

FILL THE CHAIRS... continued from page 1

- 4. Lisa doesn't mind doing recall, but doesn't have the skills to optimize results
- 5. Lisa is really good at recall, but is overwhelmed with her other "must do" duties
- 6. Lisa doesn't know Dr. Jones' expectations

But wait! Filling the chairs is the economic engine of the practice. Right? Right! And, the gold standard of filling the chairs is to make sure recall gets done with great results.

Unfortunately, the list above can be found in most practices. Why? The tactic - in this case, recall, is lacking depth to achieve great results. Look at it this way! You, the dentist, have three letters behind your name, because you invested time and money to learn, practice and continue your education to be the best you can be in dentistry. Your hygienists are similar. Your front desk personnel? Ooops! There is no school, degree, certification or CE to teach them how to do what they have to do to fill the chairs, to run the economic engine of your practice. Sure, there are plenty of resources that can tell you "what to do," but the key to optimizing results lies in the "how to do it" - the depth of the tactics that minimize open appointments - optimize filling the chairs.

With limited space in an article, it's impossible to discuss each of the key production tactics that optimize filling the chairs and the detailed "how to do it" depth of each. But, let's get to the essence of solving this problem. For now, let's stick with recall. Here are six steps to execute the recall tactic.

- 1. Define "who" is best suited to make the telephone calls to reappoint patients
- 2. Which lists will be used? Unscheduled prophylaxis, short list, etc. - scrub the lists for effectiveness
- 3. Dedicate a specific (and adequate) time in a private area to make the calls
- 4. Acquire the specific communication skills; learn, use and practice the skills
- 5. Measurements - how many open appointments do you have - doctor and hygiene
View three months of each column to determine a monthly average for the doctor and for hygiene... you can't improve the score if you don't know the score
- 6. Reward improvements. We'll come back to this at the end of the article

The formula: Improve any tactic in your practice to increase production - PSMR

- 1. Get the right **P**rotocols defined and in writing
- 2. Get the right **S**kills - learn, use
- 3. Get the right **M**easurements
- 4. Get the right **R**ewards

Get these "rights" right. What happens? Consistent improvements in results!

Now, let's look at several other key production tactics that can optimize filling the chairs in your practice.

- Broken Appointments
- Cancelled Appointments
- New Patients
- Referrals
- Confirmations
- Creating Consistently Exceptional Patient Experience
- Cloning your "A" Patients

Caution: There are dozens of tactics you can deploy to fill the chairs in your practice. But, most front desk teams have an overwhelming job as it is. Focus on the tactics noted above that can be fine-tuned, instead of attempting a full makeover. Time is of the essence.

Get all of the low hanging fruit as soon as possible. For example, take a look at increasing New Patient numbers. The telephone rings, incessantly, in most practices. Many of those calls are non-patients calling to ask common questions, such as, "Are you accepting new patients?" "Do you offer teeth whitening?" "How much do you charge for a teeth cleaning?" And "At what age do you take children?" to name a few? Providing the correct answer for each is expected, but converting the caller to a new patient is the real goal. What is your conversion ratio for converting prospective patients to appointed patients? Don't know? Then, you have no idea how many prospective patients are falling through the cracks. Solution. It doesn't require more marketing expenses. Simply stick to PSMR - Protocols, Skills, Measurements and Rewards. Then, you can measure your improvements.

Now, let's look at one more tactic - a very big one. Remember this! Patients vote! They decide if they will show up for their prophylaxis appointment, if they accept your treatment plan, if they complete it, if they pay you on time, if they return and if they tell their friends about your practice. That's a lot of "ifs." What motivates the vast majority of patients to "vote" in your favor? The Patient Experience! To paraphrase Dr. Charles Blair, "It's about how they feel from the time they call, from the time they walk in the front door to the time they walk out the door." Every experience they have matters - good, great, bad or indifferent! Use PSMR to measurably improve the patient experience - to get their vote. This tactic is universal for virtually all businesses. Southwest Airlines is a national brand that proves the point. They make more money than all other airlines. The Chick-fil-A fast food chain, Publix supermarkets and Best Buy are three others. Each of these companies is #1 in their industry category because the patient experience is an intentional focus from the top down and the bottom up. At the end of the day, The Patient Experience is a "have to" tactic because it drives results in all of the other tactics.

