

COVER STORY

# The Business *Healthcare* Was Never Taught

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Cover · Faby — Founder, FabySmiles · New York City

# Most dental practices lose money the same way every day. *Nobody notices.*

The schedule was full. The team was present. Nothing went wrong clinically. And the practice still underperformed.

This is the scenario Faby opens with in this edition of the Denté Playbook — and it is the most common kind of revenue loss in dentistry. Not the dramatic kind. The quiet, compounding kind. The kind that happens in the six minutes a patient waits while no one verifies their insurance. The kind that happens when a same-day case walks out because no one could explain the fee with confidence.

What makes Faby's piece important is its precision. After 16 years inside practices in every operational role, she is not describing a theory. She is describing a pattern she has watched repeat across practices of every size and specialty.

The pattern is this: dental education produces clinicians. It does not produce operators. And the gap between those two things is where practices quietly lose money every single day.

Read this alongside your operations data. The questions at the end are worth answering honestly.

— *Carl*

**Carl Demadema**

Editor-in-Chief · The Denté Playbook

ONE DIAGNOSIS, FOUR SYMPTOMS

Your practice does not have a *people problem*. It has a system problem that shows up as a people problem.

*Issue No. 4 carries one diagnosis: the problem shows up at the front desk when a case walks out, in the hygiene department where the most preventive work happens with the least visibility, in the leader who answers every question until the day they cannot, and in the body of a clinician running on empty.*

THE THROUGH-LINE

The most powerful growth lever in your practice is **already inside it.**

# Six figures that *frame the argument*.

The cost of treating the front desk as administrative instead of financial.

**6%**

Daily revenue decrease when a front desk role is vacant. A \$1M practice loses \$60k+ annually.

AADOM Survey Data · 2025

**45–60**

Average days a front desk role sits vacant — scheduling, billing and communication all degrade.

Dental Economics · 2024

**78%**

Of practices reported at least one unfilled position in 2025; 35% had two or more open at once.

Planet DDS Industry Outlook · 2025

**\$70k**

Maximum cost of replacing one front desk employee, including lost productivity and training.

Dental Economics Annual Survey · 2025

**10%**

Drop between treatment plans accepted (56%) vs. completed (46%) — billions in lost production each year.

Dental Staffing Shortage Report · 2026

**25–35%**

Annual front desk staff turnover — most practices lose at least one admin team member every year.

Arini.ai / Dental Economics · 2024

# Trends · Investing · *Industry Moves*

What is reshaping practice economics over the next 24 months.

## TECHNOLOGY & AI

**18%** AI-assisted diagnostics now in 1 in 5 US practices.

Radiograph analysis crossed 20%, up from 4% in 2021. Early adopters report an 18% reduction in missed caries. It is becoming the standard of care.

## DSO & CONSOLIDATION

**35%** PE consolidation reaches a third of all US practices.

PE-backed groups control more than one in three practices, up from 22% in 2020. Independents must compete on experience or consider a strategic exit.

## PATIENT BEHAVIOUR

**42%** Cost-driven deferrals hit a post-pandemic high.

42% of insured adults skipped a recommended appointment in 2025 over out-of-pocket costs. In-house membership plans saw deferral rates 31% lower.

## WORKFORCE & HIRING

**9%** Hygienist shortage projected to deepen through 2028.

BLS projects 9% demand growth against a training pipeline not expanding to match. Practices investing in retention now hold a structural advantage.

## THREE TRENDS TO WATCH

**01**

Fee-for-service migration — PPO participation declining in urban markets.

**02**

Membership plan acceleration — the fastest-growing acquisition channel.

**03**

Staffing as strategy — practices winning on culture are winning on growth.

Practice valuations stabilised at **7–9× EBITDA** for well-run independents, down from the 9–11× DSO peak.

ADA HPI · NADP · BLS · 2025

OPERATIONS & STAFFING

# The Business Healthcare Was *Never Taught*

*Clinical excellence and business performance are not the same skill.  
Inside the gap between them, revenue disappears every single day.*



**By Faby**

Founder, FabySmiles · New York City

THE FRONT DESK IS NOT ADMINISTRATIVE. IT IS FINANCIAL.

The schedule looked full. Two providers booked back to back. A hygienist running columns. New patients stacked into the afternoon. On paper, it was a strong day.

By 2pm, the front desk was in survival mode. Insurance wasn't verified correctly. A same-day treatment case walked out because no one could explain the fee breakdown with confidence. A crown that should have been scheduled that week was pushed out three.

Nothing clinical went wrong. And yet, the practice underperformed.

This is how most healthcare businesses lose money. Not in catastrophic failures. Not in bad clinical outcomes. In the daily compound interest of small, structural breakdowns that nobody was trained to see — because healthcare trains

clinicians, not operators. And the gap between those two things is where revenue quietly disappears.

Every missed call. Every vague insurance explanation. Every patient who leaves without scheduling — that is production leaving in real time. Yet most practices hire for personality, then expect performance.

The pattern is consistent: high expectations, low structure. Teams are placed in revenue-driving positions without the frameworks to support them.

The numbers confirm what the front desk already knows: per Press Ganey research, 74% of patients who leave cite a front desk interaction — not clinical care — as their primary reason. SHRM estimates the cost of replacing a single front desk employee at \$6,000–\$12,000. The math is a line item nobody is tracking.

*Clinical excellence does not equal business performance. The gap between those two things is where revenue quietly disappears.*

**MOST HEALTHCARE HIRING IS REACTIVE. THAT MAKES IT EXPENSIVE.**

That practice from the opening — the one where nothing clinical went wrong — is not an outlier. It is a Tuesday.

