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2. **The patients don't like you.** Patients are talking and if you consistently see the backs of their heads while they move down the street for a second opinion, then you are missing the fact that they are saying they don't like you or your office. Again, systems can mitigate staffing and doctor shortcomings. Systems are the heart of every successful practice. Knowing that if you are not growing you are not meeting your patient's needs is a no brainer. Once you plateau, it is time to move it up a notch in service and systems. The standard reactivation will only be an interruption in their busy day making the contact offensive and intrusive.
3. **They forgot.** It happens, patients forget to make the appointment and they disappear and don't surface for a couple of years. Reactivation definitely works here.
4. **They can't afford you.** You fail in bundling your fees or you try to sell everyone you know on sleep apnea or some other course you just took in order to compensate for running off most of your patients. It's the old hammer and nail strategy to business growth.

Consumerism is giving the patient what they want, when they want it, at a price they can afford.

Most offices start the reactivation process by calling a group of patients that have not been in for a couple of years. My suggestion is to take anyone who hasn't been in for 6 months or so. Start with the low hanging fruit and work back from there. It will be a smaller sampling and these people will be more likely to have just forgotten to make a visit.

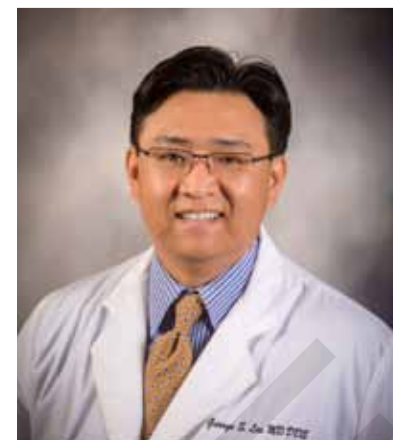
The second suggestion is to not call them first. Sure, there is some office out there with a super star team member at the front desk that can pull this off, but most likely you will just alienate the patient while looking needy. I would draft a reactivation letter and send it first then follow it up with a call with a particular script I will give you. In crafting this letter, you will need to consider several things:

1. The letter should not be obvious that it is from a dentist. Put your return address but not your name. Patients are more likely to open a letter that looks personal rather than like a business marketing piece.
2. The more personal the letter looks the more likely it will be opened. Make it look like an invitation or hand-write "personal" on the outside. Letters that are hand addressed with a first class stamp will get opened before any other type of letter.
3. Be sure and print: "Address Correction Requested" just under where you place the stamp. The post office will be required to return the letter with the corrected address. They will charge you about what a first class stamp will cost. In this way, you are creating an up-to-date database. What good does it do to send anything through the mail if it never arrives to the party it was

addressed too? You could in some instances be sending reactivation and monthly statements to a phantom address and the patient never receives it.

4. A lumpy envelope will get opened before a flat one does. Put a magnet or piece of sugar free gum or candy, something that will pique their curiosity to explore further.
5. Craft the message to fit one page or less. If you need help just email me and I will send you a copy of ours.
6. The patients will read the first line and any PS you place in the letter so you have to make them count.
7. Make an "obscene" offer. Keep in mind that this letter is supposed to 1) compensate for something you or your team have done wrong; 2) the patients inability to fit your services into their budget; and 3) to reclaim those patients who through your poor systems, or their not valuing your services, have failed to return to your practice. You want them to act and act now. It is called "direct response marketing." Think of a "cleaning, exam, x-rays and consultation" for \$59.00. It has to be so "obscene" that everyone is thinking that they couldn't afford not to take advantage of this even if they don't like you.
8. Follow the letter up in about a week to 10 days with a call. Now you are just checking to make sure they received the letter. The script would be: "Hello Mrs. Jones, this is Kathy at Dr. Abernathy's office. I was just calling to see if you received the letter we sent you about 5 days ago." Make sure if they bite, that you don't forget to ask if anyone else in the family would like to take advantage of this offer.
9. Only send out a few letters each day. This way you will eliminate getting too many calls at once which would overload the front desk. In addition, it would allow the follow up calls to be done a few each day. That means that it might take several months to go through your complete list.
10. Capacity. You must have cleaning appointments available within 5 to 10 days during peak demand times (7-9, 3-5, and Saturdays) for this to work. If you don't have these peak demand times available in hygiene, none of your marketing will work.
11. Finally, and most importantly, if they do come back, make sure that you listen and try and give the patients what they want, not what you want. Your goal in life, when it comes to giving patients what they want, is for every patient to show up, pay for their treatment and refer everyone they know. If you're not getting this, you and your systems are broken. They can be fixed.

