



SCHEDULING ADVANTAGE

STUDY GUIDE



STUDY GUIDE

CONTENTS

Introduction	3
Checklist	4
Scheduling Advantage Action Plan	6
Module 1: Introduction	7
Module 2: Preparing the Schedule for Production	9
Module 3: Scheduling Techniques	15
Module 4: Setting and Achieving Goals	20
Module 5: Emergencies	23
Module 6: Broken and Canceled Appointments	27
Module 7: Confirmations	35
Module 8: Early/Late Patients	37
Module 9: Next Appointment Updates	40
Module 10: Reactivation	44
Module 11: Patient Reevaluations	48
Module 12: Flexibility and Last Minute Changes	51
Certification:	54



**QUICK
START**



**PHONE
SUCCESS**



**SCHEDULING
ADVANTAGE**



**CUSTOMER
SERVICE 101**



**PATIENT
EXPERIENCE**



**CASE
ACCEPTANCE**



**INSURANCE
FUNDAMENTALS**



**ALL-STAR
DENTAL MBA**



INTRODUCTION

Welcome to All-Star Dental Academy's **Scheduling Advantage**. Scheduling Advantage is designed to explore the use of the dental practice schedule to maximize Doctor productivity.

How to use this workbook and Study Guide

In this Guide, we've outlined the material you will encounter in each part of the Scheduling Advantage. Just a reminder, each course (QuickStart, Phone Success, and Scheduling Advantage) are broken down into areas of concentration called "Modules" and each Module is further broken down into individual video lectures called "Units." There will be references to Modules and Units in this Workbook.

Make sure that as you view the Unit videos take notes on the concepts that are discussed. You can refer to these notes as you progress through the lessons, and use them for your Certification Exams.

Finally, on the next page is a checklist of all the Modules and Units in the course. Keep track of your progress and note your exam score.

Thanks and have fun!



QUICK
START



PHONE
SUCCESS



SCHEDULING
ADVANTAGE



CHECKLIST

Start Date _____

Module 1 Introduction

- Unit 1 Scheduling Advantage Introduction

Module 2 Preparing the Schedule for Production

- Unit 1 Preblocking
- Unit 2 Preblocking (Cont.)
- Unit 3 Who does what and how long?
- Unit 4 Roles & Responsibilities
- Unit 5 Scheduling Verbiage

Module 3 Scheduling Techniques

- Unit 1 Basic Techniques
- Unit 2 Advanced Techniques 1
- Unit 3 Advanced Techniques 2
- Unit 4 Advanced Techniques 3

Module 4 Determine a Daily Production Goal

- Unit 1 Daily Production Goal

Module 5 Working with Emergencies

- Unit 1 Emergencies

Module 6 Broken & Changed Appointments

- Unit 1 Introduction
- Unit 2 Broken Appointment Policy
- Unit 3 Handling Broken Appointments
- Unit 4 Broken Appointments COSTS
- Unit 5 What patients must know
- Unit 6 Important Points

Module 7 Confirmations

- Unit 1 Confirmations





Module 8 Early and Late Patients

- Unit 1 Early and Late Patients

Module 9 Next Appointment Updates

- Unit 1 Next Appointment Updates

Module 10 Patient Reactivations

- Unit 1 Developing Program
- Unit 2 Key Strategies

Module 11 Patient Reevaluations

- Unit 1 Reevaluations

Module 12 Flexibility in the Schedule

- Unit 1 Flexibility in the Schedule

Module 13 Certification Exam

- Unit 1 Scheduling Advantage Certification Exam Date ____ SCORE ____





SCHEDULING ADVANTAGE ACTION PLAN

The time you take to work through the Scheduling Advantage is totally up to you. It's important to take enough time so that you can absorb and retain the information that is presented. It's also very important to take the time to work with your teammates and explore the concepts together. This will ensure that everyone is on the same page. We also encourage you to roleplay the different scenarios so that you really "own" the material.

Below is a table that suggests an action plan for study based on a target timeframe - one month, two months, and three months. Again, these are suggestions - find a pace that is appropriate for YOU and your needs.



