

“In all the world there’s one priceless asset to which every individual has equal access: Time. And in any given week, there are exactly and only 168 hours available to each of us, no matter who we are or what we do for a living. It’s how we use this time that determines how successful we are as individuals.”

-Unknown

“In golf as in life it’s the follow-through that makes the difference.”

-Unknown

“After the ship has sunk, everyone knows how she might have been saved.”

-Italian proverb

“The phone ringing is an opportunity. Not an interruption.”

-Unknown



Improve Your Case Acceptance Ratio With These Ten Tips

Ask yourself the question, “Do we need more new patients or do we need to improve our case acceptance ratio?” National statistics have proven 55% of new patients start treatment in the orthodontic office. I know from working in orthodontic offices across the country many orthodontists are in line with this statistic, and many greatly exceed that ratio. Improving the case acceptance ratio can greatly impact the productivity of your practice. Take a moment to review the following graph which indicates exam to start ratios.

360 new patients X 35% = 126 orthodontic starts	360 new patients X 60% = 216 orthodontic starts
360 new patients X 40% = 144 orthodontic starts	360 new patients X 65% = 234 orthodontic starts
360 new patients X 45% = 162 orthodontic starts	360 new patients X 70% = 252 orthodontic starts
360 new patients X 50% = 180 orthodontic starts	360 new patients X 75% = 270 orthodontic starts
360 new patients X 55% = 198 orthodontic starts	360 new patients X 80% = 288 orthodontic starts

As you can see from this graph, the percentage of acceptance greatly affects the number of starts. If you do not know your percentage of acceptance, I recommend setting up a system immediately to track this information. The easiest way to start keeping this information is to use your computer software if possible, to track new patient calls, new patients seen, and the results of the exams.

For example:

LAST QUARTER INITIAL EXAM STATISTICS

1. Number of new patient calls taken 318
2. Total number of exams seen 346
3. Total number of exams who no showed..... 44
4. Total number of exams who were put on recall 83
5. Total number of exams who needed treatment and did not start 41
6. Total number of exams who were not candidates for treatment..... 2
7. Number of records taken..... 217
8. Number of full starts scheduled 169
9. Number of partial starts scheduled91

Use the formulas below to determine the following statistics for your office.

Exam to Start Ratio:		National Averages
$\#8 + \#9 \div \#2 = 75\%$	$169 + 91 \div 346 = 75$	55%
Percentage of No Shows:		
$\#3 \div \#2 = 13\%$	$44 \div 346 = 13$	7%
Percentage put on Recall:		
$\#4 \div \#2 = 24\%$	$83 \div 346 = 24$	25%
Percentage of Pendings:		
$\#5 \div \#2 = 12\%$	$41 \div 346 = 12$	20%

Once you know your statistics, then you can determine where you need to focus your efforts. For example, some offices find 20% of their new patients never show after the initial telephone call. This tells you the communication during the initial call needs improvement. Other offices find patients do not start treatment due to finances. This indicates a need to be more flexible with financial arrangements. It is critical to know the data before trouble shooting the problem areas.

In addition to evaluating data, I believe any office can improve their case acceptance ratio by implementing the following ten tips on a routine basis. Consistency in each area is the key to making this action plan successful.

Number One – Update Your Telephone Skills

Everyone knows how critical excellent telephone skills are to ensure new patients show up for the first appointment. In addition to the basics of having everyone well trained to take the call and answer questions, I highly recommend installing a device which plays a tele-commercial if the patient or parent is holding. I believe the tele-commercial displays a state of the art image, promotes the practice and educates patients.

In addition to having adequate telephone equipment, building up the doctor and staff on the telephone makes an excellent impression. Simply say, “Mrs. Jones, you are going to enjoy meeting Dr. Price. He is an excellent orthodontist, and he is great with kids.” If you would like to improve your new patient no show percentage, project enthusiasm. You will see results.

Number Two – Fine Tune Your Professional Image

“You can’t judge a book by its cover;” but the fact remains if an excellent book is published with an unattractive cover, it does not sell. If you are offering excellent orthodontic treatment, let your patients know it by the image you project. For example, invest in upbeat stationary, an office brochure, doctor and staff attire, beautiful décor, modern signs, and attractive landscaping. No detail is too small in letting your patients know you stand for quality. Patients expect straight teeth. In order to impress them, we must give them more than they expected.

Rate your office on the following and discuss the results at your next staff meeting. Set target dates for improvements and change in each area.

