The New Patient Experience

Where can you go today and have someone spend time with you, one-on-one, getting to know you a little bit before treating you? The norm tends to be that if you get ten uninterrupted minutes with your doctor, it's a lot! I don't know about you, but that's not the kind of care I want for myself, my family and friends, or my patients. I am here to tell you how it doesn't have to be that way.

Nothing will go further to WOW new patients than to make them feel as if they are the only ones you have to take care of that day. If you follow the simple steps below, you will make such a significant impact on your new patients. They will leave your office and talk to their friends and family about the very unique and refreshing experience they had with you. And before you know it, you will be providing the very same experience to those they are close to, as well.

Step 1: Initial Telephone Contact

The telephone may be the single most powerful marketing tool in your practice. Typically the initial contact to a practice is made via the telephone. Therefore it is CRITICAL that the person answering the telephone be enthusiastic, caring and knowledgeable. This person MUST concentrate on the person on the other end of the line and on the business at hand: making the prospective new patient feel like there is no better place for him/her to go for oral health care than to your practice. A prospective patient uses the treatment first received on the telephone as the barometer to gauge the type of treatment they will receive in the practice.

Oftentimes a patient will decide whether or not to visit the practice based on their first experience with your office via the telephone. Rarely do you get the opportunity to make a "second" impression. The first impression of your practice is the lasting impression—so make sure you get it right!

- Answer the telephone with a smile on your face and include these four elements: Thank you for calling; tag line; identification and question. It goes something like this: "Thank you for calling Dr. Smith's office where we are committed to providing you with extraordinary service and clinical excellence. My name is Carol. How may I help you today?"
- Designate one team member to handle all new patient phone calls. Assign a backup person in the event the team member is out for the day or is busy.
- Take new patient phone calls in a private area where you will not be disturbed or distracted.
- Use a telephone call slip to gather information about the new patient in a systematic manner. Some of the information you will want to learn is: spelling and pronunciation of first

and last name; referred by whom and their relationship to patient; address and all contact numbers and email addresses; any urgency to the call; previous doctor's name and telephone number; permission to secure previous x-rays; insurance information.

- Provide the patient with information about the mission of the practice.
- Explain in detail what the patient can expect to be done at the first visit.
- Advise the patient of the fee for the visit and of the office's expectation regarding payment.
- Schedule the appointment.

Step 2:
Mail Out Welcome Packet

What better follow-up to an impressive initial telephone call than to receive a genuine "welcome" to the practice via the mail? This goes a long way to cement a great first impression. If you don't have time to mail the packet before the patient comes in, I suggest you present it to them when they arrive. The packet consists of the following items:

- A welcome letter on practice stationery that thanks the patient for choosing your practice. The letter will reiterate what the patient can expect to be done at the first visit. And it is advisable to include somewhere in the letter a word or two about referrals. You can simply close with, "The greatest compliment we can receive is the referrals of friends and family!"
- Include in the packet a medical history to be completed prior to the patient's arrival; a practice brochure; a copy of your most recent newsletter (lets the patient know you keep in touch with your patients); an appointment card and directions to your office.
- Send out a "thank you for referral" note or gift to the referring patient.

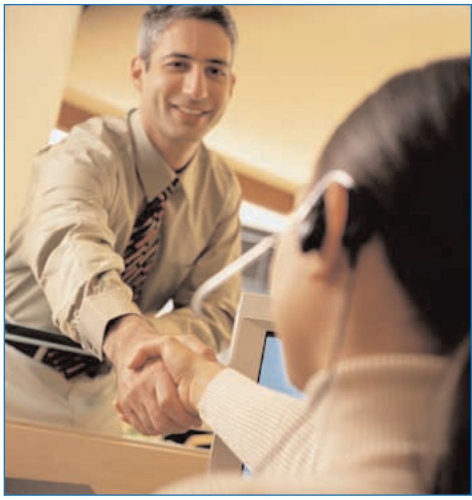
To speed the processing of new patients, have the packets made up ahead of time. Once a month prepare envelopes with all of the above items. Then, as new patients contact the practice, all you need do is address the envelope and print the welcome letter. I suggest you include a section on your new patient telephone call slip where you mark off "welcome packet sent" and "thank you for referral sent".