For each of the tactics in the bullet points above, use the PSMR tools to know the score and improve the score. Finally, let's go back to rewards for open appointments. "Lisa" reduces the baseline open appointment score on the doctor's side by "x" pay Lisa "y." If she graduates to the next level, double the payout. Add a third level. Use a similar formula for the hygiene side. Be realistic. Do not expect to reduce open appointments by more than 50%. With respect to paying an incentive to a specific person, do it if you want the best results in filling the chairs. If you have two or more team members actively engaged in filling the chairs, share the incentive.

What Direct Mail Does That E-Mail and Social Media Can't Do!

by David Stone²

When a new trend like electronic marketing takes place, a lot of people blindly jump on the proverbial bandwagon. The problem is that relying on hit-and-miss e-mailing or social media only, instead of keeping a proven printed publication as "your best" form of communicating with your patient base, spells disaster and a loss of new patients!

Most doctors have less than 50% of their patients' current e-mail addresses. Some patients simply don't use e-mail much or frequently change their e-mail address because of all the spam they get!

It was just reported on the network news that the big providers of e-mail say e-mail use was down 20% last year. The larger quantities, like a patient e-mail blast, are often filtered out as spam by the big providers and stopped before they ever reach their destinations. Your patients are likely so barraged by daily e-mails they're highly selective about what they open and they often don't even open some of them!

There are too many pitfalls to this type of marketing as a primary way to stay in touch and educate all your patients, or to expect you'll get a good return on your investment for your time and money. It's not all you need; especially when you don't have 100% of your patients' current e-mail addresses.

It's fine to use e-mail as a secondary source if you ensure you track the performance of your e-mail marketing! You must determine, personally, based on your results, if it's worth your time and effort to manage and keep up your e-mail contact list or social media pages! Don't just use it blindly as your only form of communication with your patients because you think it's inexpensive or because it's the "new thing" to do!

The reason most businesses want to use e-mail is because they think it doesn't cost them anything. Big mistake! The

Expectations: \$10,000 per month per \$80,000 of current gross production.

Now, what's holding you back from filling your chairs?

John Cotton is CEO of Dental Team Performance, specializing in optimizing Practice Performance to Profit. While maintaining an average reduction in Open-Broken-Cancelled appointments of 42.3% for its consulting clients, DTP created The GameCHANGER Solution for dentists that prefer a do-it-yourself, step-by-step course. To order call 1-800-337-8467.

truth is that relying exclusively on e-mail marketing to contact patients can actually end up costing you a lot more than mailing a printed publication, considering the loss of "repeat and referral" business that you could have been generating by contacting your entire patient mailing list with a personal, proven patient education letter or publication!

After all, it's a proven fact that sixty-nine percent of the people that quit doing business with any kind of business, quit because nobody said they cared. That business didn't tell them often enough (or at all!) how important they were to them!

For example, the monthly, highly personalized patient education publications that we publish, personal letters, periodicals of interest, birthday and special occasion cards are some of the proven, and most effective, ways that you can communicate and build that important relationship with your patients every month!

E-mail and social media are also some of those ways. However, bear in mind that you are significantly limiting the amount of patients that you reach by only using this type of media because of the problems I previously mentioned. That's why they are best used as an adjunct, a second touch each month. Don't leave any patients out because of spam filters or because you don't have all of your patients' e-mail addresses!

It's hard for some people to hear these words, but here goes: The truth is that a lot of folks out there still prefer a personalized, warm and fuzzy hardcopy "printed" communication and are more likely to respond and pass it along to their family and friends than an electronic or digital marketing piece!

David Stone, of Stoneybrook Publishing, has been in DirectResponse Marketing for 42 years, and marketing for doctors for over 23 years. He specializes in reactivation of dental patients, as well as attracting New "Fee-For-Service" Patients for dentists. He has published a 32-page catalog full of marketing tips for dentists that is available for FREE, just for calling (800) 736-3632. Ask for the FREE marketing tips catalog mentioned in "The Profitable Dentist" magazine.

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FROM THE DESK OF GEORGE S. LEE, MD, DDS:

For so many of us, summer is coming to a close and school is back in session. For my family, this means the reestablishment of bedtimes, early mornings, packing lunches, and homework. I hope you enjoyed a few lazy summer days with your family. I would like to make you aware of some exciting upcoming events and opportunities this fall.

LUNCH AND LEARN:

We offer one hour Lunch and Learn sessions for you and your team in your office. During these educational and hands-on workshops, Dr. DeFelice and I provide information on dental implant treatment planning and the role of advanced 3D imaging technology in implant dentistry. This is an excellent learning opportunity for your team. And of course, we bring lunch! If you are interested in scheduling an office Dental Implant Lunch and Learn, contact Lisa at ldotson@cumberlandsurgicalarts.com or by phone, 931-552-3292.