Week	3 Month	6 Month
	Module #	Module #
1	intro	intro
2	prep sch	prep sch
3	sch tech	sch tech
4	setting goals	sch tech
5	emergencies	setting goals
6	BA	setting goals
7	confirmations	emergencies
8	early/late	BA
9	next appt	BA
10	reactivate	confirmations
11	reeval	early/late
12	exam	next appt
13		reactivate
14		reeval
15		review
16		exam



Electronic Notes (click below to type):





MODULE 2: PREPARING THE SCHEDULE

Module 2 Outline

PREPARING THE SCHEDULE

Four basic steps to preparing the schedule for effective scheduling

Step 1: Pre-blocking.

Specifically pre-blocking your schedule with enough time set aside each day for specific types of procedures virtually guarantees you'll schedule productive days every day.

Pre-blocking allows you to control the schedule by providing the correct amount of time to complete procedures as well as efficiently utilize your assistants.

Good scheduling control allows you to give patients what they want; you to be on time, all while keeping the Doctor happy.

Start pre-blocking by taking all of the procedures that are done in your practice and dividing them into two basic categories.

- Primary care consists of any procedure that requires lab work or a tooth to be prepped but is not a filling.
- Secondary care would be all of your other procedures.

Reserve pre-blocked time 24 to 48 hours prior to the appointment date.

The key to pre-blocking is that time is always available and that you always hold the time for as long as possible before the appointment date.





Learn to forget certain things that you might have been saying in the past like: “When would you like to come in,” or “What’s convenient?”



We use verbiage and communication skills to guide patients into the slots that are available: “So that you can be seen as quickly as possible and not be here longer than planned the Dr. reserves specific time each day for the type of procedure you need. Let me look to find the first available appointment that is open.”



Give the patient a benefit as to why you want them to take the time you have available, and generally patients will take the first appointment that you give them.



When you have your schedule pre-blocked it starts to look something like provided example (video). Notice there is time scheduled during the day for primary care and then you have some time schedule during the day for secondary care.

Pre-block your schedule specifically for new patients. Most practices will reserve right after lunch or first thing in the morning as the time reserved for new patients. Pre-block as many new patient appointments as necessary to accommodate the demand in your office. Pre-blocking also works for the hygiene schedule as well.

Step 2: Knowing who does what

Consider the roles and responsibilities of all of the team members.

Identify who does what during each procedure and how long it takes so that we can determine the appropriate amount of time to be scheduled.

Basic method for tracking appointment times:

- 4 x 6 card: write down the name of the procedure and then treat every line on the card like a unit of time on your schedule.
- List all the steps in the order that you follow to complete a procedure
- Assign who does what during that procedure and over to the right of the card we just list the materials



- When we know how long it takes then when we go to the schedule we can start to mark off on the schedule how much time is needed. Knowing how long it takes to do the procedure is one part of it but then knowing who does what during the procedure is very important so we can fill that in on the schedule.

Doctor tracking with software: When it is filled in, it tells you where the Dr. is and it also tells you when the Dr. is available to start another procedure, overlapping where it is available and appropriate

Step 3: Team Roles

Everybody plays a role in how the schedule gets done. Break down these scheduling responsibilities.

Business office: it will be their responsibility to pre-block the schedule. We have to determine how much time do we need every day to get our primary care procedures done. Then pre-block time for your new patients. The number of appointments should be determined by how many new patients you want to see each month. The time that's left over is for your secondary care.

Dental assistants: responsibility to establish the scheduling time units for all procedures so that we can create an average standard appointment time.

- List each step for every procedure so that we know the flow of the procedures and then of course they have to know the materials, instruments, and the equipment that has to be available.

Hygienist: should look for opportunities to call the doctor early so that we won't interrupt if they are the middle of another procedure.

- Look at the schedule during morning huddle to coordinate when to do the periodic check. Also coordinate with the dental assistant.





Dentist: has to determine training needs for all the team members. You have to accept that this is your job as the leader and the owner of the practice.

The more that can be delegated, the more productive the schedule

Train your assistants on all allowable duties

Verbiage suggestions:

No: "When can you come in?"

Yes: "I always think it's better to say the doctor reserves specific time for certain procedures I'll look to find the first available time that's open."

No: "We're running behind or we had a cancellation."

Yes: "We've had an unexpected change."

No: "We're all booked up."

