The New Rules of Dental Marketing Volume Five

Hygiene

The Backbone of Your Practice!

by John Roy Christensen
1. How to Cultivate an Optimal Hygiene Department “Cash Cow” for Your Practice

Not long ago, while traveling across the nation, the banker seated next to me I spoke about the dental industry. Soon, the topic turned to dental practice valuation.

He suggested, that more than any other factor, his firm tries to establish the “real” hygiene-recall rate of a practice as a primary indicator of value.

I thought about it for a while it made sense to me. Hygiene, if handled properly, is like an annuity. Moreover, this is a “cash cow.”

In the eyes of this banker, if the practice has proven, predictable regular cyclical hygiene recall, it is far more valuable than one that does not.

As we’ll examine herein, the hygiene-recall system is an enormous part of the value of a practice’s hygiene component.

Since 1980, chrisad has had the pleasure of working with thousands of successful practices in almost every state in Canada, actively otherwise observing researching the best worst approaches toward an optimally managed hygiene department. In this book, you’ll learn what we’ve learned.

In our experience, there is a direct positive relationship between an optimally configured hygiene department a viable, growing profitable practice.

The value of a strong hygiene-recall system cannot be overstated. Aside from its inherent profitability, hygiene is the backbone of practice growth!

As patients regularly come back, they will trust you more. As the relationship grows so does long-term acceptance referral.
In addition, the new patient has proven since 1980 to increasingly ask for the non-invasive & cosmetically beneficial cleaning (about 7 to 1 over exams) as their first point of entry into the practice. Your hygiene systems must be fluidly expanded & managed properly in order to get these increasingly fragile & suspicious potential new patients in the door within a week.

At chrisad, we will always do whatever it takes to put our valued clients first & help them…without regard to chrisad’s immediate benefit…or detriment. As our clients do well…chrisad continues to do well. This has been the case for well over three decades.

Thus the genesis of this book. The below statement emphasizes how important a practice-growth hygiene factor is…& where our heart lies at chrisad:

The stronger the practice hygiene system is…the less the practice will need to rely on chrisad marketing to maintain a given level of growth!

However, with a great hygiene system in place, if the practice markets more aggressively…the long-term results will be greater & far more efficient.

Hygiene is also a key component to a practice that allows the practitioner owner to “…Retire Young & Manage Your Practice from the Bahamas,” per our chrisad Growth Management book The Bahamas Principle.

Take the production monkey off your back! One of the beauties of a strong hygiene system is that it allows you, as the doctor/owner, to enjoy income without lifting a finger.

You should think of hygiene as a profit center…moreover, a business within your business! It is not unheard of to find two double-booked hygienists generating $500,000/year for a practice! (& multiples with more hygienists!) Yes, this is a “cash cow”!
As the trusted hygienist suggests treatment that is later corroborated by the doctor, the restorative or cosmetic care suggested is far more likely to be accepted.

If there is one upsetting common denominator across the continent regarding the mismanagement of practice hygiene systems, it is this:

*Owner/practitioners frequently tend to take a penny wise & pound-foolish approach to managing the growth of their hygiene departments.*

*The growth-rate potential of most chrisad client hygiene departments is usually masked by limited capacity, particularly in high-demand periods, which occur before 8:30am or after 5:30pm Monday through Friday. The practice growth is stunted accordingly.*

*As with all capacity opportunities, the only way to see that it existed is to examine the statistical deviation…after the variable is altered & the problem is corrected.*

*Most need to take a leap of faith…& invest in their future growth by regularly adding days of hygiene…sooner rather than later.*

Another common fault is the underlying belief that having a full hygiene schedule sends a message to the public that your practice is somehow superior. All empirical data we have seen on this topic suggests that this “old wives’ tale” is not true. *Would you think that a grocery store or bank is better if they made you wait in a longer line?*

In fact, the only people who *may* be impressed with hygiene inaccessibility are a few dwindling insiders in the medical/dental field.

*The general public simply doesn’t think beyond the simple fact that they can’t get an appointment when they want.*

Accordingly, they *won’t appoint, they won’t tell their friends or come back…& if anything, they may*
think you have a mismanaged practice!

In order to manage it, you must be able to measure it! As we’ll discuss below, software companies for dental offices have done a pitiful job of supplying dentists with software to easily & accurately measure their true hygiene-recall rate.

Mostly, their hygiene-recall numbers are based on wishful thinking & not fact. And we suspect that most secretly don’t want to know what the truth is.

If we are able to accomplish our mission herein, together we will uncover approaches toward the optimal management of this outstanding opportunity…and look forward to looking the “truth” of your regularly improving hygiene statistics straight in the eye!
2. Looking the Cold, Hard Truth…Right Straight in the Eye: *What is Your True & Factual Recall Rate, Anyway?*

If you are like all but perhaps an extremely few practice owners & managers in the US, you don’t have any idea what your true & accurate recall rate is!

You think that you do…but respectfully, *you probably don’t.*

In fact, since visiting with thousands of practices in every state from 1980 through present, I cannot remember a practice that knew what their true hygiene-recall rate was!

Oh yes, prior to then, they were quick to spit out a number (100%! 50%!..etc.)…but this was usually only based upon the doctor’s, hygienist’s or receptionist’s subjective recollection.

Hundreds of times when we asked this question, the terms “we think,” “about” or “probably” were peppered in the sentences.

The hygiene-recall rate number they gave me was in fact just a delusional, *wishful-thinking* guess.

*They were really just engaging in wishful thinking…& were actually only fooling themselves!*

*Remember: In order to manage it, you must be able to measure it!*

And the otherwise competent dental computer systems don’t help either! (We’ve been pushing them!) As far as we know, none of them are currently able to accurately determine what the true practice-recall rate is!

*Yes, you can count on receptionists & hygienists to fight you as you try to implement these recall accounting systems.*
This is not a surprise: these statistics at once rock their “cozy boat,” potentially expose their relative incompetencies... might make them work harder!

But at the end of the day, statistical data is always the practice’s best friend.

You must know the answer to the question. In order to be successful in all areas of management & make the changes requisite to the growth & security of your practice, you are going to have to look at the cold, hard facts...face-to-face!

