

PRACTICE FOCUS

MASTERING YOUR SCHEDULE

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This month, we are going to really dive deep into one very specific topic and it is probably not the sexiest topic. It's probably not your most favorite topic but I will tell you, it is without question the single most impactful topic that can result either in a success or stress of every single day that you're in your practice. So it is really all about mastering your schedule. This is very advanced material. For some of you, it'll be a little review. We're really hoping that we can open some dialogue for each person in the practice today, to really open their minds, to brainstorm ideas that will help you to become more efficient, more seamless, more consistent, and just overall work in a better collaboration with the team.

As you know, *the schedule dictates everything*. It dictates your engagement with patients, your amount of time to close treatment. It has the biggest impact on the patient experience overall. It has to do, of course, with your peace of mind and your stress or lack thereof during the day and 100% absolutely, it has everything to do with the financial success, growth, and profitability of your

practice. Hitting your goals and your bonuses is all tied to the schedule formula that we have. I see so many people that they're scheduled so far out but yet *they're not even hitting their daily goals*. It doesn't even make sense to me.

How could you possibly be scheduled in advance and yet you're not hitting your daily goal? There's obviously a problem.

It should not be even physically possible.

Now, of course, we also have people that their schedule is just not optimized in any way, shape, or form. You're all doing better than most but you certainly can make improvements.

So today I'm telling you this is the single greatest enabler or inhibitor to your success and we're going to master it.

Your schedule, hands down, is the single most determining factor of all growth, your schedule. I'm telling you this- **every major breakthrough or financial growth is going to be a scheduling breakthrough** once you've mastered the basics. You'll go through at least three evolutions in scheduling. Usually over the course of six to nine months, maybe up to a year, you will go through different evolutions of the schedule.

It's never finished.

There's never a final product because the more you grow, the more demand you build, the more value-based dentistry you're doing, the more that you're going to have to continue to reengineer and elevate the schedule level of operation and sophistication that you have.

Unlike any month before, I'm going to talk you through all three of them and help you figure out, manufacture, and otherwise take control of your next breakthrough together.

For some, this will be very elementary. It will be a basic reminder. For others, it will be the most mind-blowing modification to your perspective on scheduling than ever before. I would caution you to bypass this without really seriously critically looking at your current modus operandi and protocols for scheduling.

I would ask you to reflect and assess as deeply and carefully as possible so that you can ensure everyone is on the same page, the exact same page.

First, I want to explain, remember that many people, they're basing the schedule on time.

They're scheduling the time that they're open. They're filling every minute with a patient. That, of course, is the lowest level, the least sophisticated model there is.

Then you have the active scheduling of space. You're filling up every operatory, maximizing the real estate you have. Then many people see breakthroughs in scheduling procedure. We allow x amount of time for this, so therefore we can fit two crowns here. We can fit one implant there. We're doing things that are procedure-based.

Ultimately, some people develop an organizational structure around doing block scheduling. This is probably one of the most understood and overrated concepts in dentistry today. **Block scheduling does not equal a financially viable practice.**

All that simply does is allow you to easily place things into your schedule and you end up creating something that's a level of equality instead of something that's a level of profitability. The only way to build a proper schedule to run a legitimate business is to have *value-based scheduling*.

As you all know, the value-based scheduling is very simple.

Number one, it focuses on **having a specific goal for the day**. So you know whatever your objective is for the month, you divide by the clinical days you have and that becomes the number you have to hit if you're going to achieve your goals.

That value-based objective should put you at a place where you can now carefully and controllably monitor and manage the production flow of any given day so that you get ahead of the schedule. You're going

to calculate this daily and adjust it accordingly.

Let's say, for example, your daily goal is \$10,000. As soon as you put something in, let's say we have a couple crowns for a patient that's going to be done. A couple crowns is going to take 90 minutes. You're going to block this out and you're going to have a \$2,500 value. That means that the rest of the day, let's assume the rest of the day is five and a half hours, then you're going to take that and it has to be worth \$7,500.

