

The Automated Dental Micropractice

A high-tech, low overhead practice concept that automates many business-related tasks. It also outsources most non-clinical tasks to a network of expert dental service-providers.

The goal is to maximize time with patients, maximize revenue management, and minimize the daily pressures of running a dental practice.

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Summary

A dental micropractice is defined as a highly automated, low overhead practice, which utilizes select outsource services to perform many business-related activities off-site and on-demand. It is an intriguing concept for a doctor looking to maintain a comfortable income with the freedom to work less time, and outside of a larger practice environment. The internet is a major component of the micropractice, since it allows multiple entities anytime/anywhere access to data.

The need for staff and office space is minimized, due to the use of automated tasks and outsource services. In utilizing outsource services, expenses are directly related to usage. In other words, a part-time practice will have less expense than a full-time practice.

A micropractice is a lifestyle choice for a practitioner. It is well-suited for the practitioner who wants the benefits of ownership, but doesn't want to be tied down by the demands of a larger office with a larger overhead.

Physician Micropractices

A small but growing number of physicians are converting to high-tech, low overhead practices to make patient care more efficient and less stressful. The concept, pioneered by Gordon Moore, a physician in Rochester, NY, is called the micropractice.

In 2001, Dr. Moore took the risky step of opening his micropractice. Tired of working in a large group practice, he borrowed about \$15,000 and opened a tiny office, with no nurse, no receptionist, and no waiting room. Now, according to Moore, he is making slightly less money, but it's a "very good income" without shortchanging patients on time.

Similarly, Dr. Moitrin Savard, a physician in Melville, NY, has no nurse but shares a receptionist with several other solo practitioners and does her own paperwork. Mostly, she runs her office electronically — lowering her overhead because she has no salaries to pay.

She keeps patient files on her laptop and bills electronically. Patients

make their own appointments on the website, and she fits her schedule to meet their needs.

"I'm not being controlled or being told when I'm on call," Savard said during an interview in her Queens office. "I don't think I could ever go back to group practice."

Savard said she now has more time to spend with her 3-year-old son, Milan, and her husband, Peter, who is also a physician and a Stony Brook medical school graduate.

Is There a Parallel in Dentistry?

The practice of dentistry is different enough from the practice of medicine to question the feasibility of a micropractice in dentistry. Do space and equipment requirements preclude a micropractice? The simple answer is that, given current communication technology tools, dentistry may actually be MORE suited for an automated micropractice than medical for the following reasons:

- ☞ The patient relationship need not be managed across several entities, like hospitals, pharmacies, several specialists, etc.
- ☞ Insurance is more straightforward and less intrusive
- ☞ Disease management is less intensive

Group practice is pervasive in medicine, and one of the primary motivations for a physician to start a micropractice is to flee the group setting. This is not the case in dental, but the motivation need not be the same to take advantage of the end results:

- ☞ Less overhead
- ☞ Less business-related stress
- ☞ More in control of your schedule

What Does an Automated Dental Micropractice Look Like?

In concept, the idea of a micropractice has been around since the beginning of dental practices. Many years ago, it was not uncommon to see a dentist working alone or with one staff member. Over time, that method of practice became impractical. The demands of running a modern-day dental practice make it extremely difficult for the dentist to handle both patient treatment and all the business-related operations.

Now, however, due to fairly recent technological and service advances, many of the business-related tasks can be automated or off-loaded to individuals who need not be in the office. So, the modern-day micropractice is not just a re-birth of the dentist do-it-all practice common 50 years ago, but rather, it is a highly automated practice, where many tasks are efficiently distributed to outside experts.

At the core of the micropractice concept are three critical, interdependent factors:

- ☞ A practitioner who is organized and technologically savvy
- ☞ Automation of as many processes as possible
- ☞ Outsourcing any task that doesn't need to be done in the office

While there is no such thing as a one-size-fits-all micropractice, here are some of the common components:

1. Web-based practice management software, which allows you to automate:
 - a. appointment reminders via email, SMS text messaging, or IVR;
 - b. patients requesting – or even booking their own – appointments online;
 - c. online patient registration;
 - d. automated electronic billing of insurance claims and attachments;
 - e. patients bill paying online;
 - f. automated patient communications, like newsletters, cards, etc.
2. Web-based practice management software, which allows appropriate, secure and anytime access to:
 - a. a call-center service to answer calls, schedule appointments, and answer basic questions;
 - b. online patient registration, including health history;
 - c. a service company to make any necessary appointment verification calls, if automation is not possible or inappropriate;
 - d. a billing service to access, print, and send statements remotely;
 - e. payments to be collected and entered remotely;
 - f. insurance activities, which are automated and handled remotely via a services company, with the ability to:
 - i. check eligibility and benefits;
 - ii. submit claims and attachments, if necessary;
 - iii. follow up on problem claims;

- iv. receive and book insurance payments.
- g. a collections service that automatically receives accounts older than a defined time frame.
- 3. Web-based practice management software, which allows you to digitize all aspects of the patient record, which:
 - a. you can view online at anytime from anywhere;
 - b. you can present online to your patient, even remotely.
- 4. Web-based marketing activities, including:
 - a. Website – directing calls to the call-center service;
 - b. Search engine marketing.