Web Site	New patient welcome letter	Patient bathroom
Telephone	Office brochure	Attire of professional team
Letterhead	New patient information	Landscaping
Exterior sign	Sheet & clip board	Fun things in the office for kids
Front door	Cleanliness of office	Be adult friendly
Décor of the office		

Number Three – Appointing a New Patient Coordinator

The NPC plays a big role in high case acceptance. Basically it is her job to greet the new patient when they arrive and address their needs and concerns until the banding appointment. Many offices are still conducting the new patient process the old fashioned way. The patient is seated in the reception area to fill out a form and normally waits 15-30 minutes to see the doctor. The doctor examines the patient and talks with the parent without an assistant. He/she walks the patient to the front desk and tells the Appointment Coordinator to set up the next appointment. The New Patient Coordinator is trained to fill in the gaps and enhance the communication with the parent and patient during the initial visit. The goal is to gather important information and make the patient feel special. The coordinator should also track pending patients and keep a record of new patient statistics, and assist the doctor with the communication process.

Number Four – *Develop Excellent Listening Skills*

First and foremost, the doctor and New Patient Coordinator should focus on the number one concern of the parent and patient. Too often we are so busy gathering information and trying to impress the individual and we are not listening to their wants and needs. Forget the initial exam for the first several minutes. Just sit down with the patient and parent and begin building rapport and asking questions. First make the patient feel important and then you can start building rapport with the parent.

Ask the following key questions:

1. Why did you decide to see an orthodontist?
2. What are your major concerns?
3. What did Dr. _____ say about your teeth?
4. What is important to you regarding orthodontic treatment?
5. What questions would you like to have answered today?
6. Is there anyone else who will be involved in deciding on Johnny getting braces?

Number Five – *Answer Questions with an Empowering Response*

Often, doctors and staff miss out on great opportunities to market the practice by answering questions with a simple “yes” or “no.” For example, when someone asks if they see adult patients, instead of saying yes, train the staff to answer “Yes, as a matter of fact 30% of our practice is made up of adult patients. We even have a special adult treatment area in our office. Have you been thinking about exploring the possibilities of having treatment done yourself?”

Another question parents often ask is, “Is Susan doing O.K. with her braces?” Rather than giving a simple yes answer, the assistant should be trained to say, “Susan is doing an excellent job and is right on schedule with treatment. As a matter of fact we would love to have more patients just like her. If you have any friends or relatives who have been thinking about seeing an orthodontist, tell them we would be happy to see them. We do not charge for the first visit.”

Have each staff member set a goal to ask for a referral at least once a day. Try it for a week and report your results at your staff meeting. You will be surprised at the results if this is done on a regular basis.

Number Six – *Communicate Your Uniqueness*

Ask yourself the question, “Why should a patient choose our office?” At a future staff meeting dedicate an hour to answering this question. Come up with a list of at least five things that are specific to your office.

For example:

1. You practice full time in the community.
2. In-house lab.
3. Well trained staff with ___ years of experience.
4. State of the art treatment offered. (ceramic brackets)
5. Flexible financing.

Once you come up with a list of unique benefits, include these in an office brochure or simply type the list on a handout which is given to the parent at the exam. This is a new concept in orthodontics. For years we just discussed how we were going to straighten the teeth. Now it goes way beyond that. Patients and parents want to know why they should choose you specifically.

Number Seven – *Run on Schedule*

The best way to lose patients is to run behind schedule on a regular basis. No one has ever died from having malocclusion. We are treating well patients. If we choose to keep them waiting, they will not refer to your office, and they will go elsewhere. Whatever it takes, you must run on schedule the majority of the time.

If you are having problems with your schedule and have not been able to resolve them, I recommend considering scheduling an in-office consultation and evaluation. This is an area that must be fine tuned immediately in order for you to ensure the future success of your practice.

In addition to running on schedule, patients and parents should never experience standing room only in your reception area. This is not congruent with presenting a quality image.

Number Eight – *Be Prepared to Take Records*

The success of McDonalds is proof we are living in a convenience oriented society. It is important to be prepared to take records on the first visit if treatment is indicated. Many offices inform patients by phone or by letter that records may be taken at the initial exam. The parent is informed and prepared to pay that day in most cases. Statistically, once patients commit to record, they go into treatment 90% to 95% of the time. The flow into records is an important part of improving case acceptance percentages.

Number Nine – Having Enthusiasm and a Firm Belief in What you Do!