*Your true & factual hygiene-recall rate is a key “litmus test” as to the true perceived value of your patient experience.*

*No one in the practice can hide behind these numbers: It tells you if you cemented the relationship...or not. Did they really accept what you had to offer? Is there a relationship?*

Also, keeping accurate hygiene-recall statistics will very quickly uncover significant practice-management shortcomings in other areas, too. For instance, if a practice is too aggressive in terms of case presentation or financial policy, it won’t matter how good of a recall system you have...the increasingly suspicious & more fragile shell-shocked & guilt-ridden patient simply won’t come back.

Monitoring the fluctuation in your recall rate after altering a suspect practice management policy variable...for instance by taking an aggressive case-presentation policy back a couple of notches...can give you a true, bottom-line picture of whether you’re on the right track or not.

Remember: We don’t care how great the patient *says* your practice experience is.

*We watch what they do...not what they say! They vote with their feet...& their pocketbooks!*

**Approach #1: Manually Compile Your Bottom-Line Monthly Hygiene-Recall Data: Did They Come Back...or Not?**
Is your rate of recall improving or declining? Don’t kid yourself: Find out what it really is…work to improve it! This is one of the most important numbers in your practice.

You must simply keep track of whether or not the patient came back or not for their next 6-month recall appointment! See below.

<table>
<thead>
<tr>
<th># of New Patients/mo.</th>
<th>After 5-7 mos.</th>
<th>Total Recall %</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 09</td>
<td>Oct, Nov, Dec 09</td>
<td></td>
</tr>
<tr>
<td>June 09</td>
<td>Nov, Dec-09, Jan 2010</td>
<td></td>
</tr>
<tr>
<td>July 09</td>
<td>Dec-09, Jan, Feb 2010</td>
<td></td>
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<tr>
<td>Aug 09</td>
<td>Jan, Feb, March 2010</td>
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<tr>
<td>Sep 09</td>
<td>Feb, March, April 2010</td>
<td></td>
</tr>
<tr>
<td>Oct 09</td>
<td>March, April, May 2010</td>
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It would take a bookkeeper (or numbers-inclined staff member) only one hour per month to calculate this total. Out of the 160 hours they work per month, this may be one of the most important!

Sounds simple, doesn’t it? So why don’t practices compile & monitor this number? My guess is that they really don’t want to know what the truth is.
While not perfect, the % of the new patients that come back for their first 6-month hygiene visit is the best “bottom-line” indicator as to whether you did your job or not. As you'll see below, it is the basis of a great bonus component, too.

As with most statistics, use these numbers as an index to whether or not you are improving or declining in this critical area.

You must monitor groups of actual specific patients that come in during a given month & keep track of whether they came back or not: Mrs. Jones came in as a new patient in January; did she come back in May-June-July?

We believe that monitoring the first 6-month recall rate of all new patients even if they just came in for a cleaning is a good place to start your recall rate calculations. It is the most critical statistic because it monitors the conversion of the suspicious & fragile new patient to one who is not.

Practices should also experiment with calculations intended to monitor the long-term rate of 12, 18, 24, 30, 36-month (etc.) recall rates as well.

And yes, we know that some practices have more aggressive 3-month (or other) recall cycles. These shorter-cycle recall rates should be similarly monitored.

As we suggest in the chrisad book on bonuses & incentives below, all staff should have a key, critical, reinforcing & legitimate role in stimulating patient recall rates.

Accordingly, all staff should understand the true practice recall rate on an hourly basis…be proportionately rewarded as the hygiene-recall rate increases (or not…if it doesn’t!).

PLEASE NOTE: As with all chrisad books, The Incentive System: Inspiring Your Practice to Greater Heights is offered at no cost to chrisad clients. These regularly updated books & papers are based on over three decades of exploring the most powerful & successful
growth-management systems used in our fastest-growing practices.

**Approach # 2: Monitor Your New-Patient Rate v. Your Hygiene Capacity**

You must ask yourself: Is your recall rate more related to hygiene capacity…or to fluctuations in demand?

Another important way to look at your true & hygiene-recall rate is to compare the number of hygiene hours per month that you add…versus the number of new patients per month that you have been attracting.

When the new-patient rate exceeds new-patient & recall hygiene capacity, you have a problem. The number of patients “in your practice” is in fact limited to the number of available hygiene appointments you have available.

> Simply subtract the number of new patients from the annual number of hygiene appointments that are available.

> All others are certainly not in a regular recall cycle…& are usually lost.

> This is not because you didn’t do a good job…but is related to the fact that you had no capacity!

If you haven’t been adding hygiene hours fast enough, your failure to add capacity in line with demand will stall your growth or cause declines!

As you’ll see in the example below, it can also give you a sense of the percentage of patients that you are keeping…& losing.

This is fairly simple math, so please stay with us here as we examine the dynamics:
a. Calculate Your Average New Patients Per Month

Using 100 new patients per month as a benchmark (many of our practices receive many multiples of this number of new patients per month), as you’ll see below, the practice in this case should be adding a hygienist every 7 months if they have a 100% recall rate. Using this perhaps idealistic benchmark, by “recall rate” we mean 100% return at 6 mo., 12 mo., 18 mo., etc.

b. Assume Less Than 10% Local Attrition Annually

Many practices hide behind a supposed local area residential turnover as an excuse for their usually very weak recall rates. However, if you examine the latest US Census data (www.census.gov) you’ll find that local area attrition is rarely above 10%/year…almost never above 20%/year! For purposes of simplicity, we’ll use a generous 10% annual residential attrition rate for our calculations herein.

c. One Single-Booked Hygienist Can Only See 770 Individual (duplicated) Patients Per Year!

One single-booked hygienist (one patient per hour)...working 8 hours/day, 4 days a week can see no more than about 770 individual patients per 6-month recall period. This means that they have availability for 770 hours of hygiene in any given 6-month period. It is important that you note that double-booked assisted hygienists…which we strongly recommend (we will discuss below)...can see up to 1,540 during the same period.

For purposes of illustrating this principle, if they have an idealistic 100% recall rate of the original 770 for the second 6-month cycle, they can only see 770 of these original, duplicated individuals during the course of a year. This effectively locks out any new patients seeing the hygienist...as all slots of the first 6 months
are filled by recall during the second 6 months!