Step 3:
The First Visit to the Office

Please be certain your receptionist is eagerly awaiting the arrival of the new patient.

- The receptionist will stand up and walk over to him/her (even if it means going through the clinical door into the reception area), shake their hand and say:

"Welcome Mr./Ms. Jones. We have been expecting you and are very happy to finally meet you! Dr. Smith will be with you shortly. Why don't you have a seat? May I get you some coffee, tea or water? Do you have the paperwork we mailed to you?"



- The team member that is first seeing the patient will then enter the reception area, introduce themselves and shake the patient's hand. They will escort the patient to the consultation room or the treatment room (if there is no consultation room in the practice). A quick tour of the office and introduction of any team members encountered will be given en route.
- Patient is seated in the consultation room or treatment room.
- Welcome the patient—begin by letting the patient know how excited you all are to have him/her join your practice. Let the patient know they have made a terrific decision.
- The next team member introduces themselves. Very briefly, they tell the patient a little bit about themselves: how long they have been with the practice, what their role is and how they might interact or be of help to the patient while in the practice.
- Doctor steps in to introduce self (if not the person doing the interview.)

- Request permission to ask questions to find out a little more about the new patient and the choices they have made for themselves so far.
- Review the medical history completed by the patient prior to their arrival. Ask pertinent questions. Let patient know how one's overall health indeed impacts their oral health; thus the reason for the detailed questioning.
- Next share the philosophy of the office regarding treatment planning. Explain the benefits of addressing the patient's dental health in a comprehensive manner.
- Move into the dental interview by asking questions that will determine the patient's attitude about their dental health or towards the appearance of their smile. By asking the patient questions, you gain valuable information while giving the patient a sense of "control". You are seeking to find the patient's "hot buttons" at this time (needs, wants, motivators, objections, etc.).

  Here are a few sample questions:

  1) Ask the patient to fill you in on the dentistry that has been done in the past. Check to see if he/she has any fears or anxieties—if so, why?
  2) Ask the patient: "What are your goals for your teeth, your mouth, your smile?"
  3) If necessary, ask the patient: "If there was anything you could change about your smile, what would it be?"
  4) Be sure to reiterate what you hear the patient saying about their goals and desires for improving their mouth/smile.

- Review the process of the examination—let the patient know, again, the different diagnostic information that will be gathered today. Make sure they are informed and comfortable about all procedures. If no prophy is done at this visit, be sure to reiterate this now, as well as the importance of having it done at the next appointment.

- Take intra-oral photos: Full face, left and right profiles, and intra-oral arches. Print all photos before appointment ends so you may give to patient.

Now the team member will escort the patient to the treatment room if they have been visiting in the consultation room. The team member will introduce the patient to the hygienist and share pertinent information just gathered. The hygienist will make some pleasant, brief remarks and then move into the clinical examination.

Following a checklist, the hygienist (and assistant) will proceed to gather the following diagnostic information:

- Take FMX and have it developed immediately for review early on during appointment.
- Quickly look over the medical and dental history—asking questions where necessary.
- Discuss patient's major concerns.
- Review what comes next before beginning.
- Head and neck exam.
- Oral cancer screening.
- Charting of missing teeth.
- Charting of existing restorations.
- Record shade.
- Use of intra-oral camera (taking a photo of each tooth with a restoration and identifying the tooth number in the computer and on the photo).
- Record full mouth perio charting to include pocket depths, bleeding points, recession and mobility.
- Hygienist removes all barriers (gloves, masks/shields, etc.) and seats patient upright.
- Discuss what comes next—prophylaxis, periodontal treatment or a consultation.
- Doctor comes in and is told of hygienist's findings regarding perio and restorative.
- Doctor confirms diagnosis and where to begin.
- If appropriate, the doctor will briefly tell the patient what treatment is recommended. If a fair amount of treatment is involved, I suggest the doctor recommend a consultation take place within a week.
- Doctor says "good-bye" and hygienist takes over.
- Hygienist escorts patient to the front office and transitions him or her to administrative team member.
- Hygienist says good-bye to the new patient.

The front office now explains to the new patient what happens next. Either the patient will be scheduled for a consultation appointment and invited to bring along any person(s) involved in the decision-making process or the patient will be escorted to the consultation room where the recommended treatment can be discussed in detail; review the financial options available and get a commitment; and then schedule the appointment to begin the treatment.

