

PRACTICE SUCCESS WITH A-DEC

Issue 3

thriving



 a dec[®]



Unwavering Vision Brings Small Town a Big-Time Practice

Inexperience isn't enough to keep young dentist down after taking over a dying practice and investing in her future.

With a combination of perseverance and good instincts, Erin K. Roberts, DDS, of Enid, Okla., parlayed the quick turn-around of a dying practice into the construction of a brand new 10-operator clinic of her own design.

“I suppose anyone can have a vision,” Erin says while sitting comfortably in one of her fully equipped treatment rooms. “The challenge is figuring out how to make it happen, something I can only attribute to having the right people around me who’re committed to quality work, one patient at a time.”

Within six years of taking possession of an also-ran dental office that would ultimately bring her only three viable patients, Erin hit full stride on sheer determination—never mind raising two toddlers while her husband was away, serving in Iraq.

“You can call it sacrificing or investing, but it comes down to having a goal, seeing things through,” the 37-year-old

general practitioner says. “Now that I’ve got everything in place at the new facility, I have every reason to believe that I’ll be debt-free in time to take my entire staff to Hawaii in five years.”

In 2007—with her inaugural practice running at peak capacity—Erin hatched a plan to buy a nearby parcel of property and put her vision on paper, which would one day set a new hallmark for dental patients coming to Enid from communities as far as 60 miles away.

While Erin’s story may not be entirely unique, the recent chapter in her journey offers a sterling example of what’s possible when a doctor overcomes a measured financial risk while forging a new career. And to visit the new 5,300-square-foot clinic in person is to experience a facility that is anything but small town.

Unwavering in her vision, Erin consulted with an architect, builder, and dental-equipment experts from A-dec and her authorized A-dec dealer to turn her creative concept into a building that includes extensive natural light, a rounded corridor that connects fully equipped “open” operatories, and a functioning front porch to welcome people into a well-appointed waiting area.

Before & After By The Numbers

Category	Before	After
Staff	3 doctors 2 hygienists 2 dental assistants 2 support staff	Same
Average Patient Wait Time	12 minutes	6 minutes
Average Treatment Room Turnover Time	10 minutes with 4 trips to sterilization and storage areas	6 minutes with 1 trip
Billable procedures per month	Stable	49% increase
Patient appointments	Stable	50% increase
Number of new patients	A couple a month	10 a week

Practice takes off after hard Journey.

The following interview has been edited for clarity

A-dec: You purchased a practice that had been part of Enid for 40 years.

Erin: On paper, you can say I bought an existing practice, but the reality isn't nearly as good as that sounds. As soon as I took ownership I realized I bought smoke and mirrors.

A-dec: What was your expectation?

Erin: What I wanted was pretty simple—an established practice with repeat patients. Out of a whole wall of charts I thought I was getting, I ended up with three patients.

A-dec: But you managed to build your volume of patients in a short time. What do you attribute your success to?

Erin: I grew up north of Enid, so I think that might've helped in understanding the area. We did some community outreach things with Head Start, and advertised a little bit on the radio, but we made sure we took a day at a time and worked hard to ensure that we provided quality care.

A-dec: In what condition was the facility and equipment when you took over?

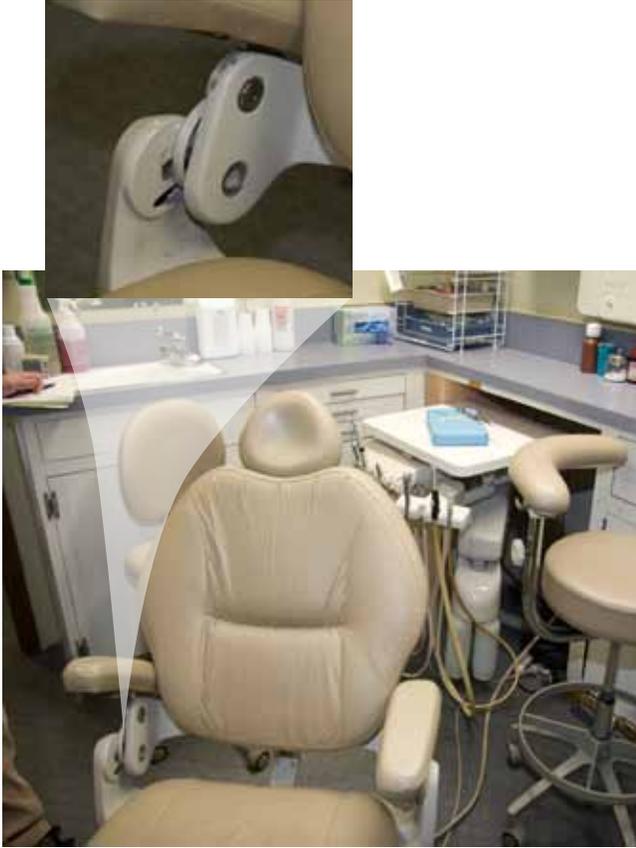
Erin: Not good. Rooms were dark and cramped. I had to revamp a lot of equipment—more equipment than I planned on. I replaced delivery systems, x-ray units—the x-rays didn't pass inspection. And the suction system was absurd—a rubber tube that you plug into the Bunsen burner, like in a chemistry lab. I'm not exaggerating—we had rubber tubes going down to the basement to a Shop-Vac®. Lots of upgrades in appearance also. I repainted the walls, I got new carpet. It was a time capsule set in the 1970s. It was scary. No storage. Oh, the chairs were loud and squeaky—they had hydraulic leaks, which meant the carpet had oil stains. We managed to do a lot with very little.



