



MGE management experts

## MORNING PRODUCTION MEETINGS

### **I. PURPOSE OF THE “MORNING PRODUCTION MEETING”**

The purpose of this meeting is to coordinate the scheduled production and case presentation activities of that day. It is also used to “line-up” which patients you will be presenting treatment to (or closing cases that have already been presented earlier) and when they will be seen to ensure that all of your patients are moving along on their treatment plans.

### **II. WHEN TO HAVE IT**

The morning production meeting needs to be held at least fifteen to twenty minutes before the first patient of the day. It should take no more than this to get it done.

### **III. WHO SHOULD ATTEND**

All staff should attend. And note, that this meeting is primarily to cover treatment planning and acceptance – as well as any specific patient scheduling and delivery issues. Detailed clinical discussion of cases should not be covered at this meeting. These should be covered in a separate “clinical meeting” accordingly.

### **IV. PRODUCTION MEETING RULES**

Several rules should be followed to have an effective “production meeting”:

1. The meeting should be kept brief and efficient (no more than 15-20 minutes).
2. Every person attending needs to be on time and come prepared.
3. Keep the tasks that you assign simple and doable. Do not set “unreal” or unattainable targets.
4. The Office Manager runs the meeting and is in charge of starting, managing, coordinating activity and as well as when to end the meeting.

### **V. PRIOR TO THE MEETING**

1. The Appointment Secretary would listen to voicemails and check office emails to ensure that any schedule changes and updates are accounted for.
2. The Appointment Secretary would print/copy hard copies of that day’s schedule for all attendees.

3. The Hygienists would review their charts for any outstanding treatment and bring this information to the meeting. If the office still uses physical charts, they would bring these to the meeting.
4. The Doctor and Office Manager would do the same as #3 above for the doctor's patients (at least initially as you establish the meeting procedure).

## VI. SEQUENCE OF THE MEETING

1. To begin, the OM, has the Appointment Secretary point out any changes to the schedule along with any open time on today's and tomorrow's schedule.
2. The OM covers where the practice is at statistically (for collections, new patients and production) for the week and month to date and how this compares with the overall goal for the month. If below goal, the OM indicates any adjustments or actions that will occur to get the office back on track. This may include adjustments to the schedule or actions to be taken that day.
3. Beginning with Chair 1, review each patient coming in that day. As you cover each, look at the following:
  - What is being done with this patient today.
  - Are there any peculiarities to or specific requirements for this patient?
  - Is there an outstanding balance to collect from this patient?
  - Does this patient have any outstanding treatment that has already been diagnosed and not yet accepted?
  - If so, who is going to present/discuss this outstanding treatment with this patient?
  - Is there time in the schedule to discuss this outstanding treatment?
  - If not, is a consult appointment needed and if so, when would we like to get them in for a consult?
  - If we can present today, do we have time to begin this patient's treatment in the schedule? And if not, how can we make time if needed?
4. Do the above with each chart. For any patients that require action (i.e. collecting a balance, presenting treatment, etc.) determine WHO will be doing this and approximately when it will be done. As you go through your charts, keep the overall monthly goal as well as upcoming open time in the schedule in mind. For example, you might see that patient X who's seeing the Hygienist at 11:00 was interested in Invisalign. You might have time to get the doctor over to discuss, close and start the case without disrupting today's schedule. Things like this might make or help make your daily goal.
5. Before the close of the meeting, have each person present and note their tasks as applicable — i.e., the Financial Coordinator may need to check on Mr. Jones' account, etc.
6. Adjourn the meeting and have the office manager ensure throughout the day that everyone is accomplishing what was discussed.

## VII. PRODUCTION BUGS

In the event you've hit a snag and are having trouble meeting your daily/weekly/monthly goal – a few things to keep in mind:

1. Be careful to keep the focus on the right things: the purpose of your practice, which is helping patients! It's easy to fall into the “numbers” trap – i.e. “We have to hit a certain number, etc.” The problem with this is that patients aren't there to help you “hit your numbers.” They are there to get help! If you stay focused on the same thing as they are (help), things tend to work out well.
2. If you find that you aren't lined up to meet your goal and there is not enough outstanding treatment on the schedule to hit it, you can look at:
  - New patients – While you can never guarantee what the person might need – there's always a chance, if you have time, to present and start treatment that day. Not a surefire solution but a possibility and
  - Future Treatment: You can always pull treatment from the future into today. Some patients might like the idea of being seen sooner. And today as far as the schedule goes is THE most important day! Then tomorrow and so on. On the flip side – please NEVER move patients to make room for a “Productive Procedure.” Honor the scheduled time you've given people.

## VIII. SUMMARY

The first step in getting production to occur is to figure out where it is going to come from (i.e., state exactly what is going to be accomplished). By following the above, you put CONTROL in on your office and can push yourself to new heights!