Yes: "The doctor's schedule is filled for today, he can see you ..."

No: "I'm calling to remind you of an appointment"

Yes: "We're looking forward to seeing you and we're expecting you and we'll be ready to go."

No: "Come on back."

Yes: "Ms. Smith, Dr. Jones will see you now."

No: "We can't see you today."

Yes: "Based on what you've told me the best thing to do is _____."

No: "recall"

Yes: "I'm calling to say that we're looking forward to seeing you for _____."





Electronic Notes (click below to type):



**QUICK
START**



**PHONE
SUCCESS**



**SCHEDULING
ADVANTAGE**



MODULE 3: SCHEDULING TECHNIQUES

Module 3 Outline

TECHNIQUES 1: THE BEST STRATEGIES TO CREATE A SMOOTH RUNNING DAY.

TECHNIQUES 2: MORE STRATEGIES TO CREATE A SMOOTHER RUNNING DAY.

TECHNIQUES 3: THE MOST ADVANCED TECHNIQUES TO CREATE THE SMOOTHEST, MOST PRODUCTIVE DAYS.

Use an appointment schedule with columns equal to the number of treatment rooms.

- There must be an assistant working for each treatment room scheduled. To avoid confusion, my recommendation would be to assign each assistant the responsibility for a treatment room on a permanent basis

Pull the patient's chart or access computer record to schedule an appointment

- Helps you schedule the correct appointment, it allows you to double check for medical alerts, financial arrangements, and the patient's past history with broken and canceled appointments

Utilize 10 minute intervals

- Allows you to be more flexible and preserves time

Every appointment scheduled should have all essential data: name, phone #, tooth #, surface, material, and procedure

- The more patient and appointment data available, the easier it will be for planning. Be specific about the procedure, tooth number, surface and material to avoid the kind of confusion you get when only "fillings" are listed.





Write the correct abbreviations for the procedures to be done that day. Utilize standardized abbreviations

- Abbreviations work great because they provide plenty of information in the small amount of space available

If the patient is a child or a disabled adult, write the name and phone number of the person with whom you'll be speaking.

- Does everyone know where this information can be found and is it stored in a designated place in the chart or field in the computer so it can be accessed by anyone and everyone?

Schedule one appointment at a time (i.e. not in a series)

Give a range for the fee to expect and make payment arrangements for scheduled treatment

- When reviewing the next appointment for the patient, the clinical staff can inform them by providing a range of fees to expect

Never alter time units without specific approval by the doctor.

- The doctor may have requested a specific amount of time

Allow buffer time before lunch and at the end of day to allow time for organization

- Study the various types of primary care procedures performed by the doctor and schedule strategically around "Doctor Intensive" procedures

Long appointments reduce patient trips to office, decrease anxiety for the patient and are more efficient for doctor and staff

Senior citizens are ideal patients to fill the difficult 10am-3pm appointments

Use terminology patients will understand and will not conjure up negative feelings.





Post master schedules everywhere staff and doctor can be and a computer terminal is not available

Schedule family members on separate days. Do not make exceptions

Chain on to existing appointments instead of jumping around. This will prevent small leftover slots that can't be used.

If there is a possibility of patient discomfort after treatment, communicate so patients can make suitable arrangements for driving, etc.

If the patient does not appear after an examination or unable to reappoint, highlight the patient for a follow-up call.

The more the doctor can delegate, the more effective the schedule

The doctor should interrupt the hygienist instead of the other way around

Utilize the "communication formation."

- Relate to patient:
 1. Data Collected
 2. Patient Conversation
 3. Findings

Never pre-appoint crown and bridge inserts. Schedule the appointment after the case arrives from the lab.





Electronic Notes (click below to type):





MODULE 4: SETTING AND ACHIEVING GOALS

Because mornings are reserved for primary care and because primary care are your most productive procedures it allows you to get 80% of your daily production completed before lunch. A required step is to determine your practice daily production goal.

Module 4 Outline

DETERMINE YOUR DAILY OFFICE GOAL

CALCULATE HYGIENE PRODUCTION POTENTIAL

ESTABLISH THE DOCTOR'S DAILY GOAL

UTILIZING PRE-BLOCKS TO MEET DAILY GOALS

Determine a DAILY production goal, not a Monthly goal

- We get to where we want to go at the end of the year by making sure that we take care of it every day.