SAVE THE DATE:

I appreciate YOU and I want to celebrate your hard work and dedication to our profession! Please look for a special invitation to our Dentist Appreciation Reception on Thursday October 1st from 6pm- 8pm. You and your guest are invited to my office to enjoy an evening of food prepared by The Choppin' Block, beverages, and entertainment provided by the musical trio, Clarksville Strings. My team and I will be available to show you the facility and answer your questions about the practice. I look forward to seeing you!

GET TO KNOW US:

I am thankful for my dedicated team that has a passion for delivering safe, quality care to our patients everyday. Matt and I work with an outstanding group of professionals. Virginia, my Lead Assistant, just celebrated her 9th year with Cumberland Surgical Arts. Virginia has been my surgical assistant since we opened in 2006 and travels with me to the hospital and surgery center to assist in surgeries. Jessica, my Front Office Supervisor, is celebrating her 2nd anniversary. Jessica can be found assisting in surgery, scheduling patients, submitting insurance claims, or providing IT support. She truly is a jack of all trades!

To better serve the needs of the clinic and patients, I have 3 new staff members joining my office. Christina joins the administrative team in the front office. She recently completed her Master's degree in Healthcare Leadership. Danita and Amber are both joining my surgical team. Danita comes with several years of oral surgery experience in Germany at Landstul Regional Medical Center as well as an extensive background in surgical assisting as a surgical tech in the hospital setting. Amber is a Registered Dental Assistant with experience in oral surgery and office-based anesthesia. These ladies are valued additions and I am excited to have them at Cumberland Surgical Arts.

CLINIC CLOSURES:

We will be closed Monday, September 7th in observance of Labor Day.

*As always, thank you for your continued support of my practice and trusting Matt and I with the care of your valued patients.
It is an honor and privilege to do what we do every day.*

HOW TO REDUCE OPEN APPOINTMENTS AND FILL THE CHAIRS



by John Cotton¹

When I walked in Dr. Kevin's office this morning, I cheerfully asked Cheryl at the front desk, "Do you have a busy schedule today?" Cheryl replied, "Well, we did, but the day fell apart. Right now, it's all-hands-on-deck to salvage something." I could feel the tension. And, it didn't improve as I walked through the practice.

This problem is repeated every day in thousands of practices. The problem isn't one bad day, it's too many bad days with too many open appointments! It's the lost production that is lost forever. It's the frustration. It's the stress. It's the worry. It's the daily struggle to fill the chairs.

I recently reviewed the open appointment data for 10 solo GP practices and found the average number of open appointments for hygiene in 2011 was 81.32 per month per practice - on the Doc's side, 37.16 per month. You can do the math on how much production is lost. My \$4.89 calculator from Walgreens tells me the lost production exceeds \$26,000 month-over-month. We all know open appointments can't drop to zero. But, surely there has to

be a way to minimize open appointments. Common sense suggests the aforementioned open hygiene appointments can be reduced by 15-20 per month (every month) and on the Doc's side, by 10-15 per month. Combined, that's \$6,000 to \$8,000 per month of no-brainer, low-hanging fruit production.

As a side note, it's interesting that in a multi-billion dollar industry with a bunch of really smart people, you would think there would be a comprehensive, focused, step-by-step solution to consistently fill the chairs. In an industry that invests heavily in all sorts of practice management technology, dental products and, of course, human capital via payroll and benefits, focused resources to fill-the-chairs are grossly missing. Yet, it's the economic engine of your practice.

Solutions! On the surface, anyone of us can list widely known solutions, from doing recall to updating your website with SEO, from appointment confirmation techniques to charging fees for cancellations, from advertising for new patients to attracting referrals from existing patients. And the list goes on!

What works? All of the above can work. For that matter, many more ideas can work. But, nothing works very well, if at all, if a specific tactic doesn't have depth in "how to do it." Here's an example of just one tactic to minimize open appointments. Lisa, at the front desk, is in charge of recall. In the morning huddle, Dr. Jones asks Lisa how she is doing with recall. Lisa responds that she is "working on it." What does "working on it" mean?

1. Lisa cheerfully does recall, but not very well-low results (3 out of 100)
2. Lisa has time to do recall, but it isn't a priority-results suffer
3. Lisa hates to do it and, therefore, finds plenty of other duties to fill her day

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Direct Mail.....(3)

From the Desk of Dr. Lee(4)