Pictured is Dr Roberts' old operator and below is the new.



“We set out to completely de-clutter everything and now it's amazing.”



Pictured is a nine-year-old chair Dr. Roberts replaced after it leaked hydraulic fluid and had one too many “pop, pop, pop” incidents.

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A-dec: Did you have a sense of how much equipment downtime was costing?

Erin: We’d just suffer through the breakdowns by making-do, rolling with the punches, having the repair done when we weren’t there. We’ve done fillings standing up and in a position we would never do today because the old chair wouldn’t move. Looking back, I was probably spending \$5,000 to \$10,000 a year on repairs, or \$2,500 per operatory—plus, who knows all the indirect costs that were conveniently ignored.

A-dec: What was the turning point that precipitated the idea for a new facility?

Erin: I think the vision was born from necessity, and started the second or third year. Maybe out of pure perseverance, I soon had more patients, and things were kind of busting at the seams. My rooms were so confining and limiting—there was nothing I could do with them. I grew tired of getting my chair stuck on the cabinets behind me—I was never able to sit behind the patient, which just wasn’t possible. Whenever I tried to shift to a certain spot in one of the rooms, I would end up unplugging something. I remember leaning a patient back and, POP, POP, POP—a part flies off the chair. I could put up with only so much for so long.

A-dec: Talk about the new vision and all that led up to the new practice.

Erin: There was a vacant lot for sale, which I would pass going to work every day. It had been for sale for as long as I could remember. After a whole year of wondering, I finally called to ask about it; I said I was curious. Two-and-a-half acres ... the price made me hesitant. A year later, a broker called out of the blue to ask if I wanted to *really talk about this*. I low-balled an offer and didn’t hear back. Another six months passed before I called and made a firm “one day” offer. [Laughs.] And he took it. I was very fortunate. I knew what the land was going for, so it was a great situation for me even if I didn’t really know what I wanted to do with it at that point.

A-dec: So the property came first, then the vision?

Erin: Yes, and if I was going to build a new office, I knew I needed a plan to get the most out of my investment. The only vision I had was to design my rooms around a curved horseshoe-like configuration that looked out onto a courtyard. Of course, once the seed was planted, my



The courtyard-facing treatment rooms from the inside and out (inset).

old practice wore me down even more: I wanted space. I wanted calm and I knew I wanted relaxation. I knew I wanted a sense of peace and an environment where everyone wasn't on top of each other. And so all of those things just started brewing.

A-dec: What help did you get to adapt your vision to paper and then breaking ground?

Erin: At first, I was very hesitant to explain my actual vision because I figured my idea was too extravagant, at best. My practical side decided there's no way to build a curving corridor like the one in my head—I'm just dreaming, this is never going to happen, but my dealer rep never flinched. He drew something out, a modest interpretation, which I then took to Ken Corbin, an architect in Enid, who looked at me and asked, "Is this what you really want?" I explained the rounded courtyard-facing treatment rooms I wanted ... I guess a good architect is able to interpret the spirit of my vision, which is exactly what happened.

A-dec: At that point, did you have a timeline?

"I guess a good architect is able to interpret the spirit of my vision."

