MGE: MANAGEMENT EXPERTS, INC.

OFFICE MANAGEMENT – RUNNING THE DAY

Office Management:

Running the Day

Office Management – Running the Day

INTRODUCTION

This is an informal write-up by Sabri Blumberg, D/COO of MGE: Management Experts.

This was originally a write-up done for a client which ended up getting around and being named one of the most helpful set of directions received from MGE.

As such, it is being listed here – in it's raw form (originally as an email).

DIRECTIONS

Go through the below write-up and ask your Power Client Manager about any points you don't understand or are uncertain on how to implement.

Realize these are suggestions and guidelines, as opposed to policy. The policy is already written, and nobody says it better than Mr. Hubbard. Use the write-up here as a white paper study of a successful application of Mr. Hubbard's policies.

The following is an overview and general explanation on how to run a morning production meeting and do a production line-up. Please implement the below points one piece at a time. They are being listed here so that one can get the whole picture:

Please refer to the handout on how to conduct the Morning Production Meeting. Also, refer to the Conditions & Statistic Management Seminar Implementation Checklist. These will give you additional tools and mass to better understand and more easily manage the below.

If you have any questions, contact us and a Power Client Manager will help walk you through these points.

RUNNING THE DAY

The Office Manager will need a "statistic grid" or system by which to track the below statistics and quotas. A "quota" is defined and used here as: *"a prescribed minimum number or quantity of items to be produced, such as the minimum amount of treatment to be sold, the minimum number of New Patients to be gotten in, the minimum amount of dentistry to be produced, etc.".*

In setting quotas, one is not simply looking to be up in the amount of statistic compared to the prior week (which we call an up-statistic, or "upstat"), but the quota also has to be viable. The adjective viable refers to something able to function properly and even grow. When something is viable, it has the ability to grow or function properly. A viable seed can develop into a plant, while a viable company has the resources to succeed. One measures all statistic reading against viability. If an office collects $50,000 per month, but the office overhead is $48,000, this is not viable as there is not enough money to allow the company to do the things necessary to buy more equipment, upgrade the office, pay bonuses or handle unforeseen events or emergencies.

The statistic grid (or "stat grid") covers the various statistics one is managing daily, shows the daily value for each day, the cumulative value thus far this week, and also notes the quota by day and week so at a glance one can see where things need to be, where things are and what needs to be done to be on quota for the week.

The stat grid needs to be covered in the Morning Production Meeting, and all the main stats and their sub-statistics (or "substats") need quotas set for each main statistic every day. Weekly quotas are set for statistics to ensure statistics are both upstat and in a viable range. Setting these quotas happens in the Morning Production Meeting on the first day of the week. In the same morning meeting, quotas are set for that day. The staff member who responsible for the stat will propose the quota for the stat, and the Office Manager ("OM") will approve it or let that person know this is unviable and get them to amend the proposed quota. The patter would be something similar to this:

> *NOTE: The below script and post titles are simply used here as an example*

> **OM**: "Okay, we are going to set quotas for the week. Total Outflow?"

> **Receptionist:** "200"

> **OM:** "Okay. TXP/S"

> **Tx Coordinator**: "$75,000"

> **OM:** "Okay. Total Collections?"

> **Financial Secretary:** "$80.000"

And so forth.

The OM has the grid and records the answers under the "Quota" portion of the grid.

A couple of things can happen where the OM adjusts the quota as the meeting is taking place. They are as follows:

1. Someone quotas down from the prior week, such as the office did $40,000 in collections last week and the Tx Coordinator quotas $35,000 for the new week;

2. The quota is unrealistic, such as the office usually does $40,000 in collections per week and the Tx Coordinator quotas $100,000;

3. The quota is too low, such as last week the office did $15,000 so the area is in Danger and this week the Tx Coordinator quotas $18,000. While that may be "up", it may not be viable and so needs to be corrected.

In those instances, the patter would go like this:

OM: "Collections?"

Tx Coordinator: "$35,000"

OM: "That's down from last week – let's do $45,000." Then the OM makes sure that the Tx Coordinator acknowledges that and has accepted this as the revised and acceptable quota, and that the TX Coordinator is in agreement with this. Then the OM moves on with the other quotas.

Or:

OM: "Collections?"

Tx Coordinator: "$25,000."

OM: "Even though that's up, that's not viable. Let's at least do $35,000." The Tx Coordinator then acknowledges and accepts it.

On any other day (not the first day of the week when the overall quotas are being done), the OM finds out where the stats is at for the week (daily cumulative) and where it is going to be at by the end of the day. This patter would move as follows:

OM: "Letters Out?"

Receptionist: "It's at 200, and the quota by the end of the day is 500."

OM: "Ok. Collections?"

Financial Coordinator: "It's at $18,000, and the quota by the end of the day is $25,000."

As the OM is going through the various stats, he or she is to acknowledge great production or comment on low production. The patter on this could be as follows:

> **OM:** "Letters Out?"
>
> **Receptionist**: "It's at 2,000, and the quota by the end of the day is 2,500."
>
> **OM**: "Great job – keep it up. Collections?"