If 100% of the original first 6-month patients return there is a 10% attrition rate in your market per below, they will only see 700 duplicated individual patients per year…with theoretical openings (made by attrition) for only 70 new or returning patients spread over this 6-month period (11 per month)!

d. With 100 New Patients Per Month & One Hygienist, It is Very Likely That You’ll Begin Pushing Potential New & Returning Patients Away at 7 Months:

While you should do the proportionate math for your practice, in this example, if you are receiving 100 new patients per month (1,200 year) do not add a hygienist during the course of a year, your hygiene capacity cannot possibly…by mathematical calculation…be adequate for the demand. If we make the very conservative assumption that the hygienist started with 0 patients (rarely the case), the single-booked hygienist will begin subtly pushing potential new existing patients away at the 7-month mark.

And this conservative “best case” example does not take into account the usually radical skewing of demand for early or late hygiene appointments. Thus, in this example, given a 10% annual local attrition rate, the harsh reality is that 500 of the 1,200 new patients cannot possibly be coming back each every six months…because the capacity simply will not allow it.

In this very optimistic case, only 58% of the patients (700) are returning (42% or 500 patients are certainly not in the “regular hygiene cycle” & are usually lost)…& up to 100% of these 700 patients may be returning twice per year…effectively locking out all new patients!

While not perfect, the above calculation method will allow you to fairly quickly, accurately
immediately *(why not get on it right now…today!)* gain a sense of what the recall rate is in your practice.

However, the key question is if you had the capacity, would they have come back…or is there a fundamental problem that keeps them away regardless of capacity?

In our experience…it is almost always the lack of hygiene capacity *(penny wise & pound foolish hiring policies)* that fools the otherwise outstanding practice owner/manager…& locks the practice into a new-patient or production rate holding pattern.

It is important that you use one or both of the above calculation methods *(Approach #1 & Approach #2 above)* regularly in your practice.

It is impossible for us to give you a 100% optimal system for your practice configuration. Accordingly, you may wish to slightly modify these basic formulas for use in your practice.

What is important is that you immediately establish a true & factual hygiene-recall rate monitoring system for your practice.

*If you use the same methodology month-to-month & year-to-year, you’ll be able to quickly establish a viable benchmark “index”…& accurately monitor progress.*

Unfortunately, you will likely find that…at least at first…the realities will likely be quite harsh.

But you must deal with it…& use the true & accurate recall rate numbers as a springboard for action…as well as a barometer for your immediate improvements & eventual success!
3. The Dangerous Subtleties of Capacity: How Using the Wrong Hygienist Hiring Criterion Can Significantly Stunt Your Growth

Do you want to eat lunch or dinner at 3pm? The demand structure for restaurant meals is far greater around noon & after 6pm.

However, what if a restaurant waited for its waiters & waitresses to be 100% busy at 3pm as a criterion for when they should hire more wait staff for the lunch or dinner hours?

When the lunch or dinner time customer is underserved or has to wait, they will be less likely to come back or tell a friend that the restaurant is worth visiting.

Similarly, the demand structure for potential new & existing patient dental hygiene visits is 5-10x greater before work or after work.

*This very strictly means that they want an appointment that lets them leave your office for work by 8:30am…or arrive after work 5:30pm or later.*

And if you aren’t able to get the new patient in within a week during these periods, you are sending a message straight to the subconscious that you are too busy for them, their family…& their friends who are similarly situated. And those who work have proven to be more productive patients!

*It is similarly incorrect for a dental practice to use the criterion of waiting for hygiene to be 100% busy each & every hour of the day before adding more hygiene hours.*

In most markets, the 2pm or 11am slots (for instance) will never be 100% full! And if they do, the practice will see far more cancellations during these periods.
As we look back over the years, we have seen this incorrect hygiene hiring criterion commonly used on a nationwide level. Respectfully, the approach is, again, penny wise & pound foolish.

If your local economy or overall consumer confidence is like a “rollercoaster” of highs & lows, there is little that you or chrisad can do that will make potential new or existing patients risk upsetting their boss, forego pay, take “sick time”, miss critical sales calls…or increase their likelihood of layoff!

Marketplace principals that are evident in general commerce are usually magnified in the dental venue. As always, compared to the food service or any other industry, dental marketing situations are at the height of any sensitivity or fragility scale:

People want & need to eat. In contrast, consumers commonly believe that they don’t need to go to the dentist…& they certainly don’t want to go, especially if “it doesn’t hurt”. They won’t risk taking a cut in pay or upsetting their bosses for discretionary care.

Yes, this is another very subtle “capacity” issue. As with all capacity situations, the only way that you can prove the existence of the problem…& “see the light” in your practice…is to alter the indicated key variables & statistically monitor the improvement.

They won’t send you a note on flowery stationery. If you make it tough on them, they simply (& subtly) won’t come back…& they won’t tell their friends.

However, as you regularly & continually evolve to give them what they want…your growth rate will be exponentially increased.

Again, the value of a strong hygiene-recall system cannot be overstated. Aside from its inherent profitability, hygiene is the backbone of practice growth! As they regularly come back they will trust you more. As the relationship grows, so does long-term acceptance & referral.
As we’ll examine below, the powerful (but subtle) “domino effect” will clearly be on your side: *as they get in when they want & have a great experience, they’ll come back…& bring a “snowball” of family & friends as patients.*

It is the usual case with chrisad clients that you are doing very well.

However, you’ll do far better if these roadblocks are removed!

*In order to grow you must fluidly & regularly open the flow by adding capacity that slightly exceeds the demand for your services.*

Accordingly, a key criterion for adding hygiene hours is to *monitor the wait for new patients to get in only at the extremities of the day.*

*And if the wait is more than a week, you need to start taking action.*

Only slightly less sensitive is the “capacity” for their return for hygiene or restorative visits.

As these policies are enforced in your practice over time, the concepts of “no limits” & greatly enhanced chrisad marketing-sparked practice growth will become increasingly familiar to you!
4. Your Goal Should Be a Ratio of Establishing Two Hygienists Per Doctor

The general consensus among successful chrisad practices & America’s & Canada’s outstanding dental practice managers & consultants is that there should be a ratio of two hygienists per doctor.

Another way to express this is that one doctor hour should be paired with two hygiene hours. What may be confusing is that this also may mean one double-booked (assisted) hygienist per doctor.

This general consensus is based on a chrisad client conclusion that more than two hygiene checks per hour puts the doctor on “roller skates” along a more impersonal path…& may rob the practice of more valuable restorative production.

Of course, there are exceptions. Some practices go beyond this ratio…& maintain 3 or 4 hygiene hours per doctor hour!

