

Changing of the Guard
Embracing a Practice Transition-An Office Manager's Perspective
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Does this sound familiar?

- Your doctor is approaching retirement and selling the practice...what happens to you?
- Your practice is experiencing growth and prosperity, resulting in another doctor joining your practice. How may affect you?
- Your doctor is opening a satellite office...how do you accomplish this successfully?
- We've done them all!

My own transition..



Lecture Objectives:

- Introducing the new doctor to your patients and referring dentists
- Communicating changes in the practice to your staff, patients, and referring dentists
- Merging staff members and creating one "blended" staff
- Using your practice management software to your advantage
- Implementing systems to keep chaos organized

One Practice, Four Transitions
1998 - 2018

First Transition 1998 – 2002

- Junior doctor came to us directly out of orthodontic program
- Worked together during most of the transition
- Learning period for the junior doctor to acquire management skills
- Senior doctor reduced his days gradually during the last year
- Practice experienced growth
- As a result of the growth, once the senior doctor left, the number of patient days increased



Second Transition 2006-2007

- January...**
 - Purchased a satellite office from an orthodontist approaching retirement
 - Worked with the "selling" orthodontist and his staff one day a week
 - Limited number of our administrative staff worked with "selling" doctor's clinical staff
- December...**
 - The doctor selling the practice was finished
 - Some of his staff members went with him, some stayed with us, and some worked for both doctors
 - A few patients chose to finish their treatment with the selling doctor; most stayed with us

Third Transition 2010-2013



- Doctor approaching retirement sold his practice to ours
- Closed his physical office and moved to our location
- Utilized his clinical staff, and our administrative staff
- Once the "selling" doctor retired, we became a 1-doctor practice again.
- We were over-staffed; eliminated positions

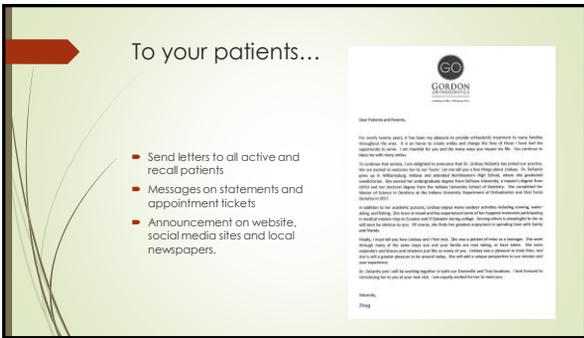
Our Fourth Transition is still in progress...

- Just a year ago...
 - Our junior doctor came to us directly out of an orthodontic program
 - She was a former patient!
 - Now to introduce her to our patients and referring dentists...



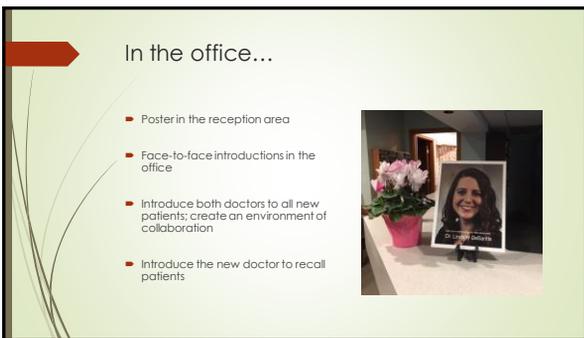


Introducing the new doctor



To your patients...

- Send letters to all active and recall patients
- Messages on statements and appointment tickets
- Announcement on website, social media sites and local newspapers.



In the office...

- Poster in the reception area
- Face-to-face introductions in the office
- Introduce both doctors to all new patients; create an environment of collaboration
- Introduce the new doctor to recall patients

Informing patients and parents

- Every staff member plays a critical role in introducing the new doctor, particularly the clinical staff
- Clinical staff members spend the MOST time with patients and parents during office visits
- Patients and parents are most likely to ask clinical staff questions about the new doctor and about any changes that may occur in the practice



Referring Dentists

- Doctor should inform top referring dentists by phone call or lunch
- Send letters to referring dentists-schedule luncheons with top referring dentists
- Assure them you appreciate their continued support and are committed to providing excellent care to your mutual patients
- Host a welcome reception and invite dentists, other professionals, community leaders and personal friends

Communicating Changes

Staff meetings to create an action plan and new doctor orientation



- It's important to have staff meetings **before** the new doctor joins the practice to discuss:
 - What will happen the first day?
 - How will we introduce the new doctor?
 - What is new doctor's "resume"?
 - Who is going to train the new doctor?

Office Manager's role is to organize and delegate to the experts!