Determine how many days you plan to work in the year

- 32 clinical hours in a week are plenty of time for you to be able to get everything done and to be very productive
- Reserve eight hours for management purposes

Determine a revenue goal for the year.

Divide revenue goal by projected number of days to be worked, and you have your Daily Production Goal for the practice.



QUICK
START



PHONE
SUCCESS



SCHEDULING
ADVANTAGE



Electronic Notes (click below to type):



**QUICK
START**



**PHONE
SUCCESS**



**SCHEDULING
ADVANTAGE**



MODULE 5: EMERGENCIES

One of the most common complaints patients have concerning dentists is the fact that often they are “too busy” to be seen for emergencies. This module provides some techniques for working with emergency patients.

Module 5 Outline

WHAT'S AN EMERGENCY?

PRE-BLOCK OR NOT TO PRE-BLOCK

TODAY (NOW) OR TOMORROW (LATER)

Define a dental emergency for your practice. Most offices can eliminate much chaos by defining an emergency as being one of 3 possibilities.

1. Trauma - accident
2. Bleeding
3. Acute pain - sharp and severe with sudden onset

Working with emergencies:

Method One:

- Set aside PRE-BLOCKED time during each day for genuine emergencies.
- This option works best for a practice that averages 2 or more emergencies each day.

Method Two:

- Understand that the schedule should be flexible enough to have chair time open for emergencies.
- This option works best for a practice that averages less than 2 emergencies each day.





Don't create an emergency

- The general rule of thumb is to either ask the patient to come in now and wait. Or, come in later and avoid waiting by coming in at a specific appointed time.



5 Step Process to Scheduling Emergency Appointments

1) Determine the necessity and reason for the appointment. Always Pull the chart or open the computer record if this is an established patient. Complete the dental concern portion of the V.I.P. slip by asking the following questions.



- a) Does patient have discomfort? If so, for how long? What causes the pain? When did this start?
- b) Is the patient taking any medication? What? For how long? Do they need to take it for relief of symptoms?
- c) Is there any swelling or fever? How much and for how long?
- d) Is the patient's problem due to an accident? If so,
 - i) When did it happen?
 - ii) What happened?
 - iii) Is there bleeding?
 - iv) Has the patient seen any other doctor?
- e) Attach the completed (emergency) V.I.P. slip to the patient's chart or record it in their computer record.



2) The patient must be seen the same day if:

- a) It's a trauma case.
- b) A toothache keeps the patient awake at night.
- c) Fever or swelling.
- d) Sudden onset of severe pain.



3) The patient can be seen within the next couple of days if the:

- a) Patient is comfortable with that.
- b) Their toothache is a chronic condition that doesn't keep the patient awake at night or require medication.
- c) Broken or sensitive tooth causing mild discomfort and the patient doesn't mind waiting.



4) Scheduling the appointment:

- a) Write the patient's last name and first name in the schedule.
- b) Get a phone number for work, home and/or cell.
- c) Be sure (if they are a new patient) that they know the location of and directions to the office.
- d) Verbally inform the clinical staff and write the patient's name on the back office schedule if computers are not available.



5) Upon patient arrival:

- a) Signal the clinical staff that the emergency patient is in the office. Depending on the severity of the emergency, the patient may need to be seated prior to the completion of paperwork.
- b) If the patient is new, have them fill out a medical history form and other patient registration forms.
- c) Be sure to use the VIP telephone slip to note dental concerns for emergency patients.

Module 5 Questions to Consider

- What's the best way to deal with emergency appointments if you get a lot of them?
- Describe the preferred method for scheduling emergency appointments.
- Under what signs or conditions an emergency should be seen the same day?

Notes



Electronic Notes (click below to type):



**QUICK
START**



**PHONE
SUCCESS**



**SCHEDULING
ADVANTAGE**



MODULE 6: BROKEN AND CHANGED APPOINTMENTS

Broken and canceled appointments are a massive drain on the practice. This Module outlines the steps you can take to minimize the occurrence of Broken/Canceled Appointments (BAs) and Changed Appointments (CAs).