These practices will commonly tell the patient (during the doctor’s previous hygiene check), “You are such a great patient & are doing so well that I won’t even need to check on you the next time you are in for your regular hygiene visit!” Of course, there are legal & ethical considerations in this situation.

Practices that use these more aggressive approaches will ask the hygienist to keep a close eye on these recall patients…if there is any question, the patient should be seen by the doctor.
5. No More Excuses: Having Trouble Hiring a Hygienist? Try This Proven New Approach!

Like many practitioner owners, you may have encountered some difficulty in hiring a hygienist. Some of you have even given up!

*Per usual, at chrisad, when they zig…we zag…& we get tougher with a new & better approach!* 

You’ll need to add more staff hygienists to slightly exceed the increasing demand…& well before any growth roadblock occurs.

At chrisad, we have suggested on numerous occasions that in order to grow, you must open the flow. However, most of our clients’ marketing-related growth is rapidly outstripping their ability to provide hygiene services.

In these situations, growth will inherently be subtly slowed or stopped (without regard to chrisad’s marketing prowess) unless capacity…in the form of more hygiene staff…is fluidly added to satisfy the increasing demand for your services.

*Unfortunately, most of us have found that the traditional methods for attracting good hygienists…such as costly newspaper advertising, “putting the word out,” or even (usually less costly) web classified advertising…simply aren’t working the way they once did.*

Below, you will find a letter designed to attract a much broader number of dental hygienist candidates to your office for interviews. The wider the choices, the better the end result!

This suggested letter system allows you to proactively reach into the homes (usually, depending on the list) of the hygienist & tastefully invite them to consider your practice as a new place of employment.

The advantages are that…for now at least…few if any competing practices are using this
This allows you to reach them with a new approach that “breaks the pattern” & is fresh & different.

Moreover, this approach allows you to reach them with a tantalizing offer that doesn’t require them to take the extra step of going to the classified section, asking friends or jumping on the web. Your letter will proactively reach them before they get to that level!

Obviously, this letter is merely an outline of the letter that you should use. Please feel free to modify it for your situation…within the spirit of this sample. We’ll be happy to review any modifications.

You will note that in the letter, no specific mention is made of salary. I’d prefer for this topic to be discussed later…eye-to-eye…from a perspective of value…after you have sized them up a bit.

The letter is merely a “first step” device to get them in your door.

Stimulating the target hygienist candidate to open the letter is the big hurdle. The letter should be sent on your practice letterhead & envelope. The more personalized the address, the better. A handwritten or typed address is optimal. Using less personal computer-printed or “crack & peel” labels will do…but will yield fewer results.

In terms of quantity, the more letters you send…the more options you will have. However, a “critical mass” must be attained:

In virtually all but a very few rural marketplaces, this effort will not be successful with fewer than 1,000 letters sent.

A first class stamp is preferred. The salutation (Dear Ms. xxxx) on the letter also should be
as personalized as possible…but this level of personalization is less important inside than on
the outside address.

MAIL LISTS: You can usually purchase the licensed-based list from the various state
boards.

I believe other hygienist magazines maintain & will sell you lists, too.

Please remember that a list purchased from an “association” of some sort usually will not
contain all prospects. Commonly, not all hygienists are members.

You can usually customize your list to contain only the types of candidates that you are most
comfortable with.

The list sources should allow you to pick your potential candidate by age, area of residence,
gender & a number of other qualifications…as long as these attributes are “public
information” in the state where you are seeking candidates.

Here’s a suggested letter designed to attract top-quality hygienists:

Dear (hygienist. We prefer they be addressed by name…if not, use “hello” or similar generic
salutation):

We are one of the largest and fastest-growing fee-for-service practices in the (city) area, and are
regularly looking for outstanding hygienists to join our team of quality professionals.

We are proud of our flexible and professional yet friendly work environment, our state-of-the-art
facilities, and all that we have accomplished in terms of setting the standard for local
dental excellence.

I would like to take this opportunity to extend an invitation to you to see what I mean.
We are confident that you will be favorably impressed with our progressive and outstanding compensation packages as well.

Please call me at your earliest convenience so that we may discuss our opportunities together in further detail and to arrange an in-office meeting. I am very much looking forward to meeting you.

Sincerely,

Your name (preferably with signature in ink)

Obviously, the closer to your office you target your mail, the more likely the effort will bear fruit.

The overall cost will probably be about $.50 per impression (give or take a few pennies)…or about $500/1,000 impressions.

However, this isn’t so bad if you consider that you can spend that amount in a wasted weekend or two in many city newspaper classified sections!
6. The Verbiage & Mechanics of Optimizing Your Recall System

For many of you reading this book, this topic should be old news.

However, we are shocked to regularly encounter otherwise outstanding practices that simply have absolutely no recall system!

The quickest way that we uncover the problem is to ask the receptionist to look at the hygiene schedule 6 months from now.

All too frequently we will see that the practice received 100 new patients during the previous month & few or none of these patients are appointed in the recall system 6 months later!

The patient should never leave your office without the next hygiene appointment intact! The goal must be a 100% recall rate!

In a nutshell, no patient should ever leave your office without having made their next hygiene appointment! The usual excuse that we hear from receptionists is that the patient says they don’t know where they will be 6 months from now.

In that case, the receptionist should use a peer pressure/presumptive sales approach to ensure that the patient is re-appointed. If executed properly, the following will work 95% of the time:

“Oh, I see! You don’t know where you’ll be 6 months from now…no one does! What folks usually do is set up the appointment at the same time as they came in previously & it almost always works out. So let’s set you up for a Thursday at 5pm in February. What we’ll do is send you a reminder a few weeks before & confirm a few days before. If you need to make a change, just let us know!”
The spirit & general approach here is to presume that it is normal, expected & critical for patient’s health & vitality to come back…so there is never a question that they will want to come back…it’s just when!

Never use in-house lingo. Always use patient-friendly terms: The recall card should never be referred to as a “recall card” but as a “friendly reminder.”

In the rare case where they don’t agree to the appointment, say something to the effect:

“Please remember that it is very important that you return for your regular hygiene visits. It will help keep your teeth strong, bright & white…& ensure that you keep your natural teeth for your entire life…while avoiding uncomfortable & costly periodontal care!”

The above verbiage should also provide a backbone of regular in-office & in-chair communication made by all staff as to why the patient should in fact come back for their regular hygiene visits!

