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"If this were your practice, what could we do better?"

Doctors, have you considered implementing the wise and powerful strategy of posing this guestion?

Just as George Washington gathered his top generals for counsel, your team leaders are well aware of the conditions in your office. General Washington would hear his generals' positions prior to making a decision to go into battle. I sold my practice in 2018 but have stayed in touch with my dental team. Recently, I reached out to my former team members and asked for their words of wisdom. "What would you say to a practice owner if asked for your opinion on how to keep operations efficient in a dental practice?"

From my long time and loyal hygienist Stacey. "The hygienist can't be a princess. They need to offer their help, when they can, in whatever capacity. Hygienists also need to know they are responsible for revenue to the practice just as the dentists are. They contribute by recognizing periodontal disease, new caries, or suspicious lesions, and bringing those concerns to the dentist. All team members should agree on the diagnostic protocols and how they are communicated among team members. All team members should be cross-trained to some extent in each department. This will give them all a better understanding of what goes on and is required in each area of the practice."

From my Clinical Manager Leann, RDAEF2 (Registered Dental Assistant Expanded Functions, level 2): "Two to one transfer communication is very important. The dismissal process from the dental assistant to the administrative team must be comprehensive. You cannot leave the patient without having completed your tasks of setting treatment complete in the clinical area."

The clinical team member must communicate what was done, what the next appointment will be, and the time interval needed. This is also a two-way street. The administrative team must share pertinent information they get from the patients, such as day and time preferences, and anything that might make a delay for the clinical team." Leann said, "There was high value in team meetings to troubleshoot and create accountability on communication flow."

Leann also stated, "Motivation for the team comes from knowing the team goals and being rewarded with a bonus when exceeding them. Team members know they may have to hustle or work through a lunch*, but it is fun to be challenged. If there is no incentive to work hard, tasks turn into 'just a job.'" The team wants their employer to motivate and inspire them.

The administrative team leaders said, "Communication is always an issue. The two to one transfer is crucial with team members."

Ideally, the clinical team would input the treatment plan recommendations in the practice software and alert the administrative team. The administrative team could get an estimate ready by researching available insurance benefits and desirable appointment times. At a minimum, the clinical team communicates the value of re-care and scheduling before leaving the office. Melissa said, "There is also great value in the New Patient Interview with the dentist and [office] personnel." This provides excellent customer service, from treatment plan discussions to follow-up and re-care.

"There was high value in team meetings to troubleshoot and create accountability on communication flow."

My favorite brilliant idea from Melissa, RDA, an administrator and educator, was to suggest that the dental assistants "think like providers."

She teaches her students to document like you are going to court, thoroughly and completely. If it's not in the chart, it didn't happen.

The assistants are responsible for the patient from the chair to the front desk. They confirm what procedures were completed ATOS (at time of service). They also confirm the re-care hygiene, and the next restorative phase of treatment is scheduled.

"I also think every office should have a written training plan for new hires.

It is easy for those of us with so much experience and knowledge to forget what it is like not to know."

Traci's many years of experience as an RDA, Financial and Scheduling Coordinator for my practice gives her good insight. She shared her thoughts.

"An administrator team member with past clinical assisting experience is a bonus to any practice. Prior understanding of clinical treatment protocols prevents procedures from falling through the cracks. Examples are diagnostic dental wax-ups and nightguards on Smile Design veneer cases or retainers for completed orthodontic retention."

When asked if there was value to job descriptions, Traci answered, "Yes. They let you know which responsibilities are yours to complete. When personnel changes, the job description and tasks need to be updated."

"When we did that as a team," Traci added, "The office ran so much smoother. Sometimes you don't know what is expected of you unless it is written. I also think every office should have a written training plan for new hires. It is easy for those of us with so much experience and knowledge to forget what it is like not to know. Always inform patients of what we are doing and what the cost is. There is nothing worse than an upset patient who was not informed of the cost of treatment until after treatment was done."

I was so honored to work with these wonderful women to deliver the highest quality dental care we could provide. High-quality dentistry is given as a team. As the leader of that team, your greatest resource is the experience of those who work for you. Make time to ask pointed questions about the practice. Get input about what works and what doesn't, and always have an ear open for ideas that will improve your practice's delivery of quality dental care.



Having sold a successful practice,

Dr. Jeanette Kern, DDS is experiencing
the travel she has always wanted.

She continues to coach practice owners
one-on-one. She shares her experience
through articles and with her affiliation
with DIYDentalConsulting.com

^{*} EDITOR'S NOTE: Employment laws vary by state and by job classification.



How do we bill quadrants that do NOT require SRP's when done the same day as root planing session. We've experienced this a couple times now. We do perio chart and recommend full mouth RP's. One session (one side —max and mand quads) is done and our hygienist reviews OHI and recommends medicated oral rinse. When they return some of those areas have healed, so only one more quadrant requires root planing. How do I bill that 4th quadrant, or do I just don't?

A:

You always bill for the procedure you

perform. If a quadrant does not need

SRP then you will not bill for SRP.

Response provided by **Debbie Seidel-Bittke**.

Quote-Worthy

■■ Coming together is a beginning.

Keeping together is progress.

Working together **II** is success.

Henry Ford





The Magic of Linking!

Do you have Trojan Benefit Service with the ability to attach Trojan Benefit Plans to your patient's coverage table? If you answered yes, you need to know this!

For every Trojan Benefit Plan you link, you stand the chance of those patient insurances and coverage tables being updated without your even knowing it!

HERE'S AN EXAMPLE:

Each Trojan Benefit Plan has its very own Trojan Plan Number. Let's say, you have linked Trojan Plan Number 12345 to five of your patients in your practice management system.

These five patients all have three things in common:

- 1. Same employer
- 2. Same group/policy number
- 3. Same Trojan Plan Number linked to their file in the practice management system
- Next, you or maybe even another Trojan client asks Trojan to update Trojan Plan Number 12345 for just ONE PATIENT.
- While only ONE PATIENT was researched by Trojan, when you process your update, ALL FIVE OF THOSE PATIENTS WILL BE UPDATED. Same Trojan Plan Number, same employer, different insurance and/ or different benefits are populated into the patients' files in your practice management system!

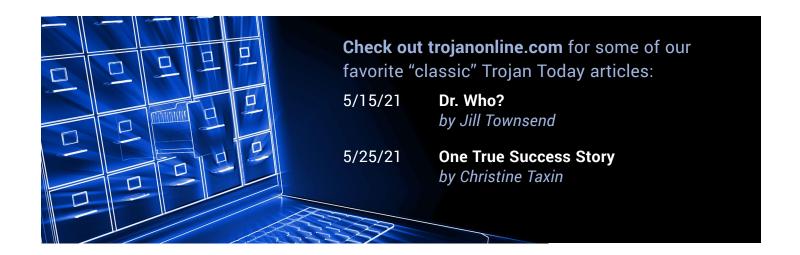
We'd say that's pretty magical!! Each time you process your weekly update, many of your patients are being updated behind the scenes!

To make the best use of your time, prioritize the patients for linking in this order.

- 1. New Patients
- 2. Patients of Record with new insurance
- 3. Patients whose coverage hasn't changed. (These patients can wait until their insurance has changed.)

Don't forget to link! Take a little time today to save time in the future.

To learn how to link properly, please contact Software Support at 800-451-9723, Ext. 1. Or, visit <u>trojanonline.com</u> and click on the TRAINING button to schedule a training time to learn the linking process.





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- M.G., DMD





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