Module 6 Outline

THE STAFF MUST KNOW AND UNDERSTAND:

WHY THEY OCCUR.

LEARN TO PREVENT THEM.

RE-EDUCATE EXISTING PATIENTS ABOUT THEIR RESERVED TIME.

MONITOR ON HOW WELL THEY ARE DOING.

Why they occur

- Thorough documentation necessary
- Can't prevent them without an understanding of how the patient thinks and feels
- What are patients telling you when they call to break an appointment?
- Reasons or EXCUSES?
- "Tell me why once more...I need to record your chart and know what say to the Doctor when he asks."
- Must develop a mindset that patients can be "trained" to behave differently.

Learn to prevent them

- Create a system that teaches patients to keep their appointment, not punish.

Define the difference between a broken and changed appointment.

- BA = Less than 48 hours notice CA = More than 48 hours notice

Start teaching with the first phone call about the VALUE of their "reserved time."





CA = Changed Appointment

- "...we were looking forward to seeing you. What's going on?"
- Teachable moment
- "Let me see when the next available appointment is open..."
- Next appointment has to be sometime in the future...4-6 weeks away

When patients call to make changes, your tone of voice will be helpful because patients have to be able to hear how you feel about this change.

- Let your disappointment come through to the patient

Hygiene BA = Broken Appointment

- First BA from a specific patient is handled in a slightly different manner.
- Don't respond with a threat.
- Express disappointment using the same verbiage we just discussed with appointment changes but this time you must express the significance of breaking their appointment.
- "Perhaps I never told you or maybe you forgot... but we typically charge for broken appointments. I will make an exception this time, but I will note it on your chart."

For SECOND BA

- It's important to express disappointment...then add "When appointments are not kept it effects so many other patients waiting for treatment. It will be practically impossible to call one of them with such short notice to see if they can come in."
- Consider if it's worth it to reappoint the patient
- If the patient insists they'd like to reschedule their appointment, this would be a good time to ask for a deposit to secure their reserved time. If the patient does not agree to make the deposit, then you have your answer about their commitment now, instead of on the day of the appointment when they don't show up.





- When it comes to patients who break appointments and who also don't want to provide a deposit to secure their reserved time, let them know they can call back when they do have time and you can let them know what is available on the day they call. Do not offer to schedule a repeat offender.



Broken RESTORATIVE appointments

- The policy is the same as with hygiene except we can't be as flexible
- There is no "get out of jail free" card.
- Ask the patient for a deposit to secure their new reserved time.
- Explain to the patient "There were other patients who wanted treatment at the same time and we told them no because we were expecting you. We just can't have this happen again."
- A deposit can be easy, just ask the patient for a credit card number like every other industry does.
- A typical hygiene deposit could be \$35-\$45
- A restorative deposit can be in the amount of whatever the financial arrangement was for the appointment.
- It's not necessary to actually charge their card, just get the number. It'll only be used in the event the patient does not provide proper notice or fails to show up.
- A deposit is just security to hold their reserved time.



Staff should monitor how well they are doing with BAs and CAs

- Preventing BAs and CAs along with re-educating your patients is a continuous process that requires constant team attention.
- Record all Broken and Canceled appointments

Prevention: What your patients must know and understand

- How the appointments system works.
- Their overall treatment plan.
- Time frame for their treatment progress.



- Dentist's awareness of broken and canceled appointments.
- The doctor's and staff's preparation for each patient's appointment.



How the appointment system works

- Appointments are reserved specifically for patients.
- Must have an appointment to be considered active.



Time frame for their treatment progress

- Length of time from when treatment starts and the expected number of appointments.



Dentist's awareness of broken and canceled appointments

- Documentation must be complete.
- Doctor/staff must mention to patient they noticed recent changes or cancellations. This is where your policy comes full circle and has an impact with a patient and you receive the full benefit of teamwork.
- "I noticed you had to change/cancel other appointments before getting here today. Jane says you've been busy at work. I hope everything is OK?"

The doctor's and staff's preparation

- Discuss steps that will be taken before treatment starts.
- At each appointment, review previous steps and review next steps to be taken before next appointment.
- "Today we prepared your tooth for a permanent crown. Now I am going to make a model of it to send to the doctors lab technician. Then I'll order the supplies, check the shade and fit. I'll plan to have all this done by your next appointment to cement the crown.

