PRACTICE INNOVATIONS TO INCREASE PRODUCTIVITY

Presented by:

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“STARBUCKS IS NOT AN ADVERTISER; PEOPLE THINK WE ARE A GREAT MARKETING COMPANY, BUT IN FACT WE SPEND VERY LITTLE MONEY ON MARKETING AND MORE MONEY ON TRAINING OUR PEOPLE THAN ADVERTISING.”

HOWARD SCHULTZ, CHAIRMAN, CEO STARBUCKS

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CREATING AN IMPACT

“FIRST IMPRESSIONS MATTER. EXPERTS SAY WE SIZE UP NEW PEOPLE IN SOMEWHERE BETWEEN 30 SECONDS AND TWO MINUTES.” ELLIOTT ABRAMS

“EXPERTS SAY THE PATIENT MAKES A DECISION TO ACCEPT TREATMENT WITHIN THE FIRST TEN MINUTES OF ARRIVING TO THE PRACTICE.”

TWO QUESTIONS TO ASK TO DETERMINE IF YOU’RE DOING THE RIGHT THING:

1. IS IT GOOD FOR THE PATIENT?
2. IS IT GOOD FOR THE PRACTICE?
First Is your practice on target?

Generic behavior

Expected behavior

Augmented behavior

Potential behavior

Where is your practice? _________________

“CHALLENGE MEDIOCRITY AND CONSTANTLY LOOK FOR WAYS TO PERSONALLY CONTRIBUTE TO AN EXCEPTIONAL EXPERIENCE FOR YOUR PATIENTS – BEFORE, DURING AND AFTER THEIR CARE IN OUR OFFICE.

TO ALWAYS ASK THE QUESTION: What more can I do?”
PATIENTS ENTERING THE PRACTICE

EXTERNAL PRACTICE AWARENESS

/ 

PHONE CALL

/ 

OFFICE LITERATURE

/ 

RECEPTION

/ 

TEAM

/ 

DR. INTRODUCTION / CONSULTATION

/ 

EXAM DIAGNOSIS

/ 

TREATMENT PRESENTATION

/ 

FINANCIAL ARRANGEMENTS

/ 

TREATMENT SCHEDULED
QUALITY SERVICE CUES

❖ MAKE A MEMORABLE FIRST IMPRESSION.

❖ SPEAK A SERVICE LANGUAGE; WEAR A SERVICE WARDROBE.

❖ HOSPITALITY FIRST. COMMUNICATE THE HEART AND SOUL OF THE ORGANIZATION.

❖ LISTEN TO UNDERSTAND.

❖ CREATE THE PERCEPTION OF QUALITY.

❖ MATCH WHAT THE PATIENT WANTS WITH WHAT YOU CAN DO.

❖ ENDORSE THE DOCTOR.

❖ DESCRIBE HOW YOUR OFFICE SYSTEMS ENHANCE RESULTS.

❖ ESTABLISH A SET OF PRACTICE PERFORMANCE TIPS.

❖ BUILD A PERFORMANCE CULTURE THAT DIFFERENTIATES THE PRACTICE.

“YOUR CUSTOMER MAY NOT ALWAYS BE RIGHT BUT THEY ARE ALWAYS YOUR CUSTOMER.”
DEBRA ENGELHARDT-NASH
CHAIRSIDE COMMUNICATIONS

HOW DO WE COMMUNICATE?

VISUALLY

Verbally

In writing

WHERE SHOULD I SIT?

WHERE DO I STAND?

WHAT DO I WEAR?

“GET IN TOUCH WITH THE WAY THE OTHER PERSON FEELS. FEELINGS ARE 55% BODY LANGUAGE, 38% TONE AND 7% WORDS.”
“YOU HAVE IT EASILY IN YOUR POWER TO INCREASE THE SUM TOTAL OF THIS WORLD’S HAPPINESS NOW. BY GIVING A FEW WORDS OF SINCERE APPRECIATION TO SOMEONE WHO IS LONELY OR DISCOURAGED. PERHAPS YOU WILL FORGET TOMORROW THE KIND WORDS YOU SAY TODAY, BUT THE RECIPIENT MAY CHERISH THEM OVER A LIFETIME.”
DALE CARNEGIE

EVERY TEAM MEMBER IS RESPONSIBLE FOR REINFORCING A CLEAR AND CONSISTENT PRACTICE MESSAGE.