There are other online services which can further leverage the internet including, but not limited to: lab communications; dental supply ordering; financing, bookkeeping; accounts payable management; remote consulting services, and more – all of which can be integrated into your practice management application, which alleviates multiple data sources, duplication of data input, etc.

Imagine This...

Given the above background information, imagine this scenario:

Before you leave for the office, you get online and check your schedule. You see that there are three new patients since last you looked. All three found you via your website – two called and booked appointments through your call service, the third booked her own appointment online. Two registered online and filled out their health histories. You also see that each of today's appointments were verified yesterday either by email, text message, or a call from your call service, which is located in Salt Lake City.

You meet your assistant at the office, which has a small reception area and two operatories. Your assistant finishes setting up the instrument trays for each of the day's procedures, just as your first patient arrives. As the patient is seated, your assistant clicks the "patient seated" box on the scheduler to inform the call center you are with the patient and not to be disturbed, except for emergency. Fifteen minutes later, your phone rings. You can tell by the sound of the ring tone that it is not an emergency, so you continue to work. You can return the call when there is time.

An hour later, the next patient arrives. Your assistant leaves briefly to greet the arriving patient, and then returns to help you finish the

procedure. As you greet and seat the next patient, while your assistant dismisses the first patient, books the next appointment, and discusses financial issues. In the case that you or your patient were running late, a follow up call to the patient from the call center can accomplish the same tasks – including taking credit card information for payments.

Your last patient of the day is the new patient who did not register online. You let her sit with a laptop and enter all her registration information and health history. You have a signature pad attached to the laptop for the various forms she must sign.

After your last appointment, you have a case presentation to give to a patient who didn't have time to come in to the office. You use GoToMeeting.com, an online meeting application that allows your patient to view your computer screen from his home computer. You talk to him on the phone, while showing him images of his study models. You show him a few before and after images of similar cases. You then email him the presentation along with the estimate of charges. You ask if he would be interested in financing options and set a time when the call center will contact him to discuss.

While you were working, your business services partner sent out your month-end statements, handled any electronic insurance claims that did not clear the edit checks, followed up on unpaid claims, and re-submitted five claims that had been denied for invalid reasons. They called seventeen patients that have past due accounts, and they verified the appointments of four of tomorrow's patients, who prefer telephone verification.

Also, while you were working, several emails and text messages went out automatically to patients for everything from appointment reminders to happy birthday cards. More than half your patients request to be billed online. So, more than half your payments are received and booked automatically. Your other collections are sent to a secure P.O. Box, where your services company books and deposits the payments. In the office, you only accept credit card payments; therefore, no additional posting or deposit efforts are required.

Your bookkeeper uses online accounting and check writing software. She enters all invoices into the system, which you can then view remotely. So, you can get online anytime and indicate which checks should be paid and which should wait. No one has access to withdraw funds from your bank account except you.

Finally, as you are ready to leave, you take a quick look at your “practice health” dashboard, which highlights the key metrics of your practice. You see that all but one – average age of receivables – are on target, the targets that you and your remote consultant defined during your quarterly planning. You send an email to your remote consultant, asking for a plan to bring it back into line.

All of these services – except the accountant and consultant – are paid as a small percent of your collections. Not only is the expense predictable, it is much less than if you hired and trained a staff person to accomplish the tasks.

Pipe Dream or Reality?

Is the above scenario, or some variation of it, possible in 2008?

Perhaps surprisingly, all – or almost all – of the pieces are currently available. Better yet, the pieces are integrated and well-tested.

Three components are required to offer the necessary services to serve a dental micropractice.

1. Software. As you've surely gathered by now, the key to an automated micropractice is the internet and web-based software.
2. Expertise of a service provider. While the word “outsource” has been used extensively in this article, it is not enough to simply hand the task off. It must be given to experts; otherwise, what's the point?
3. A network of users. Perhaps the greatest potential of utilizing an online practice management application and tying into an infrastructure of service experts is the ability to share key information and success metrics. For example, the network can learn together – via the services company – to bill insurances much more precisely, and they can share metrics like average age of receivable (without identifying names, of course).

Planet DDS (www.planetdds.com), in Irvine, CA, offers all three components. Denticon, a web-based dental software application, supplies the entire technical infrastructure required to run an automated dental micropractice. Denticon integrates with other Planet DDS software for internet marketing, patient communications, online

x-ray and image management, and automated patient records. It allows for automation of most of the processes described above.

Denticon is highly secure and HIPAA compliant. The dentist sets up security rights for everyone who has access to the system. So, an outsource service company will only have rights to those parts of the application pertinent to their services.

Planet DDS has also created a network of stay-at-home workers, all of whom have extensive dental office experience. They are all proficient on Denticon, and they are supervised by experienced call center professional. Planet DDS's management also includes extensive experience in dental insurance, billing, receivables management, and collections.

Conclusion

Automated dental micropractices are currently a viable reality. The numbers are small but growing, mostly from start-up practitioners. The technology and services exist today to run a fully automated practice that has real-time interaction with a professional outsourcing services company. There are professional outsource service companies that understand the needs of a dental practice. With a combination of Denticon internet software and services, a turnkey capability is available today.

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