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‘American dentistry at its best is remarkable’

Dr. Harold C. Slavkin shares his thoughts on what's good about dentistry today and what's needed from Washington

By Fred Michmershuizen, Online Editor

Dr. Harold C. Slavkin is the 2009 recipient of the American Dental Association's Gold Medal Award for Excellence in Dental Research. Established in 1985 and presented by the ADA once every three years, the award honors individuals who contribute to the advancement of the profession of dentistry or who help improve the oral health of the community through basic or clinical research.

Slavkin, a noted policymaker, educator and researcher served as

dean of the University of Southern California School of Dentistry from August 2000 until his retirement in December 2008.

He is currently on sabbatical, but he plans to return to USC in early 2010 to resume being part of the Center for Craniofacial Molecular Biology (of which he is the founding director) and teaching in the graduate school and dental school.

Before becoming dean at USC, Slavkin served as the sixth director of the National Institute of Dental

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AAP heads to Boston



The American Academy of Periodontology will host its 95th Annual Meeting from Sept. 12–15 at the new Boston Convention & Exhibition Center.

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Texting during treatment a problem

More than four out of five dentists surveyed by the Chicago Dental Society revealed that patients send and receive text messages on their cell phones while receiving dental care.

The survey was conducted from July 16–25 via e-mail and among dentists in the Chicago Dental Society's Facebook Fan Page.

In addition to the dentists who said their patients regularly text in the dental chair, 46 percent said this habit hampers their ability to provide care. The high number of dental

chair texters is also surprising, given that 32 percent of the dentists indicated they have a cell phone/mobile device policy posted in a visible location in their office.

“We have signs up in the waiting room and directly in front of where the patient sits stating that they need to turn off their phones, but most simply ignore them,” said one respondent.

But not every dentist views texting

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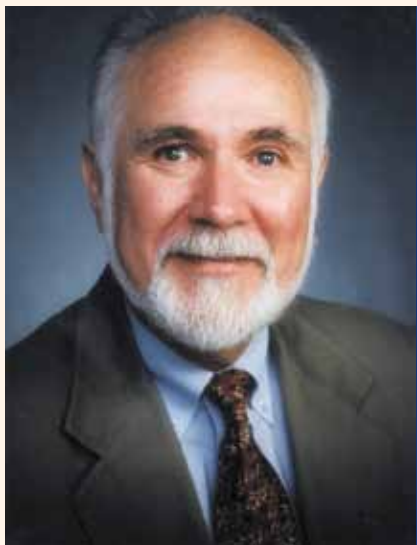
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Dr. Harold C. Slavkin is being honored by the ADA for excellence in dental research and for advancing oral health.

and Craniofacial Research, which is one of the National Institutes of Health (NIH). He is past president of the American Dental Research Association and a member of the International Association for Dental Research.

Slavkin, who has been called by ADA President Dr. John S. Findley "one of dentistry's most influential and forward-thinking leaders," spent a few moments with Dental Tribune discussing his thoughts on dentistry, the current state of affairs in our nation's capital and what he does in his spare time.

You are being honored by the ADA with the Gold Medal Award for

Excellence in Dental Research, which is quite an honor. Who influenced you most in your career and how?

I am deeply honored that my peers in the dental profession have extended this tribute to me. Yet, I am the beneficiary of extraordinary immigrant parents who provided me with unconditional love and a sense that anything was possible.

While a young soldier at Fort Sam Houston I met Dr. Henry Sutro, who modeled the best of what dentistry could be at that time in history. I was coached by many to seek a liberal arts education before going to dental school.

I received excellent clinical training and had fabulous people, such as Professors Dick Greulich and Lucien Bavetta, mentor me during my post-doctoral training. Thereafter, hundreds of students, residents, graduates and postdocs profoundly influenced my journey in science.

From my perspective, living was learning and the journey has been a glorious experience, and still continues.

How do you feel about the state of dentistry as it is practiced today?

American dentistry at its best is remarkable. All over America, I have met and seen amazing oral health care being provided to all types of people.

There is a debate going on today in Washington about health care reform. If you could write the legislation yourself and get it enacted, what would it include for

dentistry?

It sounds trite, but the mouth is part of the body. From my perspective, comprehensive health care must be available for all people of all ages and must include mental, vision and oral health, with an emphasis upon prevention.

While I worked in Washington as director of the National Institute of Dental and Craniofacial Research at the NIH, I had the unique opportunity to be a small part of the Surgeon General's Report "Oral Health in America," which was released in May 2000.

In that report we learned that 110 million Americans did not have dental insurance and that there were enormous oral health disparities according to socioeconomic determinants. We need to find a way for all Americans to experience optimal oral health, especially children under 5 and our elderly.

