MODULE 1 – INTRODUCTION

Pre-requisites – QuickStart, Phone Success, Scheduling Advantage

GREAT Call process is like a lock

Phone skills directly affect patient experience and case acceptance

Triple S scheduling system – productive scheduling, showing up and subsequent visits

Batching – similar tasks/activities to work on at the same time to be more productive

Pre-blocking – primary care, secondary care procedures

There’s only one way to truly pre-block your schedule – false

Business Growth formula
Source of new patients + convert phone call + patient shows up (scheduling advantage) + case acceptance + referrals = revenue

Average office = 35% calls convert to NPs, 85% patients show up, 60% accept treatment, 15% refer

Improve each section by 5%
Patient experience = improve phone skills, eliminate broken appoints, improve case acceptance, increase referrals

Winning Edge Principle – means small differences in ability lead to enormous differences in results

Flawless Performance – Larry says “you attract what you become”
Great experience meets/matches/exceeds patient expectations
#1 complaint – people hate repeating themselves

Patients expect:
Flawless performance (everyone knows how to do their job and everyone else’s job),
Premium service means personal service
Seamless experience - not kept waiting, everything goes as planned (part of consumer psychology)
Larry example: Parking spot in grocery store parking lot
No compromise on quality – regardless of price, they demand high quality, lowest possible fee
Online healthcare revolution – people do their own research, bombarded with information, creates skepticism, people think they know more than you do, patients want to have a voice in experience

Thriving Practice –
Knowing how to solve your patients problems is key in a thriving practice
Developing an effective team
Cross training is essential
Performance reviews and monitoring progress
MODULE 2 – CUSTOMER SERVICE

Customer Service = Patient Experience

3 aspects of service
• Values – critical for great experience
• Culture – values, beliefs, standards; what do you stand for? lead by example
• Systems – support values and culture; formal process designed to achieve specific goals

Sales vs Service
If you provide a valuable service you won’t need to sell
Probably have heard “always be closing” philosophy
Sales tactics wreck patient experience
People tell a bad experience 8X more than a good experience
Scripts – words account for only 7% of communication
Value vs Price – Howard Farran, competing with corporate
You can’t compete on price, you can compete on value, service, patient experience
Emphasize long term savings

Power of Rapport
Rapport is mechanism of a great patient experience
VIP pyramid – upside down, Rapport, Needs, Choice
Tips
• Asking questions
• Commonality
• Caring and concern
• Interest
• Use name often
• Friendly conversation
Rapport meter – have to work to maintain it
Breaks rapport – interrupt, rude, don’t make them repeat themselves, no typing during call, don’t rush, give them all your attention, #1 priority, uncaring or cold attitude, no selling or using a script

**Fortune 500 service**
Don’t do sales training, they do service training
All-Star concepts - Ritz Carlton, Apple, Disney, bloomingdales, starbucks, American express
Secret = always training, onboarding, Ritz Carlton – no phone until 30-90 of phone training
Onboarding improves employee retention by 58%
Key is comprehensive training
Disney – “have a magical day”
Patient Experience – aim for their hearts, not their heads
Emotional connection is 3x more likely to build customer loyalty
Starbucks – cross training, consistent delivery in service
Tom’s wife & kids – forgot wallet, got free breakfast
Bloomingdales – no fuss returns, shop for customers, walk around counter to give purchases
Zappos – will offer people money to NOT take the job; offered to order pizza for client
Contrast to companies – Comcast and AT&T, two worst in customer service; they are getting better
Service and Systems
Franchise level systems – 50% of small businesses fail in first year, 95% of franchise businesses succeed
Leverage systems on what they’re doing
Product is the business
Systems dependent, not people dependent
Franchises are consistent, predictable, and uniform
Franchises leverage a Scalable model – multiple dental locations
MODULE 3 – 5 PS OF PATIENT EXPERIENCE