Tips:

- Document all BAs and CAs in the patient's record in red.
- Always comment in red in appointment notes when appointment is a *rescheduled* BA or CA with a BA-1 or CA-1



- For patients who BA, document in their chart or computer record, place their name on the Recall Log, begin reactivation process. (2 calls and a letter)
- Consistency from the Doctor and staff in communicating to the patient the value of reserved time is key.
- The BA/CA procedure needs to be known and followed by all staff members at all times.
- Place a star beside any patient's name or in the appointment notes who tried to change or cancel an appointment and the Appointment Coordinator successfully discouraged them.
- If a patient calls to cancel, **do not** respond "Okay. No problem. Just let us know when it is convenient for you to come in." The appointment is important for the patient's health, as well as the health of your schedule.
- You must make the effort to help patients keep their appointments. Ask if there is any way that you can help the patient keep the appointment.
- Do not ask, "Do you want to reschedule now?" or "Give us a call when you're able to make an appointment." Instead say, "Let's reschedule your visit now."
- Don't threaten the patient. Get them to see "your side" of the situation to help them recognize they were wrong and should have contacted you about their appointment.
- Sound disappointed!
- If a patient cancels appointments without notice, a firm but professional explanation is in order.



Banishing broken appointments from your practice will only work as well as how each of you work the process



Electronic Notes (click below to type):



**QUICK
START**



**PHONE
SUCCESS**



**SCHEDULING
ADVANTAGE**



MODULE 7: CONFIRMATIONS

Even though we call this module “Confirmations” I only do so because these calls are a tradition in dental offices. A better approach is to communicate with the patient that appointments are confirmed when they are made. This module provides a strategy to help you with this.

Module 7 Outline

HOW OFTEN AND HOW SOON

CONFIRM VS. REMIND VS. LOOKING FORWARD

- If we thought the appointment was confirmed, why didn't the patient think of it the same way?
- Have you considered that patients don't see it the same as us because perhaps we taught them to think of their scheduled appointments differently?
- What kind of commitment do we ask of our patients
- Develop a new mindset that patients can commit to appointments
- This leads to not making confirmation calls - BUT a call may be appropriate: let the patient know you are “looking forward to seeing them.”
- Assume that they will remember their commitment.

Suggested Verbiage:

- “Miss Jones your appointment is now confirmed with the hygienist. She'll be doing your periodontal maintenance and oral cancer screening on Tuesday, October 3 at 2 PM for one hour. We look forward to seeing you.”

Be cautious with automatic reminder systems

Consider asking if they need to be contacted about their appointment. They will often say NO.





Electronic Notes (click below to type):



**QUICK
START**



**PHONE
SUCCESS**



**SCHEDULING
ADVANTAGE**



MODULE 8: EARLY AND LATE PATIENTS

How to handle patients that arrive early or late for their scheduled appointment and avoid impact on the rest of the schedule.

Module 7 Outline

TOO EARLY?

TOO LATE?

WHAT TO DO.

The emphasis is TEACHING not punishment
Can't just act as if this is business as usual

Steps for Early Patients

If a treatment room is open, get the patient in early

If not, then let the patient know how long it will be before they are seated.

Steps for Late Patients

- Whomever is waiting should make a call: "I was expecting you, and we are waiting for you."
- Record the late arrival in the chart
- When the patient does arrive, reflect your disappointment in tone of voice and communicate with them
- Let staff know patient has arrived
- Inform the patient that because they are late, you may not be able to complete everything planned.
- Assistant should say the same thing.
- Check with patient for any problems and then adjust the plan for the appointment and inform the patient.





- If hygiene, complete exam and reschedule prophy if necessary.
- Inform the Doctor the patient is ready.
- When the Doctor arrives in the room, the assistant or hygienist should inform the Doctor of the difficulty and new plan.



DO NOT TRY TO FOLLOW ORIGINAL PLAN



DO NOT ACT LIKE EVERYTHING IS OK, OR THREATEN PATIENT

Make sure to use the moment to teach!



Creating Flexibility

- Don't change the schedule.
- Delays are inevitable, so have a plan on how to respond.