So now you now have a new day that's five and a half hours that has a new value and if you place the next thing, you're going to place an implant that takes one hour. You're going to do \$2,500. Now you have four and a half hours left with a \$5,000 value.

So you get the point.

You're constantly recalibrating the value of the day. As soon as you hit the number, you move on to the next day. You leave whatever space available for new opportunity. You do not schedule it unless you need to schedule it for low value dentistry or for post-op things or something else. You can fill up the rest of the day with whatever, but the best idea is to leave it wide open so you can bring on other opportunities. This is value-based. A goal, calculated daily, adjusted accordingly, moving on to the next day.

First, we're going to prioritize your day by what I call *the ideal day*. So you want to make sure that you are attempting to create an ideal day every day. Some people have an implant day or ortho day or sleep day, whatever day.

Some people, every day is the same across

the board. It doesn't make any difference to me how you do it but once you establish what an ideal day is, that's what you want to focus on.

Next, you're going to understand and embrace weighted production. Weighted production is a method in which you are taking and understanding that **not all hours are created equal**. So if you take a procedure that is going to take one hour to do, there may be a half a dozen things you can put in an hour but they all have a different monetary value.

So weighted production is making sure you're putting the **highest value production in the shortest amount of time**, so you can then leave room for things that are less valuable.

If you put a filling that's going to take 45 minutes or, heaven forbid, an hour, if you put a bunch of

composites in your schedule first, you've now diminished the entire value of the day. Those have to be filled in later on or they have to be segregated off into a specific area or somebody else has to do them but you're figuring out this, you have to understand weighted production.

Not all production is based on the time value. It's based on the money value.

Ultimately, you want to make sure you maximize all rooms, all columns, and all assistants. It sounds so simple but when you look at your schedule, you have rooms for a reason. You need to manage them and properly maximize them. Doesn't mean the doctor has to be going back and forth running all over the place. It can simply mean that the team is going to manage.

For example, ortho adjustments, any Invisalign checks,

anything should be done in a separate column. It's insanity to put those anywhere near the primary production column and technically, if you're running any kind of a level of professional practice, you shouldn't even have them in the second column or in overflow.

Of course, emergencies should never be worked into the primary production column unless there's room for it and unless we decide to do it, it's a last minute or same day or day before type of thing. No post-ops or adjustments, nothing that has zero value would be going into the primary production column.

Now, most people are underutilizing the column selection of the way they put production in the schedule. They're underutilizing the clinical team in the back.

I'm going to walk you through the *three major breakthroughs now that you should have with your schedule.*

#1: First is going to come through **bundling treatment.** No dentist we're working with at this point in time is a single tooth dentist. Now, if there's only one tooth that needs to be done, that's fine. You're going to fit it into a very special area in the schedule. You're not going to fit it into the primary position. All of you should be focused on bundled treatment.

Some people want to use the tagline quadrant dentistry. We want to talk about doing an arch at a time. It doesn't make any difference. I want you to be doing bundled treatment so that your blocks of, let's say, every two hours can be worth a lot more money, more procedure, more

dentistry, more treatment per patient.

#2: Secondly, the next breakthrough is going to come from more **comprehensive diagnosis.** The only way to build demand in the schedule is to have more comprehensive diagnosis to begin with.

We all know that, we talk about it all the time. When it comes to the schedule, you really have to understand, you can't schedule what you don't create.

#3: Ultimately, the third breakthrough for scheduling is going to come by **utilizing and empowering every one of our assistants.** You REALLY have to develop a column-driven assistant-based dentistry. If you do that, you can run a lot more productions and you can expand the opportunity outside of one primary column. It's so critically important.

This goes with weighted production, multiple streams of treatment creation. That's exactly what you have to be thinking about.

Now, as you all know, the most important objective of our value-based scheduling is that you're cleaning out all the clutter from the schedule of the one primary money column.

You have the first column for the primary provider, for any provider, is going to be all productions. You're not going to let anything with a zero value into that sweet spot of the day. One column straight up and down scheduled with enough time to turn the room, not zig-zagging chair to chair and running with total inefficiency, but segregating one predominate primary production column that the doctor is working out of this chair, moving out any

of the junk treatments over into other areas, the post-ops, the in-productions, the emergencies, the placements, the adjustments, all of this in the second column.