WORDS TO USE


WORDS TO AVOID


HOW WOULD YOU DESCRIBE YOUR QUALITY OF CARE?
AT THE CHAIR

INTRODUCE YOURSELF.

“WHAT INSPIRED YOU TO BE HERE TODAY?”

“MAY I TELL YOU A LITTLE MORE ABOUT OUR PRACTICE?”

UTILIZING VISUAL AIDS.

DR. INTRODUCTION

WHAT’S YOUR STORY

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________________________________________________________________________

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________________________________________________________________________

“YOUR PRESENT CIRCUMSTANCES DON’T DETERMINE WHERE YOU CAN GO; THEY MERELY DETERMINE WHERE YOU START.” NIDO QUBEIN
12 TRAINING PRINCIPLES

“THE BEST TRAINING PROGRAM IN THE WORLD IS ABSOLUTELY WORTHLESS WITHOUT THE WILL TO EXECUTE IT PROPERLY, CONSISTENTLY AND WITH INTENSITY.”

JOHN ROMANIELLO

1. PATIENTS DON’T TALK TO THE PRACTICE. THEY TALK TO YOU.

2. GREAT SERVICE STARTS WITH A GREAT ATTITUDE. (WOULD YOU WANT TO TALK TO YOU?)

3. THERE IS ONLY ONE JUDGE OF GREAT SERVICE. THE PATIENT.

4. PATIENTS DON’T THINK OF THEMSELVES AS PATIENTS. THEY THINK OF THEMSELVES AS PEOPLE WHO NEED OUR HELP. ENJOY HELPING PEOPLE AND YOU’LL DO A BETTER JOB.

5. THERE IS NO RIGHT WAY TO TALK TO PATIENTS. EVERY PROBLEM IS DIFFERENT SO EVERY CONVERSATION IS DIFFERENT.

6. DON’T JUST TALK TO PATIENTS. TALK TO THE TEAM. EVERYONE IS THE VOICE OF THE PRACTICE.

7. IT’S NOT ENOUGH TO TAKE CARE OF PATIENTS. YOU HAVE TO CARE ABOUT THEM. (GREAT SERVICE IS NOT JUST A TRANSACTION. IT’S A BOND.)

8. DON’T JUST SOLVE PROBLEMS – CREATE OPPORTUNITIES TO ELIMINATE OR MINIMIZE PROBLEMS. (VIEW PROBLEMS AS AN OPPORTUNITY TO GROW.)

9. DON’T JUST LISTEN – LEARN. ACTING ON SMALL COMPLAINTS CAN GENERATE BIG IMPROVEMENTS.

10. LEARN TO ANTICIPATE.

11. EVERY PATIENT IS A JUDGEMENT CALL. THE DEEPER YOUR KNOWLEDGE, THE BETTER YOUR JUDGEMENT.

12. IF YOU REALLY WANT TO HELP PATIENTS, DON’T BE AFRAID TO ASK FOR HELP.
Where should we focus?

WHAT IS YOUR GOAL?

WHERE DOES YOUR PRODUCTIVITY COME FROM?

CUSTOMIZE YOUR GROWTH PLAN

“PEOPLE OFTEN SAY MOTIVATION DOESN’T LAST. NEITHER DOES BATHING – THAT’S WHY WE RECOMMEND IT DAILY.” ZIG ZIGLAR

NEW PATIENTS ACCEPTING TREATMENT

REVENUE FROM CONTINUING CARE

PATIENTS OF RECORD ACCEPTING TREATMENT

# ACTIVE PATIENTS

PRODUCTION GENERATED FROM CONTINUING CARE

AVERAGE TREATMENT PLAN ACCEPTED

WHAT GETS MEASURED GETS DONE.

OUR FOCUS FOR THE YEAR SHOULD BE: ________________________

NOTES

________________________________________________________________________

Debra ENGELHARDT-NASH
PATIENT CARE CHECKLIST

TELEPHONE INTRODUCTION TO OFFICE IS WELCOMING INSTEAD OF ASKING ABOUT INSURANCE.

_________________________________________________________

THE NEW PATIENT IS APPOINTED IN A TIMELY MANNER.

_________________________________________________________

THE REFERRAL SOURCE IS ACKNOWLEDGED AND REFERRAL IS DOCUMENTED.