More recall-system mechanics…

The recall card should in fact be sent so that it arrives at the patient’s home a few weeks ahead of the pre-scheduled appointment.

Many consultants suggest that the practice ask the patient to fill out their own name & address on the recall card. The idea here is that as the patient sees their own handwriting, they will be more likely to assign value to the received card.

At chrisad, we’re a bit torn on this issue: One of the reasons they choose to use your services in the first place is the personalized care that you provide. As you ask them to “work for you” by writing down their name & address…this spirit of customer service may be mitigated.
In any case, the idea is that once the patient receives the presumptively appointed recall card about 6 months later, they are unlikely to remember if they in fact committed to the appointment or not…more likely to remember that they made the appointment.

As the receptionist calls confirms the appointment a week to a few days before the appointment (time frame is market by market), if the patient needs to appoint at another time, the practice can place new patients or existing patients in the vacated slot.

Again, if the patient balks during the confirmation call, there should never be any suggestion or discussion related to them not coming in. The spirit focus of the conversation should be only what time would be better for them…to reinforce the value of reason for the appointment:

“I’ll do whatever it takes to find an appointment that meets your schedule. The doctor, Judy (hygienist) & everyone here wants to make sure you don’t miss your regular cleaning. It will help keep your teeth strong, bright & white…ensure that you keep your natural teeth for your entire life…while avoiding uncomfortable & costly periodontal care!”

There is some question as to whether or not the recall appointment should be set before restorative care is completed…or after.

For us, the answer is simple: Always default to a policy of making the appointment earlier…rather than later!

Strike now, while the iron is hot! In most cases, the appointment can be set 6 months after the first hygiene visit.

In cases where major restorative or advanced hygiene/periodontal care is to be performed, the scheduler/receptionist should estimate when the next hygiene appointment is appropriate…3 or 6 months after the initial care is completed…make the appointment!
Tell them: “Let’s get that next appointment squared away now to be sure that you’ll have an appointment that suits your schedule. It is very important that you return for your regular hygiene visit. It will help ensure that you keep your natural teeth for your entire life... & avoid uncomfortable & costly periodontal care!”

IMPORTANT NOTE: It’s not good to in any way suggest (at any time...recall or initial appointment) that certain day slots go faster than others.

It’s a very fine line: certain day slots do in fact fill up (this is your immediate cue to add capacity)...but if you in any way subtly suggest that they do, the patient will be less likely to come back or tell family or friends to visit you.

For instance, don’t say, “Mornings & afternoons fill up very quickly so therefore, you better act now!” All that you are really communicating to them by saying this is that you are too busy for them... & their possibly referred friends & family with similar schedules!

All staff should be focused on getting this patient back... & rewarded as higher rates are realized! Again, high rates of hygiene recall are directly related to increased rates of referral... & production when they come back!

Your practice recall card should in fact always contain your chrisad-designed practice logo, graphics synergistically consistent with other practice communications & updated, optimal verbiage.

There are many ancillary marketing opportunities associated with the recall card:

For instance, as the patient places the recall card on her refrigerator or family message board, friends & family are exposed to the practice logo, image & marketing message.

This will in turn make other chrisad-designed marketing elements (brochures, signs, YP ads, etc.) perform far better. There are inherently more reinforcing visual impressions... & there may
be a subtle recommendation/endorsement effect made by the viewing at the friend’s/family’s house.

As with all internal marketing elements, it’s chrisad’s obligation & pleasure to provide your practice with updated, optimal & synergistic recall card layouts.

Using off-the-shelf mail order cards at once misses the critical opportunity for practice image reinforcement…while sending a negative message of inconsistency that may subtly imply clinical (other practice area) disorganization.
7. Assisted Hygiene: Why Employ a $40/Hour Provider Without an Assistant?

Without regard to whether we like it or not, the demand for hygiene visits is far greater at the beginning & end of the day than it is during the middle of the day.

If you want to prove it to yourself, just ask your scheduler how long it takes to get in for a new-patient hygiene visit & compare it to the wait during the middle of the day.

Openings for new patients during the middle of the day are rapidly becoming valueless. It is the openings before & after work that count!

The wait is always going to be longer for appointments that don’t make them take off work (The criterion is very strict: Arriving 5:30pm or later for their hygiene appointment…or leaving the office by 8:30am).

Unfortunately, as time goes on, there will be nothing you can do to counteract this trend.

As we’ve suggested, it’s like a great dinner restaurant that has outstanding reviews & all your friends say is great…but the only time that you can get a table for dinner is 10am!

The big difference is that you want to go to the nice dinner…potential new & existing patients don’t always look forward to going to the dentist!

So what do you do? You are unlikely to be able to hire a hygienist for just a few hours in the morning & then come back for a few hours in the evening!

One of the ways to best satisfy this evolving structure of marketplace demand & make it more profitable for the practice on a gross-sales-per-hygienist-hour basis is to give the hygienist two patients per hour with an assistant…rather than one.
It’s called a number of different names: “Accelerated Hygiene”, “Double-Booking Hygiene” & “Assisted Hygiene”, among others.

This allows your one-month wait to drop to two weeks & increases the likelihood that production from the new patient will occur this month rather than next... & in a cumulative sense, this year rather than next! In short, it increases your income, as the restorative cosmetic care that flows from the new patient will occur sooner... rather than later.

While we suggest that you first attempt this during the critical, peak “before & after work” hours, inevitable cancellations during any time of the day will be less impactful when it only puts the practice back to square one... the single-booked hygiene patient.

In essence, the early & late assisted hygiene period will make up for inevitable losses during the middle of the day.

If you aren’t experiencing these midday hygiene losses now, you likely will be soon.

But this is not the only way the practice prospers. The assisted hygiene schedule that is double-booked all day long will bring in a theoretical $1,400+/day versus a single-booked $700+/day, with the only direct added expense being the assistant, at the cost of perhaps $120/day with taxes!

In a perfect world... which it isn’t... that’s $580/day gross profit (per hygienist) extra for you!

But what we’re primarily interested in here is the increased accessibility for high demand hours. It’s difficult to produce more when you can’t get new patients in.

If they don’t get in within a week, they will silently slip off your radar... usually without a trace... as will their “domino effect” friends, family, & co-workers, who also can’t take off from work... & would have been referred.
It’s similar to the case where an advertisement influences you to go to the store to purchase a box of cereal...but the cereal isn’t on the shelf when you want to buy it!

