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Marketing Ideas

PATIENT APPRECIATION DAY

It's external marketing that gets the phone to ring and new patients are certainly the lifeblood of the practice, but it's the patients of record who refer to you and build your practice with their own personal dental care. Internal marketing is what keeps patients talking favorably about the practice. Once per month have a patient appreciation day where each patient seen that day receives a $5 to $10 useful gift that makes the person know you appreciate them. Your marketing committee (one team member from clinical assistants/one from hygiene/one from admin along with the practice manager) selects and wraps or bags gifts in advance. These can be bought locally, ordered online, or from a novelty catalog. On the last day of each month, pull a number one to 31 from a bowl. Keep pulling a number until you have a workday for the following month and that becomes the patient appreciation day. Patients love feeling special and will hope all their next appointments fall on that monthly lucky day. Cost: $10 in a solo practice with 30 patients each day $300 per month. Return on investment: priceless in good will and continued referrals.

TOOTHBRUSH EXCHANGE DAY

Ask your local bank, drugstore or mall if you can publicize a toothbrush exchange day in 8 weeks. For the person who brings in the ugliest toothbrush, he or she will win a prize (could be a gift certificate toward dentistry in your practice or a gift card from the store that lets you use their sidewalk or lobby). Every person who brings an old toothbrush receives a gift bag with a new toothbrush, floss, lip balm, and a card from your practice with this note: “If you don’t have a personal dentist, we invite you to join our family of fine patients.”

LOCAL BUSINESS VISITS

Make a list of 10 companies within a 5-mile radius of your practice. Personally (doctors) deliver a lovely basket of food goodies and a thank you card to the HR department of that company. Introduce yourself and thank the personnel manager or whomever you talk with for answering questions from your insurance coordinator over the past several years (months). Let that person know you see several (many) patients from their company. Compliment them for having a dental benefit plan. Offer to have you (your insurance coordinator) come and explain in 10 to 15 minutes the clinical dialogue of their plan at their next employee meeting. HR departments receive little recognition in their daily work. Wonder who they will think of dentist-wise when a new employee asks if they know a great family dentist?

ELIMINATE NEW PATIENT NO-SHOWS

Each day that new patients are scheduled the scheduling coordinator should give the dentist the patient’s name, telephone number, date and time of their appointment. Each day when the dentist has a 5-minute break, they should phone the new patient, introduce themselves and let the new patient know how much they are looking forward to seeing them on _____(date) at ___(time). No other health care provider extends an introduction and welcome before patients come to their first appointments. Smart dentists who do this report fabulous results in relationship building and pleasantly surprised patients who are impressed with the dentist’s gesture of kindness. One doctor reported, “You know this is working well when a new patient who hasn’t come in has already referred a patient the day before their own visit.”

Telephone techniques

ANSWERING THE TELEPHONE

The telephone is the most important instrument in the practice. The person answering the phone can make or break the practice. Getting voicemail during patient hours is the “kiss of death.” The second worst greeting is a hurried person who comes across abrupt or stressed. In the first 30 seconds of the telephone being answered, patients determine how patients are treated throughout the practice and during their dental treatment. Four tones of voice must be filtered throughout the conversation: (1) friendliness, (2) knowledgeable, (3) enthusiastic, and (4) empathetic. The best greeting would be: “Thank you for calling XYZ Dental Practice, this is Sonya. How may I help you?” They would not be calling if they did not need to be helped.

ON-HOLD PATIENT EDUCATION

For those practices that have dead silence or outlandish music on hold, what a lost opportunity to enthusiastically educate the patients about the practice, the dentist, or the team and to show excitement for the procedures performed or courses taken that set this practice ahead of others. You can also have soothing music in the background. Remember dead silence or outlandish music makes people count up the faults of those who keep them waiting. Patient education actually makes some patients and callers say “put me back on hold for a minute, I want to hear the rest of that message.” Know the courtesy of the hold button: Caller No. 1 deserves top priority of your time. If your scheduling coordinator is on line No. 1 and line No. 2 rings, the caller can hear the other line ringing and they know you are the primary phone person. Tell caller No. 1, “I have another call coming in but I promise to be back to you in less than 60 seconds.” Answer line No. 2, if it is a simple 30-second response such as “What time is my appointment tomorrow 10 or 10:30?” Answer that question. Any others take the name and number of the caller and phone them back within 10 minutes. Taking numbers and returning calls is much more efficient than having 2 or 3 people at the desk take calls. (In larger group practices this is handled differently).