_________________________________________________________

TELEPHONE INFORMATION IS SHARED WITH THE ENTIRE TEAM.

_________________________________________________________

THE NEW PATIENT IS GREETED BY NAME.

_________________________________________________________

THE NEW PATIENT LEARNS ABOUT OFFICE PHILOSOPHY AND THE QUALITY OF CARE.

_________________________________________________________

THE DOCTOR IS INTRODUCED TO THE NEW PATIENT BY A TEAM MEMBER.

_________________________________________________________

THE PATIENT IS SCHEDULED FOR TREATMENT AFTER CONSULTATION AND FINANCIAL ARRANGEMENTS HAVE BEEN MADE.

_________________________________________________________

THE NEW PATIENT RECEIVES A FOLLOW-UP PHONE CALL.

_________________________________________________________

PATIENTS ARE SEATED WITHIN TEN MINUTES OF APPOINTMENT TIME.

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PATIENTS OF RECORD ARE RENEWED EVERY 5 YEARS.

_________________________________________________________

THE PATIENTS’ DENTAL RECORDS WILL TELL ME ALL I NEED TO KNOW ABOUT PATIENTS’ CARE.

_________________________________________________________

Debra ENGELHARDT-NASH
THE OFFICE HAS A WAY OF LETTING PATIENTS KNOW ABOUT THE SERVICES THAT ARE AVAILABLE.

PATIENTS ARE ALWAYS INTRODUCED TO IDEAL DENTISTRY.

FINANCIAL ARRANGEMENTS ARE FLEXIBLE WITHOUT BEING HARMFUL.

THE ENTIRE TEAM IS COMFORTABLE ENDORSING THE PRACTICE AND ASKING FOR REFERRALS.

OUR OFFICE LITERATURE, FORMS AND LETTERS ILLUSTRATE OUR QUALITY.

WE HAVE CONDUCTED A PATIENT SURVEY WITHIN THE LAST FIVE YEARS.

WE MONITOR THE EFFECTIVENESS OF OUR TREATMENT PRESENTATIONS.

OUR FACILITY SUGGESTS WE ARE ABOVE AVERAGE IN CLEANLINESS AND STERILIZATION TECHNIQUES.

WE CONDUCT REGULAR TEAM MEETINGS TO DISCUSS PATIENT CARE AND PRACTICE DEVELOPMENT.

WE REVIEW OUR PATIENT & PRACTICE STATISTICS REGULARLY.

THE OFFICE HAS A PRACTICE DEVELOPMENT BUDGET.

OUR IDEAS ARE EASILY SHARED.

WE CELEBRATE OUR RESULTS.

[Signature]
“Most of us understand that innovation is enormously important. It's the only insurance against irrelevance. It's the only guarantee of long-term customer loyalty. It's the only strategy for out-performing a dismal economy.”

Gary Hamel, American Businessman

Healthy Recall
Are you getting what you want?

LOYALTY = PROFIT
Retaining 5% more “customers” can boost profitability as much as 95%

An increase in patient loyalty of 2% is equivalent to a 10% reduction in costs. An increase of 5% in patient loyalty can deliver 95% greater profitability over the lifetime of the patient.
✓ Retaining patients is not only less expensive, but existing loyal patients are ready to accept treatment more readily.

✓ They generate positive word of mouth and referrals and are less likely to defect for “discounts”.

✓ Increased customer loyalty is the single most important drive of long-term profitability.

PATIENTS OF RECORD AND RECALL RETURN RATE

NUMBERS TO TRACK:

DAILY PRODUCTIVITY.

LOST HYGIENE APPOINTMENTS.

ONE LOST HYGIENE APPOINTMENT PER DAY
(BASED ON AVERAGE APPOINTMENT CHARGE $245.00)
IF THERE ARE 200 HYGIENE DAYS IN THE PRACTICE – 245.00 X 200 DAYS = $49,000.00 ANNUAL LOSS

ADDITIONAL TREATMENT DIAGNOSED FROM RECALL PATIENTS.

ADDITIONAL TREATMENT ACCEPTED FROM RECALL PATIENTS.
MAJOR SOURCE OF ADDITIONAL TREATMENT REVENUE FOR THE PRACTICE.

RECALL RETURN RATE.

WHAT PERCENTAGE OF ACTIVE PATIENTS ARE RETURNING FOR CARE?