Or:

> **OM**: "Letters Out?"
>
> **Receptionist**: "150, and the quota by the end of the day is 1,000."
>
> **OM**: "Hmmm. You are way off quota for yesterday. Do you have it figured out how to make the 1,000 letters today?"
>
> **Receptionist:** "Yes."
>
> **OM**: "Good. Show me your plan at the end of the meeting. Collections?"

As soon as the stat portion of the meeting is over, the OM moves into the income line-up. This is where the OM goes through the names of the patients that are coming for the day and figures out and coordinates how the income quota for the week is going to be met. Review definition of "Income" here:

> **INCOME: 1. The sum total of money that a company or business receives from all sources as a result of business transactions; also called gross income. 2. What one receives such as money or a useful exchange as a result of services rendered, a job done, interest on capital, profit from the buying and selling of something, etc.**

The patter on this part of the meeting would be as follows:

> **OM**: "Op #1 – first name?"
>
> **Provider responsible for that Op**: "Joe Blow."
>
> **OM**: "What does Joe Blow need today?"
>
> **Provider responsible for that Op**: "Scheduled for a PXS. Needs a BR and Invisalign."
>
> **OM**: "Very good, next name?" *(The OM records the Tx that we will be selling Joe today on the income line-up)*

Provider responsible for that Op: "John Doe."

OM: "What does John Doe need today?"

Provider responsible for that Op: "Just delivery – no outstanding Tx Plan."

PR: "On John Doe, we have not seen any of his family members. His wife needs to be scheduled for a NP Exam."

OM: "Very good, next name?" *(And the PR adds John Doe to her line-up for scheduling his wife)*

Provider responsible for that Op: "Jane Doe."

OM: "What does Jane Doe need today."

Provider responsible for that Op: "Coming in for PXS. Needs a lot of Tx, about $20,000 worth, and needs a new exam."

OM: "Looks like we don't have enough time on the schedule to do all of that. Scheduler – call Patient X and move them to 15 minutes later so that we have enough time to Jane Doe done. Next name?" *(Then the scheduler would make a note to handle that.)*

After the OM has gone through all of the names she goes through the phone list of patients to call and follow-up. Those names would also go on the income line-up. This meeting does not end until it has been figured out how the income quota for the day is going to be met. Her line-up would look like this:

Name	Tx	Amount
Joe Blow	BR/Inv	$7,000 (Hygienist Name)
Jane Doe	Full Tx	$10,000-$20,000 (Associate Name)
Patient X	2 BU & Crn	$2,000 (Hygienist Name)

Phone		
Susie Smith	Inv	$5,000 (OM - name)
Pete Brown	Crn/Op	$2,000 (Tx Coordinator - name)

Obviously, the above is not a complete line-up but it gives one the idea. A copy of the line-up goes to all staff as soon as the meeting is over for coordination and reference for the day. The staff keep this out of patient view, and check this throughout the day so that they know what they are expected to do with each patient to contribute to getting the patients fully serviced and healthy.

THE WAYS A LINE-UP CAN GO WRONG:

1. **There is simply not enough to sell on the schedule.** This means that the OM did not earlier look over the future days to make sure that they were scheduled properly (explanation follows on properly scheduled day);

2. **The line-up is fluff and not real.** For example, the office has named patients for things that are completely unreal (i.e., we know that Jane Doe lives has no job, no income source and no financial means, yet we are naming her for $20,000. Not impossible, but not something we can count on.);

3. **The line-up is not long enough.** For example, the entire line-up consists of 1 or 2 patients that total $8,000 combined. If one cancels, the office is in trouble.

4. **The line-up consists only of NPs.** In this case we have no idea who these people are, their Tone Level, willingness, purchasing power or if they need Tx at all. Good that we are getting New Patients, but these cannot be relied upon for treatment as they are completely unknown to the office.

Here are additional rules to help make your Morning Production Meeting truly productive:

1. Obviously, all staff need to show up to the Morning Production Meeting completely prepared.

2. All staff involved with making the production and income quotas need to attend the meeting.

3. The meeting needs to start on time.

4. Meeting rules need to be observed or one will have a mess of it with meetings becoming clinical coordination meetings, meetings that run way long because people are struggling to pull up charts or needed information, or unproductive meetings such as staff making disrelated and random comments or telling "gossip stories". Comments on how cute the patient is, or how amazing the patient's children are, are completely irrelevant to the meeting and are not allowed. However, a patient who lost her husband last month is completely relevant, so have those attending aware of these points and expect each to use their judgment.

5. The OM polices (to "police" means to control, regulate, or keep in order) the communication during the meeting. Staff should not be offended at the brevity (concise and exact use of words in writing or speech) or snap-and-pop nature of how "A-to-B" the OM runs it.

6. All staff should be informed and hatted on this meeting format and to not get offended if their communication is cut short. The OM needs to handle this meeting in a professional, in-ARC manner while making this meeting short and effective.