AN ADEQUATE PHONE SYSTEM

Too many practices try to run a 21st century dental practice with an outdated phone system. Since the telephone is the lifeline to the outside world, having the right number of phone lines is important. Busy signals make patients go elsewhere. A solo practice must have a minimum of fuve lines. Lines 1 and 2 are patient-ready lines. No one should use lines 1 or 2 for outgoing calls as those are for incoming patient calls. Lines 3 and 4 can be outgoing calls and line No. 5 is the designated fax line. Line No. 3 can also be used as the financial coordinator’s line. If on a rollover system, when line No. 3 rings first, your financial coordinator, not your scheduling coordinator answers that line. All statements and insurance forms that leave your practice should have the line No. 3’s number on them, not the main patient number which is answered

by the scheduling coordinator. From now on, all financial questions are answered by the financial coordinator to prevent any interruptions to the scheduler.

CONTROLLING THE SCHEDULE

Too many times the scheduling coordinator, hygienist, or clinical assistant (if terminals for scheduling are chairside), think they are doing patients a favor to ask: “You like the 8 a.m. appointments, don’t you?” Or they will ask, “What time is most convenient for you?” Those 2 questions are responsible for the “feast or famine” schedule. This means your prime time is scheduled weeks/months in advance and there’s 2 to 3 hours of open time tomorrow and the next day. Instead ask only this question: “Are mornings or afternoons best?” If they say mornings, give them two choices of your most difficult morning appointments to fill … get rid of those first. If they prefer afternoons, again offer the two most difficult to fill afternoon appointments. “Doctor can see you on the 14th at 2 p.m. or the 16th at 2:20 p.m. When people are given 2 choices they typically take one or the other. By doing this, the scheduler is in control of the day’s schedule versus leaving it up to the patients to pick and choose.

Fees and collections

PRESENTING FEES

Even the most timid financial coordinator can have amazing collection results by using positive words, which means positive results. “Your fee today was $475. Will that be cash, check or bank card?” Three YES answers. Asking instead, “Would you like to take care of it today?” or “How would you like to pay?” leaves the door open for patients to say, “I’m not prepared to pay today, can you please send me a statement?” The clinical team can also help with over-the-counter collections by saying at dismissal, “Mrs. Davis, Karen our financial coordinator will be taking care of you now. She will be giving you your receipt for today’s visit.” A receipt means, we expect to be paid for today’s visit. Being proactive versus reactive is the key.

STAND TO PRESENT FEES

If patients are standing at the counter to pay, the financial coordinator should also stand to present the fees. It is a known fact that the person sitting in a conversation about money is the

one that will be compromised with results. One must have eye contact to discuss money. If the patient is seated, the financial coordinator should stay seated. This would be at the dental chair, in the consultation room and some practices actually have a sit-down chair for check out and financials. Eye contact and positive words make a big difference in over-the-counter collections and net profits of the practice.

PAST-DUE COLLECTION CONVERSATIONS

In calling past-due patient accounts remember kindness brings much better results than demands. Using phrases such as, “I’m sure this is an oversight, Mr. Phillips” or “Mrs. Warren, I understand with the busy lives we all lead how this could have been forgotten.” Saying, “Our accountant was in last week to review these accounts. I must report to him the date of each month and the amount we can expect” sounds better than, “If you don’t pay within 10 days I’m turning you over to a collection agency.” Working with patients through tough times retains the family and also creates lasting good will.

MAKING PAST-DUE COLLECTION CALLS

Persistence pays. Financial coordinators who get the best results in accounts receivable management divide the alphabet into 4 parts (6 letters each of 4 weeks) (xyz counts as one letter). They persistently and politely call 6 letters of the alphabet of past-due patients during a 2-hour break in their normal check-out routine each week. Preferably on Thursday mornings from 10 a.m. to 12 p.m. as it’s a known fact patients are in a better mood on Thursdays or Fridays than earlier in the week. (Larger practices may need more than 2 hours of dedicated time.) When patients make promises but no payments, another call is in order. Note: With patient financing, collection calls become a thing of the past or greatly reduces the need for collection calls. A much better way to manage AR. If more than 4% of the AR is past 90 days there is a collections problem. Remember also: Get rid of the AR and your open chair time goes down significantly. “Patients who owe you money break appointments or no-show.”

Chairside communication

REINFORCE THE TREATMENT PLAN

Clinical team members can be very instrumental in setting the stage for case acceptance with effective chairside communication. After patients hear the clinical diagnoses and the dentist's recommended treatment, they often look to the assistant or hygienist for verification. If the staff says: "Mrs. Parker, you are making a wise decision not to postpone your treatment as this is what can happen if you don't proceed with treatment soon" or "Many of our patients were hesitant about veneers wondering if it was wise to cover their natural teeth. After their smile was enhanced, their only regret is that they had not done this treatment long ago." And, "Dr. Brown is a fine dentist. I know because she is also my personal dentist," alleviates fear and hesitation for the dentistry patients deserve. Dentists can't toot their own horn and compliment their own skills, but having an enthused team member makes all the difference in case acceptance!

