

Busyness Problem

Dear Dianne,

I started my practice from scratch 15 years ago. I've enjoyed steady, albeit modest, growth. My practice is 70 percent fee-for-service. I participate with three PPO plans. I've noticed that during the past couple of years, however, there has been little growth. In fact, my production is actually \$80,000 less than last year at this time. In the past, "busyness" was never a problem. Now, my business assistant is struggling to keep the schedule full. I used to be scheduled out for three to four weeks solid, but now my schedule is full for only about one week. Previously, I had two full-time hygienists, but when one left to become a stay-at-home mom, I decided against replacing her because we were having so much trouble keeping two hygienists busy.

I'm considering several marketing strategies to jump-start my practice. What marketing efforts have proven to be the most effective at practice building? Also, how much money should I allocate to marketing?

Wishing to be Busier

Dear Wishing,

Dental practices are businesses, and all businesses go through peaks and valleys. Nevertheless, your situation sounds more serious than a typical business downturn. Has your area become economically depressed? Have there been many business closings or loss of jobs?

Outside those possibilities, your inquiry raises several more questions:

- How many new patients are you currently averaging a month?
- When and how much was your last fee increase?
- What kind of recall system are you using?
- What is your collections percentage of production?
- And what is your current staffing configuration?

With the information you provided, I suspect a problem with patient retention. If you were much busier in years past, it is possible you are losing patients and either do not have a healthy new-patient flow or new patients are not being retained.

Often when patients are displeased with a practice, they register that displeasure by going elsewhere. Once in a while, someone will complain about some aspect of customer service. Doctor and staff reaction is often one of indifference or even indignation. It is human nature to justify our actions and discount the complaints of patients. We should see patient complaints, however, as opportunities to adjust and improve our customer service. I recommend that each staff meeting include a report of any patients who have requested their radiographs

or records. Additionally, your business assistant should gracefully and tactfully ask patients why they are leaving, such as, "We're sorry to lose you. Would you be willing to share with me why you are leaving?"

Another system you should review is how you bring new patients into your practice. Ideally, all adult new patients should see you, the doctor, first for a comprehensive exam that includes periodontal, restorative, and pathological assessments plus necessary radiographs. If your practice typically brings new patients into hygiene first and a hygienist does the assessments, your system must involve your diagnosing any periodontal problems that the hygienist identifies before treat-



Dianne Glasscoe

Glasscoe is a speaker, consultant, and writer for the dental industry with more than 30 years of experience. She is CEO of Professional Dental Management, Inc., in Frederick, Md. You may reach her at (301) 874-5240, dglasscoe@northstate.net, or visit www.professional-dentalmgmt.com.

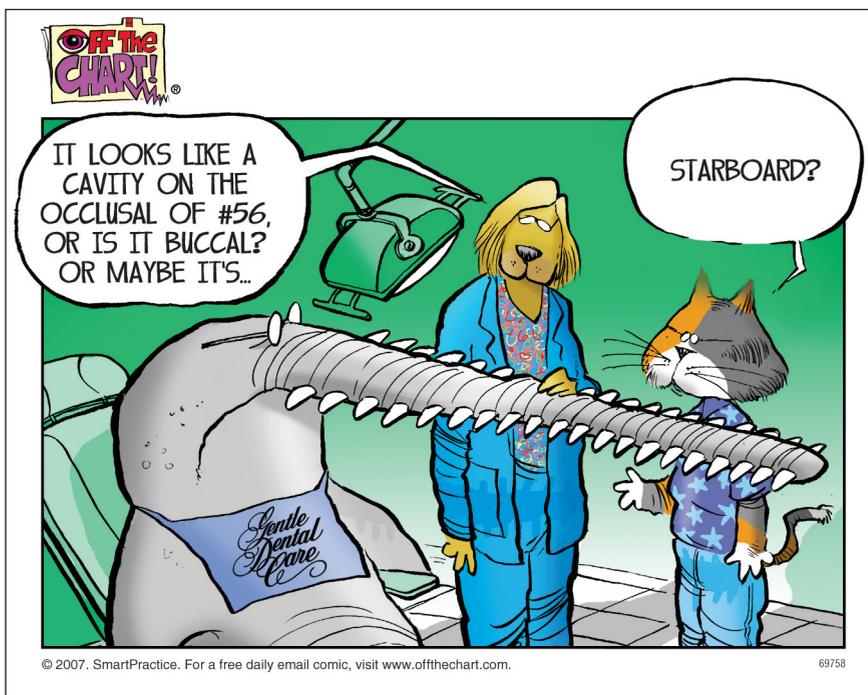
ment is rendered. I prefer adult new patients to see their doctors for the first 30 minutes. Then they may visit hygiene departments for either a prophylaxis or periodontal therapy. This involves blocking new-patient time in your doctor and hygiene schedules. For example, if new-patient time is blocked from 1 to 1:30 p.m. in the doctor's schedule, the hygiene schedule would be blocked from 1:30 to 2:30 p.m. With this arrangement, patients may be transitioned easily from you to your hygienist.

How do you handle patients with extensive restorative needs? Does your system allow you to sit in a non-operatory setting and discuss those needs and options for comprehensive care? Or, do you throw a huge treatment plan, which is really just a diagnosis, at the patient chairside? Treatment presentation can make a vast difference in whether patients proceed with treatment or leave your office feeling overwhelmed.

Another system that can have a major impact on your overall practice productivity is your recall system. Typically, hygiene drives dental practices. If your hygiene department is healthy and thriving, your doctor schedule will be busy and productive. If there are daily openings in hygiene that do not get filled, however, productivity suffers. In your post, you mentioned the problems keeping your hygiene schedule filled.

With regard to hygiene, there are two main points. First, hygiene patients should be pre-scheduled for their next hygiene visit at the appropriate interval with one exception: patients who have proven to be unreliable in keeping appointments. Second, someone must be responsible for the hygiene schedule, i.e., it should be part of someone's job description. That person's effectiveness can be measured in a number, and that number is downtime percentage. (Unfilled and downtime should be tracked each month.) Inform the person that his or her pay and future raises depend on how well he or she performs the job.

As for marketing, your business assistant should track how every new patient found you and present that information in a regularly scheduled staff meeting. If you have a Yellow Pages ad, tracking will help determine if the ad is giving you the desired return for your money. Patients who refer friends, family, or acquaintances to you



should be rewarded. Behavior that is rewarded is repeated.

We live in the technology age, and any professional business that does not have a Web site is likely to be deemed old-fashioned or outdated. A Web site is an extension of the practice much like an electronic brochure. It should be well-built, stylish, informative, and helpful, and it must be kept updated.

Internal marketing is more powerful than external marketing and includes:

- ❶ Asking for referrals, such as, "Mrs. Smith, you are such a good patient that I wish you'd send me five more just like you."
- ❷ Reaching existing patients through regular correspondence such as e-letters or newsletters.
- ❸ Rewarding patients who refer others to you. (Check your state practice act for regulations.)
- ❹ Looking for ways to be thoughtful and considerate of your established patients, such as calling them after extensive dentistry or recognizing important dates such as anniversaries and birthdays. Patients don't care how much you know, but they know how much you care.

My point is to make sure that all the practice systems are working well and you are properly staffed before you sink more money into marketing efforts. After all, what good is expending effort and money to bring new people in if they don't stay and follow through with treatment plans? Customer service should be top priority.

**Best wishes,
Dianne ■**