Step 4:
Documentation and Information Flow

The initial visit is over; the comprehensive oral evaluation is complete. What do we do with all of the information gathered?

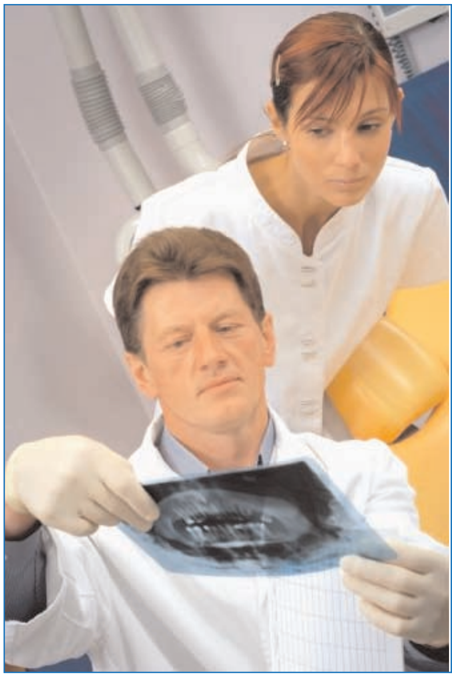
- First, the hygiene assistant or administrative assistant inputs all diagnostic information into the patient's chart in the computer.
  - — Be sure to notate missing teeth, existing restorations, areas to be "watched" due to stickiness or open margins; chart decay; chart fractures; notate problematic restorations; chart periodontal pocket depths along with recession and mobility.
  - — By charting the information you are then able to print out comparisons for the patient at later dates.
- Next the team member that interviewed the patient will document pertinent facts from the interview on the patient's "treatment rendered" sheet.
- Doctor is given the chart with FMX and checklist to review and prepare for consultation.
  - — Treatment plan for every tooth is made, including the material recommended.
- If time permits, doctor will send a diagnostic letter to the patient prior to the consultation.
  - — The letter will reiterate the findings from the comprehensive oral evaluation.
  - — The letter will talk further about the different types of restorations available today.

Step 5:
Treatment Plan is Reviewed with Treatment Coordinator

The role of the treatment coordinator is vital to the practice. It helps for the treatment coordinator to have clinical knowledge so that they understand the benefits and consequences of refusing treatment. I recommend that the doctor work closely with the treatment coordinator to enable a full understanding of the doctor's philosophy regarding dentistry and desired outcomes for patients.

The treatment coordinator's role includes:

- To listen to and understand the patient.
- To present the doctor's recommendations to the patient.
- To help the patient make decisions about his or her oral health.
- To manage the continuing relationship with the patient.
- To monitor all unscheduled dentistry.
- To represent the shared beliefs of the practice—the Mission.



Time must be set aside weekly for the doctor and treatment coordinator to discuss the doctor's treatment plans. I suggest at least 30 minutes per week be blocked out in the doctor's schedule to review new patient treatment plans with the treatment coordinator. The two can discuss at length the condition of the teeth; why the doctor is making specific recommendations; how the treatment will be phased; how much time will be needed for and between appointments; and, if necessary, possible alternatives to the recommended treatment.

Once the treatment plan has been discussed with the doctor, the treatment coordinator will prepare for the consultation by:

- Entering the doctor's treatment plan into the computer.
- Preparing consultation folder:
  - — Include copy of doctor's treatment plan to be signed by the patient.
  - — Include brochures on all recommended services.
  - — Include a copy of the financial options available (will be signed by the patient once option chosen).

Step 6: Consultation

There are actually 3 stages to the treatment consultation: Introduction, Presentation, and the Commitment.

- **Introduction:**
  - — The treatment coordinator describes the objective in meeting with the patient. Explain what you are going to discuss.
  - — Request permission to proceed and ask questions.
    - Asking questions helps you identify and clarify objections. Asking questions keeps you in control of the situation. An effective presentation will build the interaction you seek.
  - — Listen. By far this is the most important communication skill. It doesn't come naturally. It is also a learned skill. Whenever you respond to a patient's statements, speak intelligently and try to talk about what the patient wants, needs, or is interested in versus what may be your own preplanned agenda.
  - — Be prepared to repeat yourself—always base your recommendations on the verbalized needs the patient brings up—not on what you "think" he needs.

