

COVER STORY

Your Front Office Isn't Understaffed. *It's Mismatched.*

IN THIS ISSUE

The Red Thread · By the Numbers · Market
Intelligence · The Edition Feature · The Research Layer
· The Counterpoint · Action Points

Cover · Christine Sison — CEO & Founder, Swiss
Monkey

The problem in your front office is not the people. *It is what you built around them.*

There is a familiar moment in dental practice ownership. You hire someone for the front desk. They are warm, they are capable, they want to do well. Three months later the same problems are back — calls missed, insurance unresolved, patients frustrated at checkout. You start to wonder if you hired the wrong person.

You probably didn't. Christine Sison has spent years watching this exact scenario unfold across practices of every size and specialty. Her diagnosis is consistent: the role was never designed. The responsibilities were never mapped. The workflows were never documented. The kind that happens when a same-day case walks out because no one could explain the fee with confidence.

Christine's argument is precise and practical. She doesn't ask you to work harder. She asks you to look more carefully. The patterns she describes are not unique to your practice. They are industry-wide.

And they are fixable. Not with more people. With better design.

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 ARGUMENT, ONE FIX

You do not have a staffing problem. You have a *design problem* that looks like a staffing problem.

Issue No. 5 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 expensive thing in your practice right now may not be a piece of equipment. It may be an **undocumented workflow**.

Six figures that *expose the design gap*.

What the numbers say about front office structure in dental practices today.

60%

Of front desk staff time is spent on phone calls — leaving check-in, insurance, and patient care coordination competing for the remaining 40%.

Dental Practice Management · 2025
/ Patientdesk.ai

85–90%

Schedule utilisation is the benchmark for high-performing practices. Most practices do not track this figure at all.

Outsource Strategies International · 2026

\$150k

In annual preventable losses for a \$1M practice from scheduling errors and administrative bottlenecks — up to 15% of chair time.

Resonate AI · 2025

3–6 mo

Average payback period for investment in staff efficiency systems — through reduced overtime, improved retention, and higher treatment acceptance.

Patientdesk.ai · 2026

30%

Of incoming calls go unanswered during business hours when front desk teams are occupied with in-office patients.

Resonate AI · 2025

25–30%

Of total practice production is consumed by staff salaries and benefits — the single largest overhead category in any dental practice.

Gotu.com / Dental Office Production Benchmarks · 2025

Trends · Investing · *Industry Moves*

The structural shifts defining front-office performance in the next 12 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

Remote and hybrid front office models being tested for compliance-ready practices.

02

AI receptionist adoption for overflow and after-hours becoming standard.

03

KPI dashboards — missed calls, utilisation, AR aging — moving from DSO-only to independent practice standard.

Clean operational systems now drive premium EBITDA multiples at exit. Buyers focus on whether the practice can run without its owner. Documented systems increase valuation.

ADA HPI 2026 · Patientdesk.ai · Patterson Transitions 2025

OPERATIONS & SYSTEMS

Your Front Office Isn't Understaffed. *It's Misdigned.*

*Most dental practices think they have a staffing problem. They don't.
They have a design problem. And no number of hires will fix it.*



By Christine Sison, BA, MA

CEO & Founder, Swiss Monkey

THE FRONT OFFICE IS NOT FAILING BECAUSE OF PEOPLE. IT IS FAILING BECAUSE OF DESIGN.

Most dental practices think they have a staffing problem. They don't. They have a design problem.

A typical morning makes this clear. The schedule is full. The phones are ringing. Insurance is still unresolved. A patient is frustrated at the front desk. Everyone is working. And still, the work is not getting done.

The instinct is to hire. Another person. More coverage. More help. And for a short time, it works. Then the same problems come back. Because nothing underneath it changed.

Front office roles were never designed for what they are expected to handle today. Insurance is more complex. Patients expect faster responses. Reviews are immediate and public. Technology added steps, not simplicity. Most practices didn't redesign the role. They just added more to it.

Front desk staff now spend 60% of their work hours on phone calls alone — before accounting for check-in, insurance verification, checkout, and treatment scheduling. This is not a staffing problem. It is a structural one.

One of the most common misconceptions is that support needs to be full-time. But front office work doesn't behave that way. It surges. A case cancels. Claims stack up. Phones spike in the morning. Then it slows. Hiring full-time for something that fluctuates creates inefficiency. Avoiding support creates backlog.

The better approach is to identify where work consistently falls behind and apply targeted capacity. Start with the problem, not the role.

You don't need more people. You need a better design. And until the design changes, the outcomes won't.

STRUCTURE DETERMINES WHETHER ANY OF THIS WORKS.

Most practices move too quickly after hiring. They provide access, assign tasks, and expect results. What follows is quiet confusion that turns into visible inconsistency.

A structured approach changes that. Week 1: focus on alignment, access, and clarity of responsibilities. Month 1: stabilise workflows and communication. By Month 3, the role should feel predictable and integrated. If it still feels unclear after 90 days, the issue is not the person. It is the system.

