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the editor's corner

Blueprint For Time Management

In a typical traditional orthodontic practice, the orthodontist spent almost all of his time working at the chair. As long as practices continued to grow, this arrangement satisfied both state laws and the orthodontist's preference, and was a productive use of the orthodontist's time. While most state laws became less restrictive and practice growth became less automatic, many orthodontists have been reluctant to change their habitual use of time. In our changed and changing environment, this is counterproductive. The information that an orthodontist needs to know continues to expand, but the time needed to manage it cannot expand. An orthodontist has but two choices if he is to deal with this dilemma successfully. He can work harder, which usually means longer; or he can work smarter, which requires that he be a manager of time.

A successful practice must be concerned with conserving patient and parent time and the management of doctor and staff time. It is appropriate to record how the doctor and staff are presently using their time. If necessary, hire someone to record the time. The receptionist can record patient and parent time—both waiting time and overall visit time. Only if one has these facts will he be in a position to evaluate his present practice and how the use of time could be improved.

The object is not only to make better use of everyone's time, but fundamentally it is to free up doctor time so that he can devote more of it to those functions that make a practice grow. There is a well-founded idea that excellent treatment is key to practice success. There is an ill-founded idea that all treatment must be performed by the doctor. It is an incontrovertible fact that practices that are more successful in terms of income and growth delegate more.

(CONTINUED ON NEXT PAGE)

Tying the doctor to the chair has been a significant cause of mismanagement in orthodontic practice, not only because it used up most of the doctor's time, but because it encouraged two attitudes that are totally counterproductive in today's environment. One is the "king" attitude, which exaggerated the importance of the doctor and underestimated the importance of staff. Another consequence of the doctor being overoccupied at the chair was that he sought to be time-efficient in the wrong area—in people relationships. Time for case presentation was cut to a minimum. Offices were designed and policies adopted to minimize parent contact with the doctor. There was no time for progress reports and post-treatment conferences.

Most orthodontists see patients on more days in the week than the practice volume requires. The greatest potential time saving lies in this one factor, and it can be realized through delegation, better management of appointment scheduling, and better organization of staff and the workplace, as Dr. Jay Barnett points out in "The Gift of Time".

The Number One priority in time management, then, is to unshackle the doctor from the chair for a significant percentage of patient care time. A first step must be a reorganization of appointment scheduling to compress the average practice from four and a half days to two and a half or three days, which is an achievable goal. The Number Two priority is then to turn attention to developing a staff to which it will be comfortable and possible to delegate up to 80 percent of the technical tasks. The Number Three priority is an overhaul of the administrative management of the practice. The accomplishment of each step will free up more and more doctor time to expedite the completion of the next step.

It is unlikely that one can make optimal use of time and conduct an optimally efficient and effective practice without computerizing administrative management. There is simply too much to be known and constantly available if one is to be in charge of the practice. Computerphobia is an understandable

but fleeting experience. Once that is overcome, offices will find that their uses for the computer will explode to include (but not be limited to): office financial records, patient accounts and billing, expense records, payroll, profit and loss statements, ledger trial balances, accounts receivable, contracts written, delinquent accounts, referrals, pretreatment flow control, treatment flow control, patients not on schedule, cooperation problems, progress reports, post-treatment conferences, recalls, BAs and CAs, daysheet, birthdays and other occasions, practice analysis reports, insurance forms, treatment records, appointment scheduling, letters and correspondence, and diagnosis and treatment planning.

It will require considerable time to select the correct software and hardware and to enter all the data into the computer. Once this is accomplished, however, the practice will have entered the world of modern management. At that point, the orthodontist ought to have established a smooth-running, less stressful, efficient and effective practice. There is now time to concentrate on two remaining, vitally important aspects of practice—practice growth and professional growth—and to formulate specific plans for their accomplishment.

Practice growth is the ultimate objective of this reorganization of practice management and restructuring of the use of time. The bottom line is continued success and happiness in orthodontic practice. □