

How Does Your Practice Rate?

Sit down, relax with a beverage and evaluate your great practice.

Check off the two **Production Levels** your practice is presently at:

- By **Yearly \$ Production**: ☐Level-1 (<\$1million) ☐Level-2 (\$1 to \$2 million) ☐Level-3 (> \$2 million) *per doctor*
- By **FS/D Production**: ☐Level-1 (<1.00) ☐Level-2 (1.00 to 2.00) ☐Level-3 (> 2.00) *per 1-doctor day*

FS/D = (Full + Ph-II Starts) + 0.35 x (Ph-I + Lim Starts + Aligner Starts) ÷ ____ Days/yr

Your: [____ Full/Ph-II Starts + 0.35 x (____ Ph-I/Lim)] ÷ ____ Days/yr = ____ FS/D

1: Rate Your **Team Organization Systems**: (OH = Organization & Hiring MGMT Kit)

- For <1.00 FS/D (Level-1) you need 4 or less full time team members you have ____ staff ☐OK ☐Understaffed ☐Overstaffed
- For 1.00 – 2.00 FS/D (Level-2) you need 5 to 9 full time team members you have ____ staff ☐OK ☐Understaffed ☐Overstaffed
- For >2.00 FS/D (Level-3) you need 4 or less full time team members you have ____ staff ☐OK ☐Understaffed ☐Overstaffed
- Do you have all of your team position's tasks defined and automatically performed?☐Yes ☐No ☐Need to Improve
- Do you have a team morale problem? (problem _____)☐Yes ☐No ☐Need to Improve
- Do you feel that your team is a: ☐team (bonded) or ☐group of individuals (self-serving)?☐OK ☐Need to Improve
- Is your *Practice Personality* balanced...are you more ☐people (fun) or ☐task (serious) oriented?.....☐OK ☐Need more balance
- OH The *Doctor's Personality* is: ☐socializer (fun) ☐Analyzer (serious) ☐Director (tense) ☐Relator (easy)☐OK ☐Need more balance
- Is the doctor (or certain team members) overly emotional? ☐Gleeful ☐Fearful ☐Angry ☐Sad ☐OK ☐This Needs work

2: Rate Your **TC Program Systems**: (TC = New Pt. Experience TC MGMT Kit)

- OH Does your TC have the desired "personality", "Mental Skills" and "Attitude" to be most effective?☐Yes ☐No ☐Need to Improve
- TC Does your TC do all the procedures required to get the patient started when ready to start?☐Yes ☐No ☐Need to Improve
- Does your DOCTOR spend between 10 and 15 minutes in an exam?.....(you ____ min)☐Yes ☐No ☐Need to Improve
 - Is your *Exam Conversion Rate* = [(Full + Ph-I + LIM + INV Starts) ÷ (Total Exams)] over 75%?(you ____%)☐Yes ☐No ☐Need to Improve
 - Is your *Ph-I/II Conversion Rate* = [(Total Ph-II Starts) ÷ (Total Ph-I Starts)] over 75%?.....(you ____%)☐Yes ☐No ☐Need to Improve
 - Is your *OBS Conversion Rate* = [(Starts from OBS) ÷ (N.P. Exams placed on OBS)] over 65%? ... (you ____%)☐Yes ☐No ☐Need to Improve
 - Are your Pt./Family referrals greater than 50% of your New Pt. Exams? (your ____%)☐Yes ☐No ☐Need to Improve
 - Does your TC know how to "sell" your orthodontics?☐Yes ☐No ☐Need to Improve
 - Does your practice know how to effectively handle "transfer-in" patients?☐Yes ☐No ☐Need to Improve

3: Rate Your **Team Scheduling Systems**: (SD = Scheduling Design & Tx Quality Control MGMT Kit)

- SD Is your scheduling system based on your Tx Mechanotherapy (Tx services)?☐Yes ☐No ☐Need to Improve
- SD Is your scheduling system productive? That is, is it above 1.00 FS/D? (yours above = ____) ☐Yes ☐No ☐Need to Improve
- Do you maximize your patient market with a ☐Rotation Schedule ☐Vertical Calendar?☐Yes ☐No ☐Need to Improve
 - Do you effectively control your daily Early, Late & SOS patients?☐Yes ☐No ☐Need to Improve
 - Do you know how to optimize your daily patient flow to make it smoother?☐Yes ☐No ☐Need to Improve

4: Rate Your **Team Hiring Systems**: (OH = Organization & Hiring MGMT Kit)