Contact Dr. Mike Abernathy at 972-523-4660 or at abernathy2004@yahoo.com.



FROM THE DESK OF GEORGE S. LEE, MD, DDS:

DOES YOUR PATIENT HAVE AN URGENT OR EMERGENT NEED?

Should you ever need to reach us for emergency care of your patients, we have a dedicated Doctor Line. This number is for our colleagues to reach us to discuss a patient care issue or refer a patient for emergency care. The number is **(931) 472-9300**. This line will be available during our normal business hours, 8:00am-4:30pm Monday - Friday. If Dr. DeFelice or I are not available, our nurse or office manager will relay the message to us immediately and we will respond as soon as we are available. After hours emergency assistance will continue to be via our answering service, who will promptly contact the on-call surgeon. This number is (931) 552-3292.

To keep the Doctor Line clear for emergencies only, we do ask that it not be used for staff members to schedule regular appointments or shared with patients for their personal use. All routine calls to schedule appointments, that are not emergent, will be directed to contact our primary office number for assistance. We want to keep this line dedicated to you, our valued professional colleagues.

PREPARING PATIENTS FOR OUT OF POCKET AMOUNTS

As the landscape of healthcare and dentistry changes due to advances in technology and insurance payer stipulations, we promise to strive each day to provide exceptional surgical and anesthesia care. We are also committed to assisting our patients as they navigate the invariably changing labyrinth of insurance carriers and third party regulations. Our primary responsibility is to our patients, not to the insurance carriers. We will continue to prescribe and deliver care based on the patient's unique condition and best practices to ensure an optimal outcome.

We believe we have a responsibility to inform patients of their estimated out of pocket expenses so they can make informed choices regarding their healthcare and budget for these expenses. Our insurance coordinators work diligently to maximize insurance benefits using the information provided to us in advance. Our team does not like surprises when it comes to the cost of something, and believes patients appreciate knowing this information as well. The more information we are provided with in advance, the better we can assist patients with their out of pocket expenses. Please encourage your patients to share with us all plans they have coverage with – both medical and dental. Recently, we are seeing larger out of pocket amounts due to several changing factors with insurance plans. We gladly accept Care Credit and participate with Prosper Healthcare Lending for larger balances.

UTILIZING OUR WEBSITE

Our website is wealth of information for your patients. From what to expect at their initial consultation to the post surgery instructions, your patients can find most everything they need to prepare for their visit with us. We also encourage you to take advantage of our online referral form. Here you can refer your patients and securely upload their x-rays, allowing us to receive your patient's information immediately and in compliance with HIPAA regulations. If you have any questions about the process, our Professional Relations Coordinator, Christy, would be happy to stop by and provide a 5 minute tutorial! Give her a call at 931-552-3292. Or visit our site yourself and tell us what you think! www.cumberlandurgicalarts.com

We consider ourselves an extension of our referring offices and **thank you** for allowing us to care for your patients. If there is anything we can do differently or better, please feel free to contact Christy, our Professional Relations Coordinator, at 931-552-3292 or cdenote@cumberlandurgicalarts.com.



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SURGICAL ARTS, PLLC

GEORGE S LEE, MD, DDS

MATTHEW A DEFELICE, DDS

Staff Memo:

What Is Your **Drama** Quotient?

by Dr. Joe Steven, Jr.²

Without a doubt, one of the most challenging things we dentists face on a daily basis is managing our teams. A very common concern that I often hear from doctors is that oftentimes there is too much drama taking place in their offices with one or more employees. Some people refer to these individuals as “drama queens” since most dental auxiliaries are female; I’m sure there are males that fall into that category also.