How to perceive the experience from the patient’s perspective

Phone Call
GREAT call process

Preparation
Patient arrival – exterior impression, interior welcoming
Reduce clutter, warm and inviting, environment that affects your patients
Reception desk – any barriers? Open and inviting, spa-like
Meeting the staff – admin review, confirm you’re ready for the visit, office tour, smile gallery
Share the sizzle

Patient Exam
Pre-clinical interview – opportunity to learn about patient’s concern, create bond of mutual understanding
Set the mood – no interruptions, good hand off from front to back, build rapport
See
Good eye contact – mirror and match appropriately
Get a feeling for patient’s budget
Interview questions
Learn patient’s story – ask questions about things patient already told you
Acknowledge referral source and reason for visit
“I have a problem…” – respond with “tell me more…”
Give patient the power of choice
What else should we know about you?
Dental exam = show and tell,
show value (what and why) then tell what you see (treatment options)
Does this make sense?
Continue to investigate budget
Photos and xrays
Paint the picture with your language
Hygiene therapy –
One size does not fit all

**Presentation**
- Rapport – foundation of everything we do
- Review findings – one treatment or alternatives; too many
- Review fees - investment
- Respond to objections/questions
- Receive payment

**Proactive Follow-up**
If they do accept treatment
- Post treatment conference
  - Does it look good, does it feel comfortable, will it last long, hygiene
  - Encourage referrals
  - Ask if they will give a review
  - Video testimonial
  - Take pictures – website, before and afters of full face

Referrals
- Short term vs long term objectives

If they don’t accept treatment
- Do you have current information for followup?

Get into re-care process
- Ask why they didn’t accept
- Take responsibility to follow up

Tracking follow up
- Automate processes to send emails or texts
- Offices tended to not follow up, too busy, afraid of rejection, not a priority
Proactive follow up helps you stand out and build our brand

Follow up process
You need to know WHY
“We will follow up …” – email or phone call
How many times to follow up – Dale Carnegie says 6 to 12 times
2 in first week
2 follow ups in next month
2 in next 6 months
Then into recare process

Tools for follow-up
CRM – stand alone, separate – salesforce, sugar, highrise
Spreadsheet, calendar, google documents
PMS
Emails – personal; boomerang for Gmail, outlook
Phone – pick it up; no fear, make it about them
Prepare what to say, not a script unless voicemail with HIPAA
MODULE 4 – GOING DEEPER

Warm welcome – thorough exam = thorough diagnosis

Morning Huddle – single most effective meeting with team; not to plan your week or projects

To make your morning huddle more successful:
• Who speaks? Everybody!
• 15 min prior to first patient
• Led by anyone

Agenda –
Thought for the day or highlight exceptional performance of team member
Weekly goals – business office or TC
Expectations for coming week
Any announcements
What is our goal to date and how much have we achieved
Use percentages, not numbers
What is planned for today? Today’s goals and patient schedules
DA would speak here
“Save the day” strategies – Voicemail cancellations, unexpected changes to schedule
Lab work that’s back
Delayed treatment or returned pre treatment estimate patients
Patients scheduled with treatment may be extended
Patients on ASAP list
Emergency patients who stay or return for treatment or hygiene
Who are your new patients today?
Any patients with financial or collection problems?
Who should we thank for recent referrals?
Any patients with clinical or psychological concerns?
When is best for emergency patients?
Hygiene patients – who needs re-eval, incomplete trx, who needs xrays
Patients in need of post trx conference
Who are TLC phone call patients from yesterday
Repeat thought of day or exceptional performance

First Impressions
Patient arrival – they are judging you
Clutter is your nemesis, it distracts from your professional image
Larry gives the example of a house with front porch light off, shades down, not answering the door bell
Don’t let NP sit down escort to consult room for administrative review
Tour of office – very simple, like a guest in your home
Meeting the staff

The walkthrough
Staff morale
Safety and health
Puts system in place to make it a priority
Contributes to productivity and employee morale
Monthly office walkthrough – 1 or 2 team members, act as patient, make notes of concern
Start outside and consider outside, parking lot, is address prominently displayed
Clinical – scrubs, coordinated, name tag, comfortable shoes
Business office – not wear scrubs, depends on area
Evaluate communication skills
Dentists – don’t need to wear tie, can scrubs or dress shirt, when you meet patient for first time, put on a white coat
Redecorate every 5 to 7 years
Be mindful of areas where Patients don’t go - lab area, sterilization, staff lounge
Why is a modern clean office important? Because professionals should take pride in
their jobs