Please note the critical difference between this cereal scenario and dentistry: you need & want the box of cereal!

*Influencing the Hygienist to Be Comfortable With the “Assisted Hygiene” Concept*

When confronted with this concept, hygienists commonly react with the comment “My patients want to spend the whole hour with me...they don’t want people running in and out.”

But wait a minute, doesn’t the doctor do pretty well with one or two assistants?

Why shouldn’t a $40.00/hr employee have all the help that they need in order to be more productive? Doctors do!

Don’t you enjoy a meal out more with a great concierge, hostess, & waiter? When they are all great, it makes it better for the diner.

*Chrisad has seen absolutely no evidence that patients react negatively to having two people per hygiene hour care for them! (Believe me, we’d hear it!)*

If one of the two parties...the hygienist or the assistant is a jerk, then we have a problem...but not when two wonderful, gentle, caring individuals pamper the patient! We believe the experience is, in fact, enhanced!!!

The hygienist’s “quality of care” objections usually seem to quiet down when you offer them perhaps 20% of their production over $700/day as a bonus! (Please do the math that works for your practice.)

For more information about bonuses, please ask for our paper entitled, “How to Achieve
Incentive-Based Growth That Otherwise Wouldn’t Have Occurred!” (As with all chrisad growth-related papers, it is available upon request, at no charge, to chrisad clients.)

Yes, I know that theoretical $580/day increase in profit per hygienist just dropped to $480/day...but who cares...it’s a means to an end... just think of all the additional patients. In addition, years of trust naturally leads to more restorative and cosmetic care. The spin-off from trust will also lead to less money spent on marketing due to the number of referrals from family members, co-workers & friends of patients who already trust you & have pre-sold your services.

**With “Assisted Hygiene”, Lower Costs & Higher Sales Are Just the Beginning**

Extraordinary in-house practice manager, Kim Mack, RDH, of Family Dental in Phoenix, a chrisad client whose eight offices grew by $4.3 million in one year versus the year before chrisad marketing began (are continuing at the same rate this year, now with 10 offices)...explains:

“We would always prefer to have a hygienist for these slots...but it isn’t always practical. It’s tough to hire hygienists here...particularly early morning or the end of the day. With double-booking the daily gross jumps to $1,600 versus the $800 with single booking! We’ve found that paying the hygienist on a commission works very well. Our other hygienists beg us to double-book! The Family Dental commission rate is 40% of net production. They make a lot of money!”

Kim added that it is important not to cut the base of the hygienist’s commission if the patient comes in from a chrisad reduced-fee incentive (this has been a long-standing recommendation for all chrisad-discounted first-time fee patients). In theory, the hygienist needs to treat the chrisad marketing patients *even better* than a referral patient, as the new marketing patient is much more suspicious and fragile.

A number of innovative chrisad clients suggest that *triple* booking is the norm for their
outstanding hygienists.

One such client recently suggested, “We use two assistants for the hygienist and have three patients in the chair. She does only what she legally needs to do and the assistants do everything else. They have a great time! The patients love the assistants & the hygienist!”

*It is important to note that this “triple-booked” practice’s new patient-recall rates are very high. This statistically ascertainable recall rate is perhaps the best...if not only...true indication of patient approval & acceptance of a given in-practice approach.*

One or two practice management experts...including respected practice manager Jim DuMolin...have suggested that this assisted hygiene approach is less profitable. At the time of this writing, we are still attempting to uncover this line of reasoning & accounting.

Some consultants suggest not pre-appointing existing patients for their next hygiene appointment in order to keep new patient slots open. This is illogical because it prevents relationships of trust & referral acceptance to be triggered.

However, most doctors, administrators, Dental Specialty CPAs, & dental consultants we talked to suggested that the approach very clearly led to *much more gross income & much more net profit.*

*“We’ve looked at it from all different accounting perspectives, & this approach is clearly more profitable for all...the hygienist & the practice...& it is better for the patient, in that he gets in sooner for care that otherwise would have been put off or neglected,”* explains Kim.

**Please Don’t Ignore The Powerful Ethical Issue Related to Seeing More Patients**

At chrisad, of course, we have documented that the longer the patient has to wait, the less likely he’ll ever come in...particularly the very fragile new marketing patient who doesn’t know you...or of you...yet.
If they wait more than a week, you can forget it! For us, there is a very real ethical patient care issue if you make them wait...because if they lose interest, their neglect can lead to pain 
& suffering.

And remember, openings for new patients during the middle of the day are rapidly becoming valueless. It is the openings before & after work that count!

We’ve documented that this increasingly impatient & very fragile potential new patient will cancel, no show, or not appoint at a much higher rate. And if he does actually show up, the longer he had to wait, the less likely it is that he will accept, refer or come back.

The problem some practices have with this assisted hygiene double-booking approach seems to be related to the means of execution & personnel. ‘Every link must be right, or it will fail,’ explains Kim. ‘We had an uptight hygienist that this approach didn’t work for...so we didn’t force it on her...but everyone else loves it.”

The assistant has to be as great as the hygienist. As suggested above, most practices suggest that the assistant be given a financial incentive as well.

Clearly this “Assisted Hygiene” approach is only as strong as its weakest link.

Some of the resistance to this approach that usually comes from the hygienist is fairly emotional & appears...at least at this point...to be without basis (as are most emotional reactions!).

The usual claim is that the patient doesn’t receive “quality care”.

Let me make one thing very clear here. At chrisad, for us, this is more than a business. We have an ethical duty to society to enhance society’s level of care & health.
If ever we find even the _slightest hint_ that the patient is not being cared for at the highest level, we have in the past & will continue to immediately pull away from _any_ approach (as well as any potential new or existing client) that we believe might violate this public trust & welfare.

_Such claims by the hygienists are that the patients feel like they are “coming in on a conveyer belt in a mill” or that care is otherwise being “rushed through.”_

_However, we have yet to find any objective market research-based data, or from other sources, to support this._

We believe this quality of care issue violates the “Golden Rule of Marketing,” in that these “old school” hygienists are mistaking their own perceptions, awareness, & sensitivities for that of the marketplace.

When this assisted hygiene approach is executed properly...with a _great_ hygienist working as a team with a _great_ assistant... & a practice that, as a team, is behind them...it has, in our experience, _always_ worked.