Someone leaves. The schedule is affected. The pressure builds. So the focus becomes speed — who can start now — instead of clarity — who actually fits this role. Across practices, the same mistake repeats: roles are filled before they are defined.

Before hiring, there are questions that should be non-negotiable: Are we stabilising or scaling? Is this role operational or revenue-generating? What does success look like in 30, 60, 90 days? If those answers are unclear, hiring is not strategic. It is expensive — because the cost of the wrong hire shows up later, in turnover, in inefficiency, in production that never fully converts.

High-performing practices do not rely on memory or personality. They rely on structure. Defined scheduling protocols. Clear financial communication frameworks. Standardised patient flow. Measurable expectations per role. This is not about being corporate. It is about being consistent. Without it, even strong teams stay in a constant state of recovery.

The next level of healthcare will not be defined by better clinical work. It will be defined by better operations. The practices that grow understand this early — they hire with intention, they build systems before breakdowns happen, they define roles before filling them. The ones that do not stay busy, but plateau. The difference is not talent. It is discipline.

**THE HIDDEN COST**

The wrong hire is rarely an immediate cost. It surfaces months later as turnover, friction, and production that never fully converts — which is exactly why it never gets attributed to the hiring decision that caused it.

# Three findings that give this article its *wider significance*.

Where the operational gap becomes a number on the P&L.

## FINDING 01

# \$60k

**Moving collection rate from 92% to 97% generates \$60,000 in additional annual revenue.**

For a \$1.2M practice, a 5-point improvement — through better verification, clearer financial communication, and consistent follow-up — produces \$60,000 without a single additional patient. Most practices chase new patients while leaving this on the table.

## FINDING 02

# \$110k

**76% of practices experienced staff turnover in 2023. 22% lost three or more employees.**

Front-desk and administrative turnover now costs practices an average of \$70,000 per departure when lost productivity, training time, and service-quality decline are factored in. For a practice losing one admin member per year, this is a guaranteed annual expense that never appears as a line item.

## FINDING 03

# 10%

**56% of treatment plans are accepted. Only 46% are completed — a 10% drop-off costing the industry billions annually.**

The gap between what patients agree to and what they follow through on is not a clinical problem — it is an operational one. Unclear scheduling, poor follow-up, and undertrained financial coordinators all contribute. The practices that close this gap do so through defined workflow, not persuasion.

# What the *sceptic* would say.

The obvious counter argument to Faby's thesis is this: systems cannot fix a bad hire, and a bad hire will break even the best system. There is truth in that. A front desk employee who is disengaged, dishonest, or simply wrong for the role will circumvent any protocol you put in place — and building elaborate systems around under-motivated people is an expensive way to avoid the harder conversation about culture and fit.

The sceptic would also point out that some practices run on personality — on the team member who just knows, who remembers every patient's name, who has been there for fifteen

years and holds the whole thing together. Systems, in this view, are a corporate solution to a human problem. They flatten the very thing that makes an independent practice feel different from a DSO.

Where Faby's argument holds — and holds firmly — is in the transition moments: when that person leaves. When the practice that ran on one person's institutional knowledge suddenly has no floor under it. The practices most at risk are not the ones with bad teams. They are the ones whose entire operational knowledge lives in one person's head.

*Structure is not the enemy of culture. It is what makes culture transferable.*

# Three implications to take off the page and *onto the floor.*

01

## Your front desk is a revenue role wearing an admin costume.

If you hired for warmth but not for financial fluency, you have not hired for the role that actually exists. Insurance verification, fee communication, and treatment scheduling are all revenue decisions. The next hire should be assessed on that basis.

02

## Your systems are only as strong as the weakest undocumented process.

Write down the three workflows that break most often when a team member is absent. Those three need documented protocols first. Start there this week — not with a full SOP overhaul, but with those three.

03

## The cost of your last front desk vacancy is probably higher than you think.

If the position sat open for six weeks and your practice produces \$80k per month, the 6% daily revenue decrease calculates to roughly \$9,000 in that window. That number should inform how much you invest in retention.

# Five things to do *this week*.

- 1** Identify one revenue breakdown that happens weekly. Name it specifically. Assign one person to own resolving it, with a deadline.

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- 2** Map the financial touchpoints in one full patient journey, start to finish. Find every point where money changes hands — and where the handoffs break.

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- 3** Before your next hire, write the role definition, the 30/60/90 day success metrics, and the non-negotiables. In that order. Only then post the job.

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- 4** Calculate the cost of your last front desk vacancy — days open × daily revenue × 6%. Let that number inform your retention investment.

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- 5** Pull your missed calls, unverified insurance, and unscheduled treatment from the last 48 hours. Look at the actual numbers — not an estimate.

FOUNDER, FABYSMILES · NEW YORK CITY

# Faby



16+ Years

Staffing

Recruitment

Operations

16+ years inside dental practices across every role — assistant, front desk, office manager. Built Fabysmiles after watching the same operational and hiring breakdowns repeat across practices of every size. Her framework connects clinical excellence with business discipline.

[fabysmiles.com](https://fabysmiles.com)

One thing to carry into the week: the structure around your people matters more than the people themselves. Get the structure right and your team will exceed your expectations. Leave it undefined and your best people will eventually leave to work somewhere that has figured it out.

# Build the structure first. *Everything else follows.*

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— Carl

Editor-in-Chief · The Denté Playbook Weekly · [dentemagazine.com](http://dentemagazine.com)



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