**Patient exam**
Pre clinical conversation can go a long way to create a ‘mutual understanding’
Dental exam – remember, it’s show and tell, not just collecting data
It helps patient know what we’re doing and why we’re doing it
Patients want to be a part of the process – failure to involve the patient leads to doubts and getting second opinions

**Presentation and hygiene**
Also called review of findings
Doctor and patient together determine what treatment will be accepted
Doctor has the most influence at this time
Make sure hygiene protocol is in place
Look carefully within your practice to find candidates for re-evaluation
Hygienist is excellent resource to find patients for re-eval
Re-activations – patient is active only if they have an appt scheduled in hygiene
Preblock NP appointments – after lunch to stay on time

**Wrapping it up**
Tracking NP numbers
Department meetings – more effective vs whole team
Post treatment conference
Patients tend to refer within 6 months of joining practice
Take photos of your work for smile gallery
Don’t recommend stock photography
MODULE 5 – IMAGE & ETIQUETTE

Image and First Impressions
We judge people everyday on how people look
Exercise – what do you think?
Doctor
Professional woman
Construction guy
Woman on phone

Dos and don’ts of dressing
Do: polished and professional
Do: keep hair, nails, makeup light for daytime
Tattoos and piercings
Perfume and scents – very minimal
Smoking – odors are hard to cover up; body odor too
Underwear showing – keep it under wraps; watch for lines
Good breath
No gum chewing
Dress for the job that you want

Front Office dress
Uniforms, color coordinated, can use black as go-to
No crocs! Heather despises them
Casual business is acceptable for a relaxed office
Don’t wear scrubs at front office – looks sloppy and confuses business office with clinical staff

Clinical team
Scrubs – used to be boxy, unflattering
Twice as Nice, Jaanuu, Figs – scrub companies, very fashionable and flattering
Keep hair up, off face
No crocs – bad for posture and feet
Dentist – nice scrubs, fitted, nothing big or baggy, higher end cosmetic suit is nice, with a lab coat for consult and treatment presentation; depends on your practice
White lab coat syndrome - nervous, anxious

**Voicemail**
Best: team answering live
Next best: answering service
Last resort: voicemail
After hours phone – be committed to answering calls, creating professional environment, HIPAA
Know your high volume call times
Answering service – make sure they’re good, shared values
Don’t forget about rapport
Different messages for different parts of the day
Have auto-response on email to let patients know you’re out of office
Have emergency info in your outgoing voicemail message
Thank you for calling, your call is important to us and when you will call back
Don’t allow patients to cancel or change appointments over voicemail
Keep outgoing message short

**Emails**
NP inquiry – try to get them on the phone! No substitute for rapport.
Incoming – new patient
Incoming – Existing/current patients
Outgoing
Positive language module 6 unit 4
If you have to use negative language, re-frame with what you CAN do
Punctuation to show emotion
Goldilocks Rule – not too little, not too much, just right with punctuation
Overuse looks unprofessional
Use at beginning to set the tone, at the close of the email
Emojis – simple smiley face, avoid sarcasm
Avoid all caps or all bold or lots of color – you’re shouting

Tracking emails and followups
Have a system to help you
Let patients know you’re sending an email and to check spam, add your email as
known sender
Email and HIPAA – ensure compliance

GREAT email
Greeting – Dear or Hi, Mr. Smith
Welcoming opening line
Replying – thank you so much for your inquiry …
Rapport – do you know them? Use something personal. If you don’t know them,
how may I assist you?
Use the transition statement in email.
Engage – ask and answer questions, overcome objections, share the sizzle – phone
success Module 7
Ask – for the appointment, more information
Take info and thank them
Sign with your name
Create and implement a consistent signature
Examples of emails