Additionally, chrisad’s nationwide market research-based data supports the viability of this approach.

_The opposition to this approach generally suggests that the assistant is incapable of communicating & explaining to the patient the various instructions & details traditionally handled by the hygienist. This has not proven to be the case._

_Assisted Hygiene: Specific Mechanical Approaches_

_Do hygienists, _by their training_, possess a higher level of ability to explain to the patient what they need to do & influence the patient to do it? Are they better able to clean up or take x-rays? We don’t think so. It all boils down to the selection & training of the assistant._
When practices add an assistant & double-book hygiene, duties are generally divided up as follows for the initial hygiene visit. Here is a brief overview:

**Assistant Duties**

- patient trust & relationship building (small talk, personally care for & get to know the patient)
- x-rays (most states require license; all practices should include this low-cost diagnostic tool with all cleanings)
- polishing (legal in many states, some require license, some not allowed in any case)
- medical history or update
- discussion of any patient-perceived dental problems
- oral hygiene instructions
- set up next recall appointment
- clean up

**Hygienist-Only Duties**

- patient trust & relationship building (small talk, personally care for & get to know the patient)
- scaling/root planning
- polishing (in many states, per above)
- explaining to patient what treatment they believe patient needs
- preliminary suggestions as to patient condition & solutions

Most practices bring the patients in at the same time, for instance 7am, as two hygiene patients are seated in the chair & the cheerful, smiling assistant takes both sets of x-rays right away, along with a medical history update/pre-medication discussion. Then the assistant completes her duties with patient “A” while the hygienist completes her duties with patient
“B”. At some point...approximately at 7:35am or so, the two switch & complete what remains on the other patient.

For instance, some practices have evolved to a system where the patient comes in on the half hour so that the assistant & hygienist only switch once.

The hygienist & assistant must, in all cases, work as a team. Sometimes it takes a while to get the kinks out of the system. Many practices have evolved to systems that satisfy the particular practice’s or hygienist’s philosophy or work habits.

Some managers try to orchestrate the sequencing in detail...while others, such as Dr. Michael O’Shea, president of the 12-office “Hawaiian Dental Care”, suggests you simply start by giving the hygienist an assistant & two patients per hour, “let them figure it out for themselves.”

The key here is to clearly make sure communication lines are open & to maintain a flexible, open approach that keeps everyone happy. Maybe you’ll need to invent a better system than that which is outlined above. Work with it. Be patient. It appears to be well worth the effort.

Obviously, if initiating this approach in your practice would cause a major upheaval & morale problem with existing staff, you should put it off. But many keep this approach in mind for the future when hiring new staff...especially hygienists. Many also implement a bonus to entice their team members.

Yes, it’s true that a lame assistant can blow the whole thing...but as many owner-doctors & administrators will attest to, so will a snotty, arrogant, impersonal hygienist...assistant or no assistant!

Remember to Buy the “Union Label”

So where does the quality of care issue come up? It is probably related to the concept of “fear of any change” in the mind of the “old school” hygienists...as well as the inherent threat related to the potential significant reduction in demand for hygienists.
To further explain, we believe some hygienists view this approach...in a macro-economic sense...as doubling the supply of hygienists, thereby reducing demand... thus (in their minds) their salaries...in half.

This fear can has been very successfully, proactively, countered by introducing the approach as a way for them to make *much more money* during the same 8 hours they now work...by completing the tasks that only they are qualified, by law, to complete...leaving the more menial tasks to those less qualified.

Once they see the dollar signs (through an incentive system) that patient care welfare can be, in fact, enhanced, the vast majority of hygienists seem to forget their ethics-based objections move ahead to their rightful increases in pay... the practice experiences enhanced growth security through significant increases in new-patient flow, hygiene production, recall production overall practice growth.

Did you ever hear of the carrot & the stick approach? It works in most areas of management…certainly in hygiene management!

You must educate your hygiene team…then stimulate them. As they produce more, they make more…you make more. If they slack off, they make less.

In a nutshell, we recommend that you pay hygienists on a commission basis rather than a straight salary. You want them to be working on the same team as you! You don’t want to have to worry about their motivation!

In most marketplace situations, the practice must guarantee the hygienist a normal daily rate salary…with the incentive occurring as the commission rate exceeds the guarantee.

While it is difficult to make general nationwide statements regarding salaries & commissions…33% of gross production is a good place to start.

*Without a financial incentive, hygienists effectively have an incentive to *not* work any harder…as they receive the same amount without regard to their actions!*

*And, in fact, it is rare to find a hygienist who is as productive without an incentive…as a hygienist who has incentives.*

Hygienists should also have an incentive to help the doctor sell restorative work that benefits the patient & the practice.

*Accordingly, they should also receive a percentage of the overall practice gross production*
growth/increases versus the rolling average statistical production norms.

For now, we invite you to request the chrisad “Bonus/Incentive” paper. As with all chrisad Growth Management Papers, “How to Achieve Incentive-Based Peace of Mind & Growth That Would Not Have Otherwise Occurred” is offered at no cost to chrisad clients.

These regularly updated papers are based on over three decades of exploring the most powerful & successful growth management systems used in the world’s fastest-growing practices.

A growing number of practices at least start the new associate or partner as a “switch-hitter,” where they see both the new-patient hygiene overflow as well as the restorative patient.

Like it or not, as you have probably found, there is an overwhelming trend for the new patient to ask for a cleaning as their point of entry into your practice. Make it easy on them & they will make it easy on you.

In a general sense, the associate or partner doctor will commonly see (triage) the new patient for cleaning/exam “combos”…particularly before or after work…bring them back (after the relationship has been established) during the lower-demand midday for restorative or cosmetic care.

“I prefer this approach because it allows me a great deal of efficiency & flexibility,” explains Dr. Dinu Grey of San Rafael, California. Dr. Grey has built & sold two million-dollar-plus practices that each began as “scratch” start-up offices.

“If I want to focus on the growth of the practice, I have the flexibility of going to a business meeting & letting the associate see the patient…I don’t have to be there,” says Dr. Grey. “And in the case where minor restorative care is required, the associate can quickly & efficiently turn the hygiene visit into additional production during that hour.”

Some practitioners have suggested this approach projects an undesirable “clinic” approach to dentistry & that the patients will reject this level of care.

We believe the practitioner views this approach as being similar to that found in a “managed care mill” whereby the practice doesn’t hire a hygienist.