Module 8 Questions to Consider

- What is the best process for working with late patients?
- Who should call a late patient?
- Should you try to get everything done in the shortened time?
- Who brings the Doctor up to speed?

Notes



Electronic Notes (click below to type):



**QUICK
START**



**PHONE
SUCCESS**



**SCHEDULING
ADVANTAGE**



MODULE 9: NEXT APPOINTMENT UPDATES

Next appointment updates has to do with the patient transition when the clinical staff completes their procedure with the patient and then hands them off to the administrative staff.

Module 9 Outline

COMMUNICATION WITH PATIENTS

COMMUNICATING WITH BETWEEN THE FRONT AND BACK

FOLLOWING-UP ON DELAYED OR INCOMPLETE TREATMENT

A smooth transition accomplishes several things:

- First, office efficiency is improved because the patient hand-off includes thorough documentation of the patient's record
- Second, when the hand-off is done correctly, the patient perceives the office as professional and well organized.
- Third, patient service is now elevated to a whole new level

Hand-off steps at the conclusion of every patient visit:

Clinical staff:

1. Prior to escorting the patient to the appropriate administrative staff member, complete the chart documentation or computer entry. Documentation should include the following: all data regarding what was accomplished at this visit, and what will be done at the next appointment.

- Special note: Keeping the patient laid-back will ensure that chart documentation is complete before transitioning the patient to the administrative staff.





2. Along with completing the documentation, inform the patient of the following as necessary:

- What will be done at the next visit
- The appropriate length of the next visit
- Post operative or preoperative instructions
- Your appreciation and thanks for their cooperation
- Provide the patient with a wipe and the location of the restroom in your office so they can freshen up
- Ask the patient if you can answer any questions regarding their procedure

3. Escort the patient to the appropriate administrative staff member.

- If the patient requires a financial arrangement, escort the patient to the financial coordinator first.
- If the patient needs to schedule a next appointment and the financial discussion has already taken place, escort the patient to the appointment administrator.
- Let the patient know you're looking forward to seeing them at their next appointment.

Administrative staff:

- If appropriate, collect the payment for the appointment
- Schedule the next appointment or if the next appointment was scheduled in the treatment room, indicate to the patient you've noted the date.
- If the patient is unable to schedule their next appointment, add the patient in the delayed treatment system and tell them you'll follow-up on a specific date.

ALL:

Always thank the patient for coming in and let them know you're looking forward to seeing them at their next appointment.





Electronic Notes (click below to type):





MODULE 10: REACTIVATION

Although you always have to work on getting new patients, an aggressive **patient retention program** can help lessen your dependency on new patients and help keep your hygiene schedule full.

Module 10 Outline

INACTIVE PATIENTS

WHO TO REACTIVATE

REACTIVATION PROCESS

"QUICK-CALL" SYSTEM

Begin by developing a very specific process and new definition for "active patient."

- In order for a patient to be considered "active" they must have an appointment

There are too many variable to consider a non-appointed patient active

There are several reasons to have an on-going reactivation program:

- Get inactive patients active again by getting them back into the office and inactivating patients who do not want to become active.
- Provide extra service by checking on the patient's health
- Clean up our data base and also allows us to identify and correct any dissatisfaction in our services

Reactivation Process:

- Start by determining who needs to be contacted
- NOTE: Organization is very important





- Create a list of patients who do not have appointments
- Identify the patients that you don't want to contact
- Do an audit of these unappointed patient charts to determine how long it's been since their last visit
- Best chances with patients who haven't been to the office within the last 24-36 months
- Organize the patient's by the length of time since their last visit
- Call those with the shortest amount of time first



Reactivation has two approaches: telephone and letter

Two calls and One letter



Organization is important

- Affects ability to track efforts
- Avoids duplication of efforts

Use a Recall Log

- Keep track of patients who need to be contacted, the number of attempts along with the date and time of the attempt
- Once you start contacting the patient, you have to complete all the calls that you're going to make within a relatively short amount of time
- Start with patients who do not have appointments and have not missed a cycle in their hygiene recare. These will be patients who haven't been seen in the last 5-6 months.

