



PATIENT EXPERIENCE

STUDY GUIDE



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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%



**QUICK
START**



**PHONE
SUCCESS**



**SCHEDULING
ADVANTAGE**



**CUSTOMER
SERVICE 101**



**PATIENT
EXPERIENCE**



**CASE
ACCEPTANCE**



**INSURANCE
FUNDAMENTALS**



**ALL-STAR
DENTAL MBA**



Patient experience = improve phone skills, eliminate broken appointments, 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 tend 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