ADDED VALUE VERBIAGE

Instead of saying at the end of a clinical procedure, "If you have a problem, give us a call," say instead: "We don't expect any problems but if you have any questions feel free to give us a call." Instead of quoting a fee at the desk for two fillings say: "Dr. Brown restored 6 surfaces of those 2 teeth." (Now the patient thinks 6, not 2.) Go on to say: "You may experience a slight discomfort when you eat something cold. Some of our patients experience this but most never do. If it happens, it could last up to three weeks."

DENTIST TO ASSISTANT COMMUNICATION

Some dentists and assistants waste valuable chairside time talking about topics that patients don't need to hear. This time could have been used to "talk dentistry." There is such a small window of time that patients are the captive audience. Mentioning CE courses, talking about new technology and how it can make dentistry easier and better are sample conversations. Even though the dentist and assistant have talked about these topics many times the same week, for the patient in the chair hearing about veneers, cosmetic whitening, laser dentistry or implants for the first time, that's incredibly educational. This not only makes the patient more informed but they go out of the office and teach others what they learned. This is a huge practice builder and it doesn't cost a dime.

HYGIENIST TO PATIENTS

Communication in the hygiene treatment room can play a significant role in how busy the dentist is the following weeks. Sixty five percent of operative and cosmetic should come from the hygiene patients. Many hygienists hate to be looked upon as a salesperson. They must realize, as must the dentist and rest of the team, that “selling is serving.” Talking to patients about the whole health picture and the correlation between heart disease, diabetes and poor oral care is paramount in the 21st century hygiene department. Using terms such as, “What you do each day in the way of brushing, flossing and good nutrition is much more important than what I do for you on each visit. Therefore Mr. Carter, we are a team. I can help you but I also need your help. Together we can see great results.” Patient compliance is one of the hygienist’s biggest challenges. A hygienist with great clinical skills coupled with team spirit and excellent communication skills is worth their weight in gold to the practice.

Hygiene department tips

NUMBER OF HYGIENISTS NEEDED

A practice needs one hygienist for every 800 to 1,000 active patients. Many practices are only recalling 30 to 40% of their active patient base and the goal should be 85% of the active patient base. Count the number of active charts. Multiply by 2 as patients should be coming in at least twice per year. Divide by 12 months to see how many recare patients should be seen each month. This does not take into consideration the number of new patients monthly nor those patients who are on 3- or 4-month recall intervals. While new patients are the lifeblood of the practice, hygiene is the backbone. Couple a weak recall system with a low new patient number and this spells professional suicide.

HYGIENE PRODUCTION

If the practice has an effective initial perio program (IPP), hygiene should be one-third of gross production excluding the doctor’s exam. Perio procedures should be one-third of that daily hygiene production. In a more established practice, the IPP is greater than in a startup younger practice. Hygiene drives the rest of the practice. When hygiene production goes up $3,000 per month, total practice goes up between $8,000 to $10,000 per month. If hygiene goes up $5,000 per month, total practice sees a $13,000 to $15,000 increase and if hygiene goes up $10,000 per month, total practice increases $25,000 to $30,000 per month. When hygiene plateaus or declines, the entire practice goes flat or declines. Dentists should look at hygiene as an opportunity, not a necessary aggravation.

OPERATIVE FROM HYGIENE

Approximately 65% of restorative and cosmetic dentistry comes from an effective and efficient hygiene department. Great hygienists know that “setting the stage for case acceptance” is one of the most sought after traits of a 21st century hygienist. Believing in the doctor’s dentistry, their fees and sharing their philosophy of ideal dentistry sells a lot more dentistry than having a staff member who says: “If the patient needs something, they need to hear it from the dentist.” We have seen a 20 to 30% increase in operative and cosmetic care in those practices where the hygienist believed in the doctor, the dentistry, the fees and the practice vision.

HYGIENIST IN THE COMMUNITY

For those hygienists who are great mixers and educators, you cannot put a monetary value on those who wish to get out into the community and market the practice. Speaking at health fairs, having a booth at bridal shows, taking part in relay races, or other community activities is paramount to the doctor’s success. From an ugliest toothbrush contest at the mall, to speaking at women’s groups or delivering toothbrush baskets to local businesses, it is great when the hygienist or other team members are out in the community marketing the practice to others.