"Hi. This is Larry from Dr. Smith's office. Dr. Smith was reviewing your chart and concerned because it's time for your cleaning and oral cancer exam. I called to schedule a time for you on Monday or Wednesday. What day works better for you to get that cleaning and screening exam?"



- For patients who have not been in the office for more than 6 months, the verbiage is slightly different:
“Hi, this is Larry from Dr. Smith’s office. Dr. Smith was reviewing your chart and concerned because we have not seen you since June of last year and it’s time for your cleaning and oral cancer exam. I called to schedule a time for you Monday or Wednesday. What day works better for you to get that cleaning and screening exam?”

If we don’t get a response from the patient with those two phone calls, then we quickly initiate the second part of the process and send a reactivation letter that asks them what is it that you’d like us to do with the status of your chart.

- It’s important that the reactivation letter contain a call to action, with options

Consider Reactivation an on-going project for your office

Module 10 Questions to Consider

- What is a critical component of an effective Reactivation Program?
- What patients should you start with first?
- What sort of options should you provide in a letter call-to-action?
- Why is it important to complete all contact efforts in a short time frame?
- What kind of patients might we not want to try to reactivate?

Notes





Electronic Notes (click below to type):



**QUICK
START**



**PHONE
SUCCESS**



**SCHEDULING
ADVANTAGE**



MODULE 11: PATIENT REEVALUATIONS

One of the best sources of productivity comes through the examinations done by the doctor. Additional examinations can be scheduled through the Patient Reevaluation process

Module 11 Outline

WHY REEVALUATE?

WHO TO REEVALUATE

Doctor should avoid overextended conversations with patients during a periodic check.

- Most likely won't have time to answer all the questions a patient may have

Use your morning huddle to ask your hygienist and assistants to identify patients who haven't been responding well to treatment.

- Offer to them the opportunity to come back so that you can explain all these things to them

"You know, Ms. Jones, you've got quite a few treatment needs that we really haven't been able to address before. And we need more time to talk about it than we have available today. And you've been a longstanding patient in our practice; I think you would know I don't mind taking the extra time to have you come back so I can review this with you."

Tips:

- Candidates might be patients that you've been kind of holding together
- Watch for patients who are due to have their FMX updated



QUICK
START



PHONE
SUCCESS



SCHEDULING
ADVANTAGE



Electronic Notes (click below to type):



**QUICK
START**



**PHONE
SUCCESS**



**SCHEDULING
ADVANTAGE**



MODULE 12: FLEXIBILITY

Delays and changes during the day are inevitable. The best way to cope is with a plan, and using the concepts of Fixed and Combination Appointments.

Module 12 Outline

FIXED VS. COMBINATION APPOINTMENTS

Fixed Appointments

- The time required to perform these procedures CAN NOT be changed without affecting patient care.

Combination Appointments

- Multiple procedure appointments where changing the amount of work done will not affect the quality of care.

Use these appointments to manage changes during the day.

- Ensures that the practice is able to provide the highest standard of care to all patients.

Consider that a patient may be better served by changing an appointment when under time constraints.

Guidelines for Fixed vs Combination Appointments

- Use your own practice guidelines!

Fixed:

- If altering an appointment might impact the quality of care, it should be considered fixed.
- Cannot be shortened, only rescheduled.
- Primary Care Procedures should be considered fixed.
- A single procedure appointment, or multiple procedures in a single quadrant



QUICK
START



PHONE
SUCCESS



SCHEDULING
ADVANTAGE



Electronic Notes (click below to type):



**QUICK
START**



**PHONE
SUCCESS**



**SCHEDULING
ADVANTAGE**



CERTIFICATION

You should approach the Certification Exam not as a chore, but as a gauge of how well you retained the lessons taught in Scheduling Advantage. We designed the courses and the Certification Exam in such a way as to help you be successful. The exam questions come directly from the course material, so if you have paid attention and taken notes, you should do well. There is no penalty to retake the exam, so feel free to take it as many times as you need to pass.

Please use this study guide as a resource for the exam, and beyond.

Thanks for joining us in an overview of this important material. You are certainly better prepared to build long-lasting and mutually profitable relationships with your patients as you schedule them into appointment times that work best for both you and your patient.



**QUICK
START**



**PHONE
SUCCESS**



**SCHEDULING
ADVANTAGE**