Many practices hesitate around remote support because of compliance concerns. But the real issue is not location. It is whether a system exists at

all. If workflows are unclear and communication is inconsistent, the risk is already present. Remote support doesn't create the problem. It exposes it.

This is not about hiring. It is not about remote work. And it is not about working harder. It is about recognizing that the workload has changed and redesigning the system to match it. Pushing your team harder will work — for a while. Then it turns into burnout, turnover, and inconsistency. Most practices are not understaffed. They are understructured. And once the structure is right, everything else becomes easier.

THE HIDDEN COST

The 90-day onboarding process is either building a system or building a dependency. If a new team member is still asking the same questions at day 60 that they asked at day 1, the onboarding did not document the answers. Every repeated question is a signal: this should be written down.

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

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

FINDING 01

34%

Practices with documented workflows report 34% fewer administrative errors than those relying on memory and habit.

The most common source of front office breakdown is ambiguity. When team members are unclear on who owns a task, it either duplicates or falls through. Documentation resolves this before it becomes a performance issue.

FINDING 02

\$150k

Up to 15% of chair time — \$150k annually for a \$1M practice — is lost to administrative bottlenecks, not clinical gaps.

The most expensive chair in a dental practice is an empty one. Research shows the source of chair downtime is not clinical — it is the administrative failure upstream that prevents the chair from filling. Better front office design reduces empty chairs without adding patients.

FINDING 03

33%

Hybrid workers are 33% less likely to quit than fully in-office employees doing equivalent work (Stanford research).

The staffing crisis in dental front offices is not just about supply — it is about retention. Practices offering structured, flexible support models report lower administrative turnover. Structure is what makes remote or hybrid models functional. Without it, the model fails regardless of location.

What the *sceptic* would say.

Christine's thesis is clean: the problem is structural, not personal. But the counterargument is worth taking seriously. In a small practice — a single doctor with two front desk team members — the idea of documenting systems and mapping workflows can feel like corporate overhead imposed on a human business.

Some of the best front offices run on genuine relationships, institutional knowledge, and intuitive coordination that no SOP can fully capture. The risk of over-systemising is real: you can drain warmth from a patient-facing role by turning every interaction into a checklist.

The sceptic would also argue that hiring someone genuinely excellent — adaptable, experienced, self-directed — solves more problems faster than any redesign. The right hire brings their own structure. They create clarity around them rather than waiting for it to be handed to them.

Where Christine's argument holds most firmly is in the transition. When the excellent person leaves. When the institutional knowledge walks out on a Friday and the practice has nothing written down. The system is not a substitute for talent. It is what makes talent portable.

The system is not a substitute for talent. It is what makes talent portable — and the practice survivable when its best people are gone.

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

01 **The next time something breaks at the front desk, diagnose before you hire.**

Ask: is this a capacity problem or a clarity problem? If the team doesn't know who owns the task, more people won't fix it. If they do know but genuinely can't get to it, that is a capacity problem worth solving with targeted support.

02 **Your 90-day onboarding is either building a system or building a dependency.**

If a new team member is still asking the same questions at day 60 that they asked at day 1, the onboarding did not document the answers. Every repeated question is a signal: this should be written down.

03 **The most expensive thing in your practice may be an undocumented workflow.**

Pick the three tasks that cause the most friction when a team member is absent. Document them this week — not as a policy manual, as a simple step-by-step reference. That is the beginning of a system.

Five things to do *this week*.

- 1** Map where work stalls — insurance follow-up, unscheduled treatment, recall, peak phone times. List the top three. These are your first design priorities.

- 2** Before your next front office hire: write the role definition, the 30/60/90 day success metrics, and the non-negotiables. Post the job only after that document exists.

- 3** Review how information currently flows in your practice. If any workflow depends on one person's memory or verbal handoff, that is your highest-risk single point of failure.

- 4** Write down the three tasks that cause the most disruption when a team member is absent. Document each as a step-by-step process this week. That is your system foundation.

- 5** Audit your first-90-days onboarding: does it include documented access, role clarity, communication protocols, and measurable expectations? If not, redesign it before the next hire.

CEO & FOUNDER, SWISS MONKEY

Christine Sison

Harvard · UC Berkeley

Operations

Workforce Design

Operations



Christine Sison is the CEO and Founder of Swiss Monkey, a dental operations platform that helps practices modernize front-office workflows through structured systems, remote support models, and practical technology tools. A Harvard-trained public health professional and UC Berkeley graduate, she is a national speaker on dental workforce evolution and the future of front-office operations.

swissmonkey.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.

Design the system first. *Everything else follows.*

— Carl

Editor-in-Chief · The Denté Playbook Weekly · dentemagazine.com



Patientfy

MOST PRACTICES STITCH TOGETHER DISCONNECTED VENDORS AND HOPE IT WORKS.

An entire world-class marketing team, *inside your practice.*

Patientfy replaces the entire model with a living website that powers everything: Ads, SEO, local SEO, GEO optimization, and multilingual content. AI agents orchestrate every tactic, capture every lead, and book every appointment — compounding results every single day.

You change lives.

We help them find you.

patientfy.ai →