WHAT DOES A PROPERLY SCHEDULED DAY LOOK LIKE?

A proper schedule is a mix of production and sales. It should have quotas set for each of the following:

- Production

- R/C patients with outstanding Tx

- New Patients

- Consults (these are patients that have been called in to sell them their Tx Plan only. This is in addition to the consults that you will be doing with the NPs and patients in recall)

While it varies from practice to practice and one must therefore use judgement, one must assign the minimum acceptable numbers based on what is viable for that individual practice. However, just to give an example:

- Daily Production – $6,000

- R/C patients with outstanding Tx – $15,000

- New Patients – 4

- Consults - 2

Whatever one assigns the numbers to be, these are not quotas that are "thought up" in the morning production meeting.   These are based on the office monthly viability, planning and the office scheduling policy. Most importantly, these are quotas that must be met daily. If the team wants to produce higher than these values, fantastic. However, these quota values are the irreducible minimum.

It is the job of the Scheduler to make sure the schedule looks like this no matter what. No exceptions and no excuses. Obviously other staff have a responsibility for this as well and the Scheduler needs to coordinate with them. However, if the Scheduler has to move a NP forward in order to make the day work and achieve the production quotas, then that is what the Scheduler does. The Scheduler can then alert the OM that she is having those kinds of problems so that the responsible staff who had set up the day incorrectly can be corrected.

WHAT STATS NEED QUOTAS TO BE SET IN THE MORNING PRODUCTION MEETING?

- Letters Out
- Total Outflow
- $ Tx Presented
- $ Tx Closed
- # Consults
- Total Collections
- Insurance Collections
- Production
- Hygiene Production 1
- Hygiene Production 2
- Doctor Production 1
- Doctor Production 2
- # Recall Appointments kept
- # Reaches
- # Raffle winners scheduled
- #NPs
- # Google Reviews

WHAT THE OFFICE MANAGER MUST DO DAILY

The OM Checklist actually has everything that needs to be done daily.

Bare minimums of what needs to happen **EVERY DAY are as follows. THESE ARE NOT A SUGGESTION**:

1. Run the morning meeting CORRECTLY as per the above direction.
2. Run the line-up throughout the day to make sure that it is actually happening
3. Get with people after the morning meeting to debug any areas that need to be debugged so the named products are gotten.
4. Make sure that the outflow targets for the day are being met (each post). Check with the senior over the area – don't bypass the entire line.
5. "Push, Debug, Drive" throughout the day to make sure that all quotas are actually being met. This is done with high ARC – in the Tone Level of games, and the OM never accepts problems or attempts to solve the problems brought to the OM, exactly per the policy on staff who present problems.
6. Look at future on the schedule – NP events, etc. – to make sure that the office doesn't have a disaster coming up. If so, have the person in charge handle immediately and check back to make sure the actions got done.

TYPES OF OUTFLOW BY HAT

One does not necessarily set quotas for each of the below in the morning meeting, but quotas should be set by the seniors over the areas after the meeting every day and kept track of daily and managed. The OM should keep an eye on these as well, and all of these should be reported to the Receptionist at the end of the day so that the Receptionist can add them up and report the total outflow in the morning meeting. This is not necessarily a complete list, but it gives one the idea:

- Follow up on NPs - **PR**

- Getting NPs in that scheduled but cancelled and aren't rescheduled – **PR**

- Calling winning patients and getting their family members scheduled – **PR**

- Care calls – **Asst and Drs**

- NP welcome letters - **Receptionist**

- Hygienist call the NPs on the schedule to introduce themselves - **Hygienist**

- Reactivation Letters – **Hyg Coordinator (or reactivation person)**

- Reactivation calls – **Hyg Coordinator (or reactivation person) / Scheduler**

- Recall cards – **Hyg Coordinator (or reactivation person) / Scheduler**

- "Welcome Back to the Practice" specials letters – **PR**

- Referral "Thank You" letters – **PR**

- Calling patients with outstanding Tx for consults – **Tx Coordinator / Scheduler**

- Calling patients with outstanding Tx for RC – **Tx Coordinator / Scheduler**

- Insurance follow up – **Fin Coord**

- Pt balance follow-up – **Fin Coord**

- Pt statements – **Fin Coord**

- Ins billing AND rebilling – **Fin Coord**

SUMMARY

In closing, remember the following points and why you are doing the above:

- Stats are managed weekly and monthly so that one may apply the correct condition.

- At the same time, one must keep their finger on the pulse of one's production by watching each day and even by hour!

- Control = Income, so the more control the better the chance is that one is steering the ship and not being "caught out" at the end of a week, only then seeing that it is too late to turn a bad production week around.

Do the above and you will win. If you have any questions on any of the above points, contact us and a Power Client Manager will help you through it. Once through your training, you will understand the above more clearly. In the meanwhile, just trust that the above is being done by every successful MGE client and that failure to do the above will leave the control of the practice to your patients and junior staff.