In your view, what does the future hold for general dentists?

If I look beyond the current economic crisis that has challenged all of society, domestic and international, the future of our oral health profession is very bright and filled with enormous opportunities. The emerging science, technology and patient needs of all ages will truly enhance our profession's future.

We know a lot about your work and your professional life, but what is something people might be surprised to know about you? What do you do for fun?

Fun is being with my wife, children and grandchildren in essentially any venue. Fun is doing watercolor painting. Fun is sailing our boat "Winnie" and having the "Zen" experience of being on the Pacific Ocean. Fun is learning. DT

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as a societal evil. Dr. Cissy Furusho, a pediatric dentist in Chicago, said her young teen patients have mastered texting to the point that they don't even have to look down at their phone keyboard during treatment.

"This may surprise people, but most of my younger patients are very polite about using their cell phones in the chair," she said. "The kids never answer their phone while getting treatment."

Even dentists who don't have a stated policy against texting say it can still interfere with communication between dentist and patient.

Niles, Ill., dentist Dr. Alice Boghosian said that there is a time and place for most things, but texting or talking in the dental chair is a breach of etiquette.

"One young patient of mine had to interrupt me when his phone was buzzing in his pocket." Dr. Boghosian said she was also surprised when a member of the clergy kept answering his phone even though he admitted the calls were not urgent. DT

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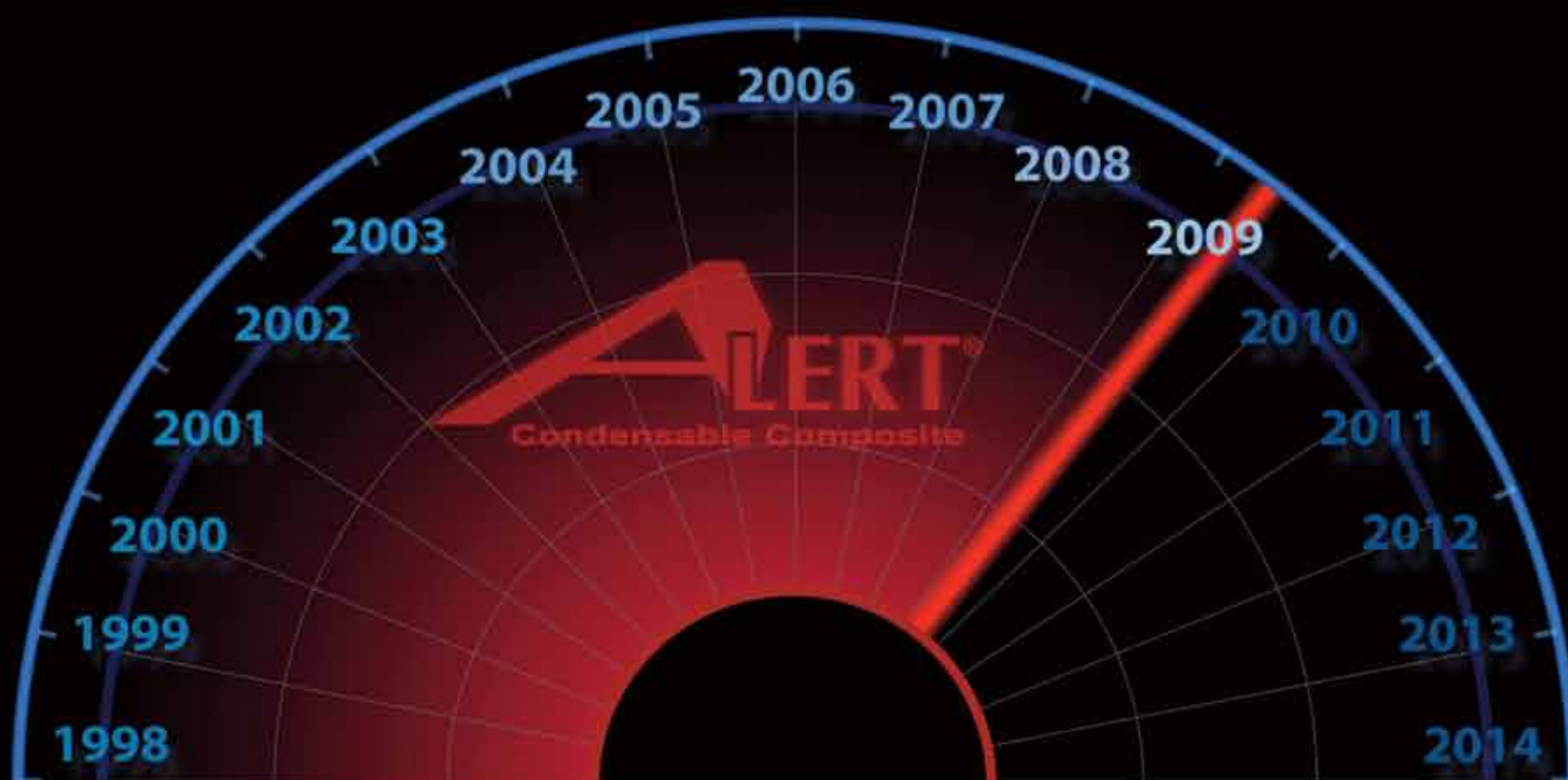
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Curbing cancellations and no-shows begins chairside