Erin: [Laughing.] All I knew is that I needed to work my tail off and hopefully everything would work out—that was my plan. You figure people will keep coming through the door, and try not to think too much about how much everything costs. So, my epiphany at that point was less about building or buying new equipment. It was more about making sure I was preparing a future with a healthy and functional place to be.

A-dec: Looking back, how well do you think you knew what was missing?

Erin: I want to say that I really knew what I was missing, but until you really get everything together, it's like, wow, I really didn't know what I was missing. I could never really appreciate what I have now without what we had. I'm a healthier person. My whole life is better, and all the girls who work here assure me their lives have improved as well. That means a lot.

A-dec: When the long-time patients enter the new office for the first time, what is a typical reaction?



Erin: Their reaction was and is, wow! People arrive in disbelief. They love the space, they're excited. I've heard people say that my practice looks like the offices I send them to, which means it's at least on par with specialists in Oklahoma City.

A-dec: Do patients say anything about the equipment?

Erin: They love the chairs, and my new chairs are very noticeable. They're impossible not to notice. They comment on how soft and comfortable they are. Patients tell me they could just lie back here and take a nap. I've heard that more than a few times.

A-dec: In terms of setting up a total treatment room solution with a chair, delivery system and the rest, describe what you were looking for?

Erin: We wanted less clutter. Basically, A-dec and our dealer helped us look at facilities with all the types of delivery systems and operatory options. You know, a tub and tray system. We kind of discussed how that's where we wanted to go. We have a place for our cassettes. We have everything up and out of the way. Everything's got its own little cubbyhole. We set out to completely de-clutter everything, and now it's amazing. Also, because I'm short, it helps having a chair that helps me get in close, while keeping the patient comfortable. I feel like we have a chair that truly understands how we want to work.

A-dec: And what about the electric handpiece?

Erin: Love it. It makes my job a lot easier. It's a lot faster in preparation. You have to learn to let the handpiece do the work, and quit moving it around. It's not the same as a feather stroke. You've got to let it go in there. I'm a mower, I like to mow, and this is designed to mow. It takes a little bit of adjustment, but it comes down to using it the way it's designed to be used—utilizing its strengths, which is the cutting. Once you get it, it's amazing.

A-dec: If you could do it all over again, what would you do differently?

Erin: I'd do it the same way. You need the good chairs. You need the function of good chairs and delivery units first—where you're putting the patient and what you're drilling with is most important. You can add all the technology, but if you have crappy delivery units and chairs, what good is your technology? If someone asks me for advice, I would say invest in the basic setup first and then the technology. Take baby steps that way.

A-dec: Let's talk about technology—you invested in technology in the old office, right?



Erin: Yes we did, but patients would never know it. We had no way of displaying technology so that people might appreciate or see how it affects the quality of care. Now, our technology shines! Our intraoral imaging, for instance—patients can see what I see in the comfort of their chair. No one has to move and the camera has a way of enhancing the whole dental-chair experience because of how images engage them, educates them, makes the patient part of their own care.

A-dec: I imagine your work flow is dramatically different—how does your new setup and new equipment affect productivity?

Erin: We're able to handle a lot more of a workload, so yes: I get a *lot* more work done with a lot less effort. We can now work in fillings right after hygiene. We're able to go into that room without moving the patient, do the filling and get it taken care of, which the patients appreciate. Just yesterday, when we had some people out sick, I was also able to do a lot by myself. It's not ideal, of course, but I was able to keep the production going without moving or rescheduling patients. That wasn't possible before.