You cannot have the money producing doctor have their hands be doing things that are not bringing in any revenue.

Otherwise, you'll handicap yourselves and you'll never be able to achieve your goals on a consistent basis. There's no simple way of changing this idea. You can't argue with this. It's factual.

Now, your homework for this month is very simple. We're going to start back at the very beginning.

Number one, I want you to establish a daily goal.

Number two, I want you to play a game of how to create it. You're going to sit down and say, "Okay

team, if we're going to hit our daily goal, how can we do that? What are all the things we could do in a day to achieve that goal?" and you're going to piecemeal lots of different things together so you start understanding how you can easily surpass your daily objectives. Your goal is \$10,000, one Invisalign start, a handful of implants, a mouthful of crowns, whatever. You have lots of ways that you can blow past your goal very quickly and you need to understand the value of the treatment, not the time of the procedure, is what we're going to be focused on in the way we fill the schedule.

Number three, I want you to make an outline of all the streams of production you have. That's every type of procedure and patient style that you're incorporating into your practice.

Number four, I want everybody on the team to sit down and have clarity over every protocol of procedures tied to the time allocation. This means if we ask eight or ten team members or three team members, "How long does it take doctor to do a crown prep? How long does it take doctor to do a crown C? What if it's this tooth? What if it's that tooth? What about implant? What if it's bone grafting?" You need to have an understanding so that everybody's on the same page.

You need to make a master list, if you haven't already, with every allocation of procedure blocked to the exact amount of time that you want to allocate. When you lay out your schedule, you're going to make sure that you're having patient time allocated, doctor time allocated, and assistant time allocated, not just

patient and not just doctor.

Number five, you're going to do assistant columnization and ownership. You're going to decide who owns each column and what's going to be in the column and what isn't going to be in the column.

Finally, the doctor has to have time to create and diagnose. You're going to brainstorm your reasons behind how you're going to free the doctor up to have more time with patients, more comprehensive diagnosis, and of course the team should be driving that too.

Ultimately, I want you to strive for your biggest case, your best day, and your biggest month ever using these principles. Very important. Your biggest case, your best day, your biggest month ever using these principles.

You must first start with the math problem and work backwards into your daily execution of scheduling. I could ask you a big open-ended question of starting with all the things about your schedule that you know you want to change or improve or the places where you feel like you lose control or that they don't go as smoothly as they should. You can have that brainstorming session first, if you'd like.

I really like to make sure that you follow the sequence of protocols I've outlined here so that you can really gain confidence over the ways you're going to build the value-based scheduling for your practice and what the next breakthroughs will be.

Once again, I will tell you, you can repeat this process no matter whether you're at one

million or two million or three million, no matter whether you're doing \$10,000 days or \$20,000 days. *There always will be the next evolution of scheduled breakthroughs.* I wish you a lot of luck. We're here to help.

I'd love for you to send in your homework. Let Kevin and Tyrella know what you came up with. Give us your schedule action plan. I'd be happy to take a look at it, to review it, to revise it, to give you suggestions. It would be certainly my pleasure and privilege.

Please get to work. Make this happen and let's really get outside the box and look for real business breakthroughs, not just dental breakthroughs, and start looking at this in the way that's going to be best to serve the patient.

It has to be what's best for the team and the doctor.

There's no way to build an inconvenient stress-ridden practice for yourselves and think that you're going to get high quality care in a comfortable environment with your patients. *Schedule, schedule, schedule.* It's going to create the ripple effects of everything else. It is also going to be your ticket, your key, your combination to making sure that you achieve your financial objectives.

Schedule breakthroughs, my friends, let's master it today. It is what matters most when it comes to the fruition of everything you're working so hard to achieve. Have a great month. We'll talk soon.

Enjoy the 4th of July and independence and if you're celebrating in any other countries, of course, we wish you the best too.