By Sally McKenzie, CMC

"Doctor, Mr. Jackson just cancelled his two-hour crown and bridge appointment." With one simple sentence, your production for the day is swallowed up by a gaping hole in your schedule.

Every dentist experiences the seemingly endless frustrations associated with patient cancellations and no-shows. Given the current recession, the number of holes in the schedule has surged in many offices. Compound that with lower treatment acceptance these days and you have all the makings of an overhead nightmare.

Even during robust economic times, no-shows and cancellations are not uncommon. They add up to huge revenue losses, on the order of \$40,000 to \$60,000 every year. And that doesn't begin to count the thousands of dollars lost in production that the dentist never has the opportunity to diagnose, much less deliver.

While dental offices typically point the finger at the front desk to maintain a full schedule, clinical teams often overlook their indispensable role in urging patients to keep appointments. In actuality, curbing cancellations and no-shows begins chairside.

It is essential that clinical teams emphasize the value of the dental care provided during even the most regular dental visit, as well as clearly explain to patients the importance of keeping their appointments.

Ironically, dentists frequently overlook the significant influence that they have on the patient's perception of routine dental care. In a rush to return to their own patient, they often unwittingly minimize the value of the professional hygiene appointment.

A hygiene scenario

Consider this common scenario: The hygienist spends time explaining to Mrs. Patient that she is now showing signs of periodontal disease and may require more frequent hygiene appointments. The patient is concerned and is prepared to schedule these visits once every three to four months.

Then the doctor walks in to check Mrs. Patient. He greets her and marvels at the great job she is doing with her oral health care. The dentist's comment causes Mrs. Patient to question the hygienist's assessment of her periodontal condition.

"The doctor said I'm doing a great job. Why would I need another cleaning so soon?"

Even more troubling is the fact that the dentist's comments cause the patient to question both the dentist's and the hygienist's diagnostic abilities.

The solution

First, the clinical team has to be on the same page. This situation is eas-

ily addressed if the hygienist takes just a moment to explain to the dentist what has been found and subsequently discussed with that patient.

It is a simple solution, but it underscores the significance of the clinical team's role in emphasizing the value of ongoing dental care.

If your practice is not stressing the importance of the next visit to the patient while he or she is sitting in the chair, you probably have many more broken appointments and cancellations than you should.

Educate your patients

Oftentimes, patients have no comprehension of the turbulence that

their "little" cancellation or no show can cause you and your team. In fact, it has been estimated that more than a quarter of your patients, about 28 percent, routinely cancel appointments because practices are not actively educating them on the importance of the next visit.

While cancellations and no-shows may be a part of running a practice, they do not have to be commonplace. In addition to emphasizing the value of every dental visit with each patient, I recommend that practices take specific, concrete measures to reclaim control of their schedules.

Appoint a staff member. The first

step is to establish accountability. Assign a specific person to be responsible for ensuring that openings are filled promptly, appointments are confirmed 48 hours in advance and daily production goals are met.

Develop a policy. In addition, develop a clearly articulated policy regarding broken appointments. The policy should be specific and appropriate in tone. It also should be periodically distributed to all patients, especially new patients. Each time an appointment is scheduled, the policy should be politely reiterated

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to the patient.

When making appointments, state the day, date, time and length of the appointment.

For example, "Mrs. Smith, your one-hour appointment is on Wednesday, April 28 at 9:50 a.m. If you are unable to keep this appointment, please call us at least 48 hours in advance to allow another patient the opportunity to see the doctor at that time."

Don't overbook. In addition, avoid the tendency to schedule all the appointments for larger treatment plans. Certainly, when presenting higher dollar, multi-appointment treatment plans there is a strong desire to immediately schedule the patient for all the necessary visits as if that will guarantee he will keep every appointment.

In reality, booking the entire treatment plan does nothing to insure that the patient won't change or cancel appointments. However, it does cause the schedule to appear unnecessarily clogged and overwhelming.

Just avoiding the tendency to overbook patients will help reduce the number of cancellations and no-shows the practice has to routinely manage.

