The art and science of setting goals and achieving them

Karen Moawad and Tracy Moawad

Determining what goals are important and understanding how to actualize those targets is the focus of this article. Whether it is the number of days you work in a month or a year, the number of active patients you wish to treat, the vacation weeks or months to take in a year, the amount of profit you want, the number of locations you wish to open, the quality of your treatment results, or your role in the community, setting goals in these areas is essential. But goal setting but is only a small part of the equation. This article addresses these areas and how best to achieve the goals. (Semin Orthod 2016; 22:244–247.) © *2016 Published by Elsevier Inc.*

When starting out in orthodontics, the primary goal most orthodontists focus on is generating enough money to pay back the bank loan with a little left over to cover living expenses. At about year 12, many orthodontists realize that Lewis Carroll was right in Alice in Wonderland when the Cat and Alice had this exchange:

"Would you tell me, please, which way I ought to go from here?" "That depends a good deal on where you want to get to," said the Cat. "I don't much care where—" said Alice. "Then it doesn't matter which way you go," said the Cat. "—so long as I get SOMEWHERE," Alice added as an explanation.[1]

The paraphrasing that is so often quoted is a good summary of the exchange between Alice and the Cheshire Cat: "If you don't know where you are going, how can you get there?" In other words, how can you pick a road to somewhere when you don't know where you are going? How do you get "there" when you don't know or don' care where "there" is?

Rather than setting goals and making strides to reach them, practices evolve or morph, often with the orthodontist working long hours and more days a month than is necessary. When quality of life becomes important, the orthodontist wants more time off or feels he or she is working too hard for the return. It becomes apparent that systems and a focused set of priorities and goals are necessary to handle growth.[2]

Where does one start on the road to goal setting and implementation? Often, even for those who have progressed beyond focusing on treatment philosophy and are now tracking patient and financial statistics, practitioners find it difficult to define short-term and long-term goals. There are no rules—the goals and targets are yours to imagine, but below are a few areas that may resonate and can provide for a solid foundation on which to build and meet your practice's strategic goals.

Patient days you work in a month or a year

With a well-designed schedule that allows for the doctor to be systematically treating patients all day long, an orthodontic practice can efficiently schedule all patients into 12–14 days a month, whether there are 1200 active patients, or less. Contributing factors include the number of clinical staff, their level of expertise, the number of chairs, and whether there is a waiting line at the digital x-ray machine(s).

Points the practice must address include: creating classes (or configurations) of appointments showing how long the patient is being seen and where the doctor time is in each class, the proper counts of how many classes/configurations are needed each day to offer a proper number of appointment slots, and finally building an efficient patient schedule based on these classes or time configurations, etc.[2] It is

Amrita Vishwa Vidyapeetham, Amrita University, Kollam, Kerala, India; PO Box 10279, Bainbridge Island, WA 98110.

Address correspondence to Karen Moawad, Amrita Vishwa Vidyapeetham, Amrita University, Kollam, Kerala, India. E-mail: karen.moawad@gmail.com; karen@amrita.edu

© 2016 Published by Elsevier Inc.

1073-8746/16/1801-$30.00/0

http://dx.doi.org/10.1053/j.sodo.2016.08.002

important to be certain the doctor time is addressed so the doctor is only needed in one place at a time but is needed consistently throughout the day.

Vacation weeks or months during a year

Each practice should determine what the work schedule will be a year–18 months in advance. This future focus planning allows staff to arrange their vacations on non-patient days, when growth guidance and Phase II pending patients can be schedule a year out, etc.

If the practitioner wants 2 weeks off together, it is best to plan that one of the weeks be at the end of 1 month and the other at the beginning of the next month. A vertical calendar evens out the patient flow each day by properly addressing the appointment rotation for patients.

Non-patient days

If a practice sees patients only 12 or 14 days a month, one might wonder what clinical staff should do on the non-patient days. Some staff members only want to work on patient days. Others are welcome to work the non-patient days as long as their time is productive and valuable to the practice. We usually recommend a structured list that is updated regularly with what must be accomplished on non-patient days.

Additionally, 1 day a month, the entire team should go into the community together to do something good for those less fortunate. Teams have dug a vegetable garden for senior citizens, painted a homeless shelter, packed and distributed frozen food when the freezer at a local food bank broke down, stuffed and dressed bears at Build-a-Bear so the bears could be taken to children in the hospital, etc.

The number of active patients you wish to treat

Orthodontic practices can become as large as the practitioner wishes. Thanks to technology in treatment, treatment times are shorter. Practices have anywhere from 5 to 14 exams slots a day. Although many slots are filled with exams, some of those slots are filled with growth guidance patients who are now ready for treatment and adult patients who did not start at the time of their exam but are now, maybe 2 years later, ready to start.

The conversion rate should be 75% or higher. Any practice averaging below a 75% conversion rate should reflect on what is causing new patients to turn away, as many practices are enjoying very healthy conversion rates between 85 and 90%![3]

One way to greatly improve new patient starts and grow your active patient base is to prepare the patient on the phone during the new patient call that the practice may be able to start the patient the same day as the exam when treatment is indicated so they do not have to miss work or school twice to get started. We take the pan (or pan and ceph) and photos prior to the doctor seeing the exam patient, and if treatment is indicated during the exam, can then do a scan, an impression, or even place braces if the patient is ready for treatment and if they wish to start. It is also essential that the new patient call script educates the patient or parent that an initial payment will be due the day treatment is started. A properly detailed and well-written new patient call script allows the practice to create a connection with the new patient and convey to the caller that the practice has the utmost consideration, value, quality, and convenience in mind when treating patients.

Another key is in utilizing treatment plans that the practitioner designs, delineating the exact procedure to be performed at each visit, the wires to be placed, additional things that should be addressed at each visit such as starting elastics PRN, etc., thus minimizing actual visits. At the exam, one of the treatment plans is selected for each patient, and the plan is followed to ensure the patient finishes treatment on time. If a practitioner finds they are modifying a plan too often for multiple patients, this is a good indicator that a new plan should be created for that particular clinical treatment.

It is also important to monitor your starts per finish ratio and ensure that your active patient base is not artificially inflated with patients who should have already completed treatment. The clinical staff should be aware of patients who are beyond their estimated completion date (ECD) and bring that to the practitioner's attention. Each day patients coming in who are beyond ECD are discussed at the morning meeting.

Download English Version:

https://daneshyari.com/en/article/5643486

Download Persian Version:

https://daneshyari.com/article/5643486

Daneshyari.com