They very incorrectly believe the patient will view the situation in the same negative light.
However, on the basis of nationwide dental marketplace research & in-practice experience since 1980, we believe this to be another case where the practitioner mistakes their own value system & awareness as being the marketplace’s way of thinking.

Chrisad has opened hundreds of scratch practices over the years where (at first) the owner/practitioner is usually also the hygienist. These practices form the basis of the switch-hitter model.

*They grow at an extremely rapid rate...frequently reaching well over $1,000,000 or more in productio during their first year.*

We’ve never received word of a case where the new patient rejected the practitioner because they were not a hygienist!

Chrisad’s Dental Marketplace Research has historically indicated that only about 30% of people...when asked their preference...would prefer to see a hygienist. And this number is rapidly declining. This percentage may continue to decline or possibly increase. Our most recent Dental Marketplace Research will update you.

Because of this slight bias, you shouldn’t specifically mention (over the phone) to the potential new patient that the person who will be doing the initial cleaning (& brief exam) is in fact a doctor.

However, once they are in the door (later in the courtship process) they are *honored* that the doctor is spending all of that time with them!

The less-than-desirable aspect of the aforementioned managed care mill situation is apparently not *who* does the hygiene but rather *how it is done.*

Not all potential associates will be keen on the idea of performing hygiene for the rest of their career...but many do not care & will do whatever it takes. Most will be “ok” with
doing it (at least at first) with the intent of growing their associate restorative-production levels.

Be flexible & work with them & work it out for them. However, the more candidates you have…(please see our book entitled Associates or Partners...the Optimal Path for Growth) …the better chance you have of finding an associate with the right fit.

Remember: It is difficult to increase production unless the new-patient flow increases!

The demand for new-patient cleaning visits **before or after work** is exploding nationwide. These patients are wealthy & won’t miss work for discretionary care. In most practices, there are more & more holes during the middle of the day…no matter what you do.

One of our clients in Maryland tried offering a discount to patients who came in for hygiene during the middle of the day. As you would have likely guessed it by now, this client saw patients who were normally “at home watching Jerry Springer” & only had enough money to cover their discounted hygiene visit. This client quickly rescinded this idea & expanded capacity to see more patients before & after work. As a result, his midday appointments are in high demand with restorative & cosmetic patients whom he met & built trust through continued early & late appointments in hygiene care.

This evolution requires a new flexibility & way of looking at your practice opportunities.

> Many hygienists are less than enthusiastic about providing care during these high-demand, non-traditional “before or after work” hours that might interfere with their families.

> However, in a general sense, many practitioners have found that doctors are generally more available & flexible in terms of schedule.

For many practices, eventually, the associate performing hygiene tasks becomes cost-inefficient & it’s time to add a hygienist for this new associate. The rest is history.
In other practice situations, the practice simply keeps the doctor around to continue switch-hitting...by creatively using associates & fluidly mixing cleanings & restorative as demand dictates! These practices eventually add a 2nd & 3rd switch-hitter to satisfy increased demand, & so on.

From a financial perspective, in most markets, the doctor usually costs the practice a bit more per day...however, the upside of production during that day plus the added flexibility is far greater than even the most productive of hygienists!

In many (if not most) cases, this doctor uses an assistant to speed the hygiene process along. In these cases, the doctor will commonly see two brief exams & cleanings per hour.

This is particularly important in the usual growth/marketing situation where it has proven to be critical to get the new marketing patient in the door within a week.

As an important final, subjective note...the majority of our most productive & profitable practices have no hygienists but instead use this switch-hitter approach.

We’ve been looking for faults in this switch-hitter system for many years but cannot find many. Accordingly, this approach is one that we would cautiously recommend that you try.
10. Cancellations, No-Show, Referrals & Production Rates: The Role Hygiene Has in the Subtle Power of the “Domino Effect”

Chrisad clearly understands that practice growth & prosperity are related to far more than the simple task of getting the new patient to call or come in the door.

It appears that a very subtle, subconscious & long-term snowballing domino effect is far more impactful than the mere initial phone call or appointment. I suspect you may have noticed the effect in your practice, too.

*The First New-Patient Call is Merely the “Tip of the Iceberg”!

Hocus Pocus? At chrisad, we shy away from drawing your attention toward an effect that is likely impossible to objectively & scientifically quantify. However, this effect is simply too prevalent, predictable & powerful to ignore. And we’ve found that it can work in your favor...or it can destroy you!

It occurs when the initial new patient is properly appointed & positively handled over the phone…enjoys exceptional service & has a great experience at your office...& then is more likely to tell family & friends in similar situations who have been repeatedly reached by chrisad practice marketing.

Whether or not the referrer or the referred person remembers, this effect subtly allows chrisad marketing to spark more growth!

*Your Hygiene Recall System is Key: The Dominos Can Fall in Your Favor...or They Can Crush You!

On the other hand, if the patient is “roughed up” on the phone, is made to wait for a convenient appointment (as you know, they won’t take off work...& want to be assured
they can “use their insurance” there) or has a less-than-positive experience at the office, the dominoes can crush you!

These new patients will be far less likely...in the very unlikely event that they do appoint & show up...to accept, tell their pals...or ever come back!

Thus, in an inaccessible & unaccommodating practice, marketing will appear to have less impact!

As we've mentioned above, knowing what your real hygiene recall rate is...& constantly striving to improve it...is key!

The more they see you...over a longer period of time...the more acceptance& referral you'll enjoy.

First impressions are priceless! You must ask yourself what you are really telling folks by your actions!

An in-office hygiene experience that meets or exceeds the criterion set forth by chrisad research & experience...particularly in terms of personalized attention & perceived clinical excellence...will clearly cause the dominoes to fall in your favor.

However, this effect is never specifically “traceable”.

In fact, in the “real world” of marketing& advertising, there is no such thing as an “advertising customer” who is distinguished from a “referral customer”.

Most customers are influenced by a powerful yet subtle & subconscious, synergistic & repetitive combination of both factors.

Similarly, with chrisad practice marketing, the advertising subconsciously stimulates the
referral, & the referral is subconsciously stimulated by the advertising!

The sooner you understand the true dimensions of this powerful tool & put it into play in your hygiene department & overall practice…the better you’ll do!

Updates to this practice management book are provided to you on a continual basis through our mass faxes & E-Blasts.