“A satisfied customer is the best business strategy of all.”  Michael LeBoeuf
LET’S DO THE MATH!

EXAMPLE (YOU CAN DO THIS AT HOME)

# ACTIVE PATIENTS (SEEN WITHIN THE LAST 18-24 MONTHS) 2000
EXPECTED OR DESIRED RECALL RETURN RATE 85%

# PATIENTS RETURNING FOR CARE 1700

AVERAGE NUMBER OF PATIENT VISITS PER YEAR 2.5

# VISITS REQUIRED TO SEE 85% OF PATIENTS 2.5 TIMES PER YEAR 4250

4250 divided by average number of patients seen per day (8)
Number of days required to treat 85% of patient base 531.25

2.5 Hygienists required to maintain this level of continuing care.

Notes:
Or...

Note the number of hygiene days currently scheduled.
Determine average number of patients seen per day.
Establish average number of hygiene appointments available per year.
Divide by 85% of Active Patient Base.

Example:

2 hygienists working 4 days per week = 8 days per week x 50 weeks = 400 days
8 patients per day x 400 days = 3200
3200 appointments. / 2.5 visits per patient =
1280 patients / 2000 active patients =
64% Recall Return Rate – too low!

If 1700 patients appointed and only 10% appointed for additional dentistry averaging
800.00 $136,000.00 additional treatment production from hygiene!
Recall Renewal

3-5 YEARS SINCE NEW PATIENT EXAM

RENEW PRACTICE PHILOSOPHY – what new treatment modalities have you incorporated?

RENEW RECORDS – RENEW ENTHUSIASM

Be careful – familiarity may breed apathy –or perceived lack of interest.
THANK PATIENT FOR THEIR LOYALTY.

“WHAT HAS PREVENTED YOU FROM COMPLETING TREATMENT?”

“LET ME SHOW YOU SOME OF SOME EXAMPLES OF WHAT WE HAVE DONE FOR OUR PATIENTS.”

TIMING IS EVERYTHING!

AT BEGINNING OF APPOINTMENT – NOT AT THE END.

QUALITY TIME

SCHEDULE APPROPRIATE TIME TO PROVIDE THE CLINICAL INFORMATION TO YOUR PATIENTS.

“Our greatest weakness lies in giving up. The most certain way to succeed is always to try just one more time.”
Thomas A. Edison
NOW WHAT?

What are we doing well that we should keep on doing?

What are we not doing well that we should stop doing?

What should we start doing that we aren’t doing now?

CHANGE

Stage 1: First it will seem impossible.

Stage 2: Then it will become difficult.

Stage 3. Finally, with persistence, it will get done.

Stage 4. With creativity and enthusiasm it will be effective!

“By changing nothing, nothing changes.” -Tony Robbins
Increasing Treatment and Getting Paid
By Debra Engelhardt-Nash

A 5% increase in treatment acceptance and collections can dramatically increase practice productivity. Here are a few tips that may boost your productivity:

Spend more time on “people work” than on paperwork. 80% of the decision to choose your care is based on the ability to connect with your patient. Get to know the patient and earn their trust before you start informing them of office “policies”. And they’ll be more compliant if they like you.

Always Present Ideal Treatment First. The patient will never choose your comprehensive treatment plan, if they never hear about it.

Begin with the end in mind. Patients may be more motivated for periodontal care if they know there is a beautiful healthy smile waiting at the end. Describe the benefits of their care.

Don’t Forget Recare. There are a lot of incomplete treatment plans hovering over existing patients. Learn how to re-introduce incomplete treatment and new treatment during continuing care appointments.

Increase Patient Comfort. No hard pressure sales – it’s all elective. Patients will feel more relaxed and more comfortable listening to treatment options. Give them the information they need to be comfortable and confident in your care.

Make the conversation matter. You are asking the patient to make an investment. It should be done privately and given the time it deserves with no interruptions.

Present with confidence. Don’t assume the patient will have an issue with your fees or your payment expectations.

Learn to negotiate. Financial arrangements are a two-way conversation. Present your preferred option first and wait for the patient to respond. Avoid lists of payment options. Know what they are and reveal them as needed.

Ask the right questions. “What is preventing you from proceeding with care?” You may be able to help eliminate or minimize the barriers if you know what they are.