I really do think that most employees try to be the ideal worker that the doctor truly appreciates. It’s always good for all staff members to do an occasional self-evaluation concerning their performance in the office. They should evaluate many things such as their clinical and clerical abilities, teamwork skills, organizational skills, attendance record, rapport with the patients, etc.

Another very important point is to have a heart-to-heart look at exactly what your drama quotient is? Over the years I’ve had different employees that have had scores anywhere from 0 to 10. Guess which ones we doctors love. Obviously, it’s the ones who score very low in this category. The ones that score high are the ones where drama just seems to follow them around both in and out of the office. And, they are certainly more than willing to share their out-of-office drama with everyone when they come to work first thing in the morning!

You all know who I’m talking about. They may be the one who frantically rushes in a few minutes late and immediately unloads on everyone about why they are late while complaining about their spouse for something they

did or did not do that caused a problem. And then of course they go to the doctor once again requesting to take off early just one more time in order to take care of some personal matters. Or, it’s the employee who constantly agitates the team with their ongoing complaints about so and so in the office even though they know they’re not supposed to talk bad about a co-worker. It could also be the employee who is often talking about quitting for whatever reason and keeps everyone guessing.

These employees are always the center of attention and many times the source of a controversy. Doctors know very well who I’m talking about. It’s that employee who often comes into your private office to talk to you again that immediately gives you that “**What now?**” moment! Hopefully you all are getting the idea who I’m referring to.

It is so refreshing to have employees who avoid those drama scenarios and come to work and do an excellent job and never stir up these situations. So, the next time you feel you are due for a staff evaluation or a pay raise, please ask yourself just what is your drama quotient?

Dr. Joe Steven graduated from Creighton Dental School in 1978 and has been in solo practice in Wichita, KS up until June 2007 at which time his daughter who graduated from UMKC Dental School joined him. His 15 member team works out of nine treatment rooms providing all facets of dentistry.

He is a member of the ADA, the Kansas Dental Association, and the Mid America Dental Study Group. He is also president of KISCO, a dental products marketing company, providing “new ideas for dentistry” to dental offices, and is the editor of the KISCO Perspective Newsletter. You can contact Dr. Steven at 800-325-8649, jsteven@kiscodental.com or www.kiscodental.com.



A Question of Reactivation

by Dr. Mike Abernathy¹

At various times throughout the year, I get calls from doctors about reactivation. Everyone wants to know what they should do, how to do it, and what to say.

First of all, reactivation may be one of the most difficult systems to implement, while at the same time being one of the most important. Let's take a moment and think through each of these questions. If you think about it, your first marketing dollar should be spent on getting and keeping your current patients happy and showing up, not on some new mailing or website strategy.

Why do I get these calls? For most of the doctors I speak with, they just realized that the current year is going no better than the year before, and the year before really sucked. So, through desperation they grasp at what they hope will turn a lackluster performance into a winning year, and it won't.

As a note, reactivation should be done year round as a “drip” campaign to continually bring everyone you can back into the flock. Wouldn't it be pretty stupid for a farmer to go searching for his lost cows just once a year? I know from living on a farm that I have to monitor my livestock every day. If I don't, they could wander off, be stolen, be injured or die at the hand of predators in the area. It's my job as the owner to make sure that this doesn't happen. It's your job as the dentist and owner of your business to do the same thing. This is not a once-a-year strategy but an everyday system of garnering feedback and reactivating every patient that you can.

Will you appear needy, or will you turn this into an opportunity to learn and grow your practice? The trouble with reactivation is that it usually falls to the new hire who has the least ability and poorest idea of what they are trying to accomplish. Your goal should be to find out why the patient fell off of recall and see how you can help them get back on. This may be the one time that you have to patch up a botched relationship and mend fences. Far too often, it ends up making you look needy and confirming the patient's already poor opinion of you and the office. You want to end up looking concerned and compassionate while providing a “needed service” that they “want.” What happens most of the time is that you come off looking like it's only about the money, not about the patient's health.

Why do patients fall off of recall and need to be reactivated?

- 1. Your systems were so poor that they never got on the recall system following an emergency or treatment visit.** Every patient should be directed to hygiene follow-up visits to maintain their health. Poor systems create a black hole that allows patients to disappear into your chart or records system never to be heard from again.

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