support Ideal Day planning.

In addition, the software should provide fail-safe warnings to prevent mistakes. For example, if you try to book the doctor on his/her day off, the software will provide an alert. It should also guard against triple-booking, entering the wrong procedures in the Ideal Day template, or scheduling a patient twice for the same procedure.

Good software automatically, or at least easily, creates appointment lists like ASAP, Broken Appointment, or Tickler. Finally, good software will support goal setting by tracking and displaying the dentistry that is scheduled, produced, and collected on a daily, weekly, and monthly basis.

Appointment scheduling is a critical function in a dental practice. Using a paper book to maintain the schedule is fraught with problems. New sched-



What's online

Visit www.dentalproducts.net for more on productivity scheduling by Lynne C. Fales, CDT. Click on "All Archives" and then on "Throw away the book!" listed with the July 2002 "Management Articles."



uling programs can eliminate most of the problems and enhance how we relate to patients in many ways. If you haven't done it yet, it is time to "throw away the book" and look to the future—for the future is coming and it will be amazing! **DPR**

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