- OH Do you have an organized hiring system to seek and hire the right person the first time?☐Yes ☐No ☐Need to Improve
- OH Do you evaluate the ☐Personality ☐Mental Skills & ☐Attitude of possible new hires?☐Yes ☐No ☐Need to Improve
- OH Is ALL of your team involved in the selection of the most appropriate final applicant?☐Yes ☐No ☐Need to Improve
- Do you effectively negotiate salaries & benefits for new staff without causing team turmoil?☐Yes ☐No ☐Need to Improve
 - Do you have a current "Office Policies & Benefits Manual" to read and sign when hired?☐Yes ☐No ☐Need to Improve

5: Rate Your **Team Training Systems**: (TT = Team Member Training MGMT Kit)

- TT Do you do a *Legal Orientation* (to get the new team member's OSHA training done on day-1)?☐Yes ☐No ☐Need to Improve
- TT Do you do an *Orthodontic Orientation* (to teach her *your* orthodontics on day-2+).....☐Yes ☐No ☐Need to Improve
- TT Do you have a *Demonstration Technique* that trains her to do task *in minutes*, not hours)☐Yes ☐No ☐Need to Improve
- Does your complete DA Training Program take about a month? (yours is ____ months)☐Yes ☐No ☐Need to Improve
 - Do you use an *Evaluation System* to determine who needs to be trained in what tasks?☐Yes ☐No ☐Need to Improve
 - Does your *Evaluation System* take their "Attitude" into account?☐Yes ☐No ☐Need to Improve

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6: Rate Your **Goal-Attaining & Reporting:** (GA = Goal-Attaining & Reporting MGMT Kit)

- GA Do you have a Monthly Statistics Reporting System? ☐From computer system ☐Separate☐Yes ☐No ☐Need to Improve
- GA Do you have a Monthly Budget Reporting system? ☐From computer system ☐Separate☐Yes ☐No ☐Need to Improve
27. Do you have a "Patient-Centered" Website?☐Yes ☐No ☐Need to Improve
28. Do you have ongoing marketing programs in place? ☐Yes ☐No ☐Need to Improve Do they generate exams? ☐Yes ☐No
29. Do you have Tx Mechanotherapies that attract adult patients? ☐Plastic Aligners ☐Lingual☐Yes ☐No ☐Need to Improve
30. Do you use a Bonus System to stimulate growth?☐Yes ☐No ☐Need to Improve
31. Do you use a Dental Communications (letters, etc.) to remind referring dentists you exist?☐Yes ☐No ☐Need to Improve

7: Rate Your **Tx Quality Control Systems:** (SD = Scheduling Design & Tx Quality Control MGMT Kit)

- SD Do you have an efficient and effective Tx Mechanotherapy?☐Yes ☐No ☐Need to Improve
32. Do you do Periodic Patient Reviews on both cooperating and non-cooperating patients?☐Yes ☐No ☐Need to Improve
33. Do you do send a Periodic Review Report to the family and the patient's DDS?☐Yes ☐No ☐Need to Improve
34. Do you have a systematic patient cooperation control system (letters & training) in place?☐Yes ☐No ☐Need to Improve

8: Rate Your **Associate/Partner Systems:** (AP = Associates/Partners & Retiring MGMT Kit)

35. Are you the partner or associate TYPE?☐Yes ☐No ☐Maybe
- AP Do you *have* a partner or associate? For how many years? _____☐Partner ☐Associate ☐None
- AP Do you get along with your partner or associate? ☐Yes ☐No ☐Need to Improve Relationship
- AP Are you *considering* a partner or associate? In how many years? _____☐Partner ☐Associate ☐Neither
- AP Do you have a PLAN for this possible partner or associate?☐Yes ☐No ☐Need a Plan

9: Rate Your **Financial Control Systems:**

36. Do you have a Daily Cash Control system (to make sure all that is collect goes into the bank?)☐Yes ☐No ☐Need to Improve
37. Do you have an *organized* Past Due Control system? ☐Yes ☐No ☐Need Is it under control? ☐Yes ☐No ☐Need to Improve
38. Do you have an *organized* Purchasing Control system? ☐Yes ☐No ☐Need Is it under control? ☐Yes ☐No ☐Need to Improve
39. Are your *Expenses* under control (Budgeted?) and less than 55% (leaving a net >45%)?☐Yes ☐No ☐Need to Improve

The numbers **01** through **39** refer to the management pearl that can help you to get that area of your practice under control (and a higher rating). These management pearls can be found in the "Chronological Listing" at the following link:

http://www.thebio-engineeringco.com/index.php?option=com_k2&view=item&id=204:chronological-listing&Itemid=766