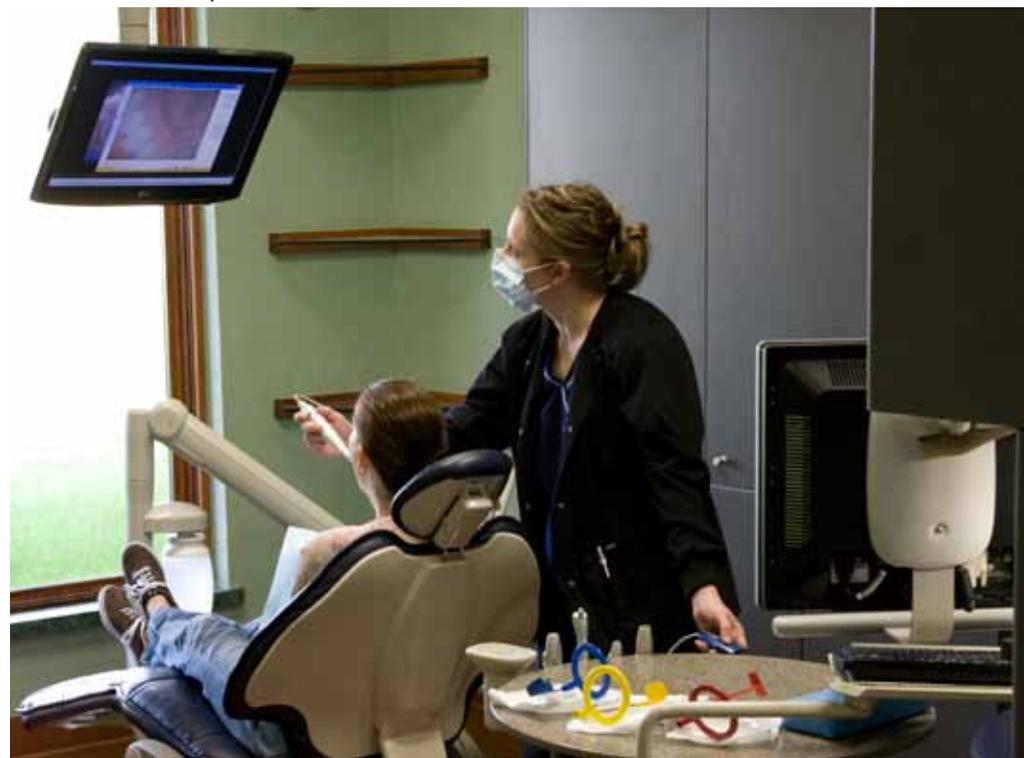
Dr. Roberts using the electric handpiece.

Storage and asepsis impacts bottom line

For additional perspective, A-dec sat down with key members of Dr. Erin Roberts' dental team, Gina the hygienist and Jodi the office manager. Both were eager to add to the conversation by shedding light on how improved storage and asepsis have impacted the growth of the practice.

A-dec: What about storage in the treatment rooms?

Gina: Storage was a serious problem. For setups, we had too much back and forth to and from the sterilization room. It made turnover





extremely time consuming. There really wasn't any space to keep everything sterile. Even if we had room on the counters, we'd have to deal with aerosols. Now, we have a whole section of our cabinetry with shelves specifically designed for that.

Jodi: It's night and day. The cabinets in the old place were really shallow, some doors opened, some didn't, some had handles, some didn't. Most weren't big enough or deep enough to store anything. We used Tupperware®-looking things that we carried from room to room, or to wherever we needed them. They sat on top of the shelves or on top of the whatever, wherever we could find room. It was not convenient at all. During a procedure, we'd have to get up and leave the treatment room to get something. That's just not very professional.

A-dec: That sounds less than efficient.

Jodi: When you consider how we'd get behind schedule, it was worse than inefficient. It didn't take long for patients to think, "if they're going to make me wait all the time—then why show up early?" Looking back, it was pretty common for patients to wait at least 10 minutes. We knew we had a problem, but inefficient time was probably exacerbated by the hidden costs. The physical

space and the equipment—chair, sterilization, storage—made our work harder and less productive than it should've been.

A-dec: What about turning the treatment room? Have you added efficiencies there as well?

Jodi: Same story. It took us a good 15 minutes between patients for a single assistant to take down a room and clean it up and get the instruments up where they need to be. With the new set up, we've cut it by at least half.

A-dec: How important were the changes to your setup?

Jodi: Also very significant.

Gina: We have so much more capacity and space—the equipment and setup has impacted everything: flow, capacity, consistency, safety, ease and speed. No comparison. It's night and day.

Jodi: Especially if we have both doctors having to do surgical extractions or when both doctors are doing root canals. Before, we had no choice but to wait for the sterilizer to get done. We would actually have to wait around to let it cool off. Not good!

Gina: Not including the time it took to sterilize, we're saving at least five minutes on setup with each patient. Conservatively, that's five minutes multiplied by eight or so patients a day—we're saving an hour every day on just setup. With the new facility, new storage, new equipment ... hygiene alone gained a whole new patient slot.

Jodi: We now have the flexibility to do restorative right after hygiene—we can do all of it without the patient leaving the chair. Before, we'd have to schedule a return visit or have the patient sit out in the waiting room till we could prepare a different room. Now we're actually double-booking the doctor. Dr. Roberts just goes from room to room and never really sits down. That's how she wants it. It makes the day go by faster. When she's done, she is done.



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