- **Actual Presentation**
  - — Now is the time to educate the patient about the services you have to offer to restore his or her mouth to optimal health or to create the most beautiful smile imaginable. The goal is to have the patient understand the need for treatment and to choose the recommended treatment.
  - — Reiterate to the patient the present condition in his or her mouth.

- Identify the procedures you are recommending.
- Let the patient know the benefits of going ahead with treatment and the consequences of not proceeding with treatment.
- Use visual aids to show patients exactly what it is you are recommending. You can show patients before and after photos of similar treatment done on others in the practice. You can also use books, brochures or photos that show *before and after's.*
  - It is imperative that you relate the situation you are using as an example to that of the patient's. For example, "Mr. Brown, this gentleman had a similar situation to yours. He had discolored and broken down front teeth. Do you see the similarities? We bleached his teeth and gave him veneers to brighten and enhance his smile. He now looks like this. Can you see your smile looking like this? Would you like that for yourself?
- Overcome objections

Commitment

- Summarize your key points for the patient.
- Ask questions that build up to the commitment.
  - Are you comfortable with my explanation of the treatment?" "Do you have any further questions for me?" "Is there any reason why we shouldn't go ahead and get started with treatment then, Mr. Brown?"
- As long as the answers stay in the affirmative, discuss the financial options available and secure a financial commitment.
- Schedule the appointment.

Step 7: Tracking Treatment

Once treatment has been presented, we must make certain our patients are moving along. Is the patient appointed? Is treatment being delayed for some reason? If there is a delay, do we have the patient calendared for follow-up on a mutually agreed upon date? When we put so much emphasis on creating a particular experience for our new patients, we must put the same care, concern and effort into completing the treatment with our patients. A system for tracking our diagnosed dentistry is vital to the health of our patients and our practice.

When you are following up with patients, try to remember that your patients have chosen you to be their dental provider. Patients look to you to help them make decisions about their oral health. And oftentimes this help includes encouraging patients to take care of their health and appearance. When patients are contacted regarding dentistry, it's important for the team member to keep in mind that they are "helping", not "bothering" the patient. The mission of the practice drives each and every team member to want to provide the very best and finest services to all patients. Practice role-playing telephone conversations with patients who are putting off dentistry for specific reasons or are indecisive about proceeding with treatment.

Telephoning patients is the preferred form of contact for reaching them. Additionally, it is important to develop a series of letters to follow up those phone calls. You'll want to design letters to send to patients who have fallen by the wayside mid-treatment; patients who are putting off treatment; and patients who are refusing treatment. Why not send a letter out after the initial consultation that reiterates all proposed phases of treatment and explains in detail the steps of the first phase scheduled for (treatment date). When a patient completes treatment, send out a handwritten note acknowledging the patient's decision to improve their oral health and/or enhance their smile. You can also include a couple of business cards for the patient to pass out to friends and family members that might enjoy the same services.

Step 8: Recare

Now that you have taken the new patient through the comprehensive oral evaluation, done a prophylaxis and completed treatment, it's imperative to maintain your relationship via the recare system. The key to retaining your patient is to be sure not to minimize the importance of the recare visit—hygiene visit.

At the hygiene visit, we have the opportunity to further converse with the patient regarding their oral health. We closely look at the dentistry that we have done as well as that done previously. We help the patient keep their dental investment secure. Be sure to voice to your patients all that you do for them at their recare visits.

Your recare system must be worked daily. There is no easier way to keep your relationship with your patients ongoing than to see them at specific intervals. The most desirable outcome is that the patient preappoints for the next visit before leaving the hygiene room. However, if that does not happen, there must be one team member ultimately responsible for contacting all unappointed patients.

Remember, the more often we see our patients, the more dedicated they become to the practice. And a dedicated patient is usually a good referrer for the practice.

With care and attention to the details provided, you will significantly improve your first and lasting impression with your new patients. Today's consumer is searching for the practice that will take the time to get to know him/her—to be treated like a unique individual with specific wants, needs and desires regarding their dental health. Why not make that practice be yours!