- The Scheduling Coordinator
- Financial Coordinator
- Treatment Coordinator
- Clinical Coordinator



Questions and Concerns

- How will we answer the phone?
- Signage?
- Will we change our logo?
- Will we change our forms and stationary?
- What changes will be made to our website and social media accounts?
- New doctor's personal office?
- When will she begin to see new patients?
- Will both doctors see all patients or will they each follow the patients they diagnosed and started treatment on?
- What areas of the practice will the new doctor manage?
- Will the doctors always work together or will we have both offices open simultaneously again?

Interesting dynamics.....

<p>The new doctor...</p> <ul style="list-style-type: none">■ Knows orthodontics■ May have philosophies/protocol that differ from the practice■ May have limited experience in how an orthodontic practice operates on a day-to-day basis■ Most likely has limited knowledge of how the administrative area of the practice functions	<p>Staff members...</p> <ul style="list-style-type: none">■ Know how the practice operates■ Must be respectful and open to change■ Will be "trainers" for the new doctor■ Can't assume what the new doctor does and doesn't know- and must handle the doctor's training with finesse
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Merging two practices

Merging doctors, staff members and patients



Good communication is critical

- The doctors must be as transparent as possible about changes in the practice.
- The doctors must communicate their expectations of one another privately and present a united front to the staff.
- Support for one another must be unwavering – have difficult conversations in private.
- Staff members may go to the senior doctor with concerns about the junior doctor or vice versa. Avoid this "Parent vs Parent" scenario!

Merging two practices together

- Another doctor, another person of authority, is now in the practice.
- There may be 2 different treatment philosophies to blend
- Don't let egos get in the way
- Even though you may feel your method of delivering treatment is best, it's important not to be demeaning or condescending.
- Communication, Consideration and Compromise is crucial to the success of the transition

Becoming one practice isn't easy...

- Verbal and written communications must be evaluated and new practice standards developed
- Scheduling guidelines must be established and followed
- Financial policies may be very different - new protocols must be established
- New doctor to the practice must spend time with the TCs to learn how the new patient exam flows
- Charting/chairside instructions need to be reviewed and aligned on



Merging two staffs is the most challenging

- Natural to feel threatened or entitled
- It's important to respect all viewpoints and to listen to one other
- There cannot be your way or our way. You must develop the "practice way" and this could take some time.
- It's important to maintain, and raise the standards of the "new practice"
- Schedule training time outside of office hours
- Patience!



These things may change:

- Office hours and location(s)
- How the daily schedule is managed
- Treatment Modalities
- Written instructions
- Verbal instructions: you don't have to say things the same way, but you must communicate the same information



Utilizing Practice Management Software



The new doctor and practice management software

- The new doctor should learn how software works
- Should be familiar with the different modules within the software
- Software can track patients that were seen by a specific doctor
- The doctors should be interested in monitoring production and conversion rates, depending on transition agreement



Multi-Location Practices

- It's important to serve all patients from either office
- Electronic charting is vital in a multi-location practice
- Transporting paper charts is cumbersome, time-consuming
- Scan everything into electronic charts
- Use a reliable, local IT company to help manage your network
- Backup to the cloud



Keep the Chaos Organized

Productive Morning Meeting

- Scheduling coordinators – update the schedule before the meeting
- Review starting patients – which doctor will see the new starting patients?
- Do TCs have patients that may require special attention?
- Any potential same-day starts?
- Emergency patients scheduled? What type?
- Check with lab for appliance deliveries and turn-around times
- Scheduling coordinators – how is appointment availability?
- Anything to review or feedback from previous day?
- Updates on office projects

Scheduling Coordinator

- "Manage" the schedule – make it as efficient as possible
- Reschedule patients who missed their appointments in a timely fashion
- Monitor recall system regularly so that patients don't fall through the cracks

Financial Coordinator

- Monitor accounts receivable – be aware of delinquency
- Have a system in place to manage delinquent accounts
- Work closely with TCs to create appropriate financial arrangements

Treatment Coordinator

- Review patients – determine which doctor will see patients
- Collect diagnostic materials the doctors require before new patient exams or recall patients
- Gather information for financial coordinator (to help determine credit worthiness)
- Complete financial arrangements before starting appointment

Clinical Coordinator

- Review schedule at morning huddle – are there any patients who prefer a specific doctor?
- Troubleshoot challenging times and/or patients with special issues



Lab Technicians



- Utilize software to manage time, monitor workload
- Confirm delivery dates
- Have the doctor who ordered appliances review models and design appliances
- Target to have "tomorrow's work completed today"

So in conclusion, whether you are...

- Adding a new doctor to the practice
- Your current doctor is buying or selling the practice
- Your practice is adding a satellite office
- Merging two practices into one

Don't resist the changing of the guard,
embrace it!