Be patient. Be patient with your patients. They do not set out to create havoc or disruption in your day. They too are very busy and, as is often the case, when something has to give in their demanding lives, it is the dental appointment.

However, educating them on the practice's policies and expectations for appointments is an essential step every practice can take in controlling cancellations and no-shows.

Make it personal

Confirmation calls are a must for every appointment scheduled. Yet, don't just rely on the telephone. E-mail and text messaging are essential tools that every practice needs to incorporate into their patient/practice communication protocol.

In fact, studies show that most patients prefer that practices contact them via e-mail or text message. What's more, your office is far more likely to get a prompt response from patients if you contact them via e-mail and/or text message.

Patients should be contacted 48-hours in advance of their appointments. If you are not using text messaging and e-mail to confirm



Contact 'no shows' within 10 minutes of their appointment time

appointments, adjust the scheduling coordinator's work hours somewhat so that she can make the necessary calls during times that patients are most likely to be reached, such as in the evenings.

The objective of the confirmation call is to speak directly to the patient. This requires far more effort than just leaving a message on someone's machine or with another household member.

If you are sincerely committed to zeroing out the number of holes in your schedule, you need to identify what is the prime time for reaching patients directly.

For example, if your practice is located in what is considered a "bedroom community" where patients live but commute to work during the day, evening is the time in which you will experience the greatest success with your confirmation calls.

When patients schedule their appointments, tell them that you will be calling two days in advance to confirm the appointment. Request the number where they can be reached directly.

Use a positive and pleasant tone when confirming appointments. Keep notes in the patient's personal record regarding a particular area of concern, and reinforce the need for the treatment, based on the patient information in the chart.

For example, "Mrs. Smith, I know Dr. Jones wants to keep an eye on that tooth on the upper left side." This will personalize the call for

patients, and it impresses upon them both the need for the appointment as well as the fact that your practice is truly attentive.

Be sure to remind patients about any premedication needs and offer to call the necessary prescription into their pharmacy. In addition, stress the specific amount of time that has been reserved for that patient.

Fill cancellations fast

A computerized scheduling system is essential if the practice seeks to fill cancellations quickly and efficiently, as well as competently manage the schedule as a whole. The computer enables practices to maintain a list of those patients interested in coming in sooner for their appointments. When a patient cancels, the scheduling program retains the appointment information and scans the available patient database to fill unexpected openings.

For example, two patients cancel back-to-back appointments leaving the schedule with a two-hour opening next Wednesday. This happens to be the amount of time necessary for a four-unit bridge. With a couple of keystrokes, the scheduling coordinator tells the computer to scan the patient data to find a patient that would fit into that slot.

A phone call or two later, the scheduling coordinator has rescheduled Mr. Jackson for his two-hour crown and bridge appointment.

In addition to quickly accessing patient data, most computer systems have incorporated the ability to enter daily production goals within the scheduling module. They also commonly provide an instant daily schedule for each treatment room and a print out of information on each patient.

Moreover, the scheduling coordinator has a reliable system to track critical scheduling information and necessary patient data. She/he is not in the difficult and ineffective position of having to try to keep track of the information in her head or on a scrap piece of paper that is likely to disappear.

Track down no-shows

Make it standard operating procedure to follow-up with every patient who cancels, doesn't show up or doesn't reschedule. Contact no-shows within 10 minutes of their appointment time, and express genuine concern for their absence.

For example, "Mr. Clemmons, this is Ellen from Dr. Denny's office. We were expecting you for a 3 p.m. appointment today and were concerned when you didn't arrive. Is everything okay?"

After two no-shows the patient's record should be tagged indicating that he/she is unreliable. Politely inform the patient that he/she will be contacted when an opening is available.

Cancellations and no-shows are a reflection of our hurried and over-extended culture. It is a problem that affects those practices serving patients with a lower dental IQ as well as those serving the busy, well-educated executives.

Although they cannot be completely eliminated, by using a clear and direct approach, cancellations and no-shows can be minimized significantly in your practice. DT

About the author



Certified Management Consultant (CMC) Sally McKenzie is a nationally known lecturer and author. She is CEO of McKenzie Management, which provides highly successful and proven management services to dentistry and has since 1980. McKenzie Management offers a full line of educational and management products, which are available on its Web site, www.mckenziemgmt.com.

In addition, the company offers a vast array of practice enrichment programs and team training. McKenzie is also the editor of an e-Management newsletter and The Dentist's Network newsletter sent complimentary to practices nationwide. To subscribe, visit www.mckenziemgmt.com and www.thedentistsnetwork.net. She is also the publisher of the New Dentist™ magazine, www.thenewdentist.net.

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