If you do not believe in the benefits of orthodontics, patients and parents will pick up on this like radar. If a doctor has a staff member who is involved in the new patient process and communicates doubt about treatment or fees, it will greatly affect the case acceptance percentage. It is important to closely evaluate the exam and consult by audio or video taping the communication. A doctor cannot afford to appoint a New Patient Coordinator and not evaluate how well she is communicating the needs and benefits of orthodontics. Some staff members are great at presenting a clinical case, but fall short when it is time to have the contract signed. I personally believe orthodontics is a tremendous bargain compared to other aspects of medicine. Orthodontic treatment benefits patients for a lifetime. It positively affects their self esteem, their career, and their dental function. If you have a firm belief and passion for orthodontics, patients know it.

Number Ten – Track Your Statistics

Earlier in this article I outlined the importance of tracking your patient statistics. I recommend following those guidelines and in addition keeping an account of the number of records, consultations, starts, recalls, and partial starts you have each year. Even without a computer these statistics are not time consuming to keep. Not only do you need to record the statistics, but also compare them year to year. It is also advantageous to keep a record of your referral sources such as doctors, patients, signs, yellow pages, staff, or other sources. This will enable you to target your marketing budget.

As we continue into the coming year, it is going to become increasingly critical for the orthodontic team to focus on the new patient process. Anyone who ignores this part of their practice management is going to miss out on many potential starts per year. This is an area I evaluate when I visit an office for a consultation. It proves to be extremely beneficial to the practice. If you need further assistance in this area, please call me. Charlene White, Orthodontic Management Consultant, at 1-800-445-7805.

Hiring Hints

The best candidates are hired quickly. Avoid dragging your feet during the hiring process. Put a telephone number in the paper asking the applicant to call during specific hours. Note who follows the directions. Screen 75% of the callers by asking about their work and educational background and why they want to work in an orthodontic office. Ask those who make a good first impression to come in to fill out an application. The telephone screening process can save you many hours of interviewing unqualified candidates.

Team Tip

Focus is a powerful tool. As individuals who make up the team, we choose what we focus on each day. I recommend having a morning huddle each day with the purpose being to direct the focus of the team in a positive direction. The huddle is not a time to discuss who left the lights on last night. It should be a time where everyone mentally prepares and commits themselves to making the patient the number one priority during the work day.

Staff Need a Boost During Busy Times!

July and August are normally the busiest months in most orthodontic practices. During those busy times, doctors and managers often forget to encourage and boost the staff. Plan ahead for a fun day or weekend during the first week of September. This will provide a light at the end of the tunnel! Consider providing services for the staff during the month of August which will make their daily job just a little bit easier. A few ideas would be lunch out once a week or have a laundry service take care of their uniform tops that month. Be creative in making August a fun but productive month for everyone!

WHERE IN THE WORLD IS CHARLENE WHITE?

Charlene White Announces her 2007 Seminars and Speaking Engagements

Date	Engagement/Seminar	Location
March 29-30, 2007	New Patient Coordinator Workshop	Orlando, FL
May 3-4, 2007	Marketing Your Orthodontic Practice Workshop	Orlando, FL
May 18-22, 2007	AAO Annual Meeting (Visit Charlene at her booth)	Seattle, WA
June 22-23, 2007	Charlene White's Retreat in Myrtle Beach	Myrtle Beach, SC
September 20-21, 2007	Mastering Management Workshop	San Antonio, TX
October 4-5, 2007	Marketing Your Orthodontic Practice Workshop	Las Vegas, NV
October 25-26, 2007	New Patient Coordinator Workshop	Atlanta, GA
November 8-9, 2007	New Patient Coordinator Workshop	Las Vegas, NV
December 7, 2007	Peak Performance Workshop	New York, NY

“TO MARKET OR NOT TO MARKET”

Orthodontists often wonder how much do I need to market my practice? How do I market my practice? Will my marketing plan be conceived as tacky? How much should I spend on marketing? Will I receive a return on my investment? All of these questions and more can prevent some doctors from taking action on their marketing plan. Let's look at some options and solutions that can lead you to an action plan that will work for you.

1. Do I need to market my practice?

The extent of marketing a plan should be based on your goals. Do you want to maintain your new patient numbers or grow your practice? If you want to grow your practice, you need to establish a 3% or more marketing budget. If you want to maintain your numbers, a 1.5% budget would be sufficient. If you are happy with your current numbers and have minimal competition, I still recommend having a marketing plan. It only takes one orthodontist to move into your area to change the entire demographics.

For example: Dr. Brown has been in practice for 15 years. Things are status quo. He's comfortable with his profit and production. It's flattened out over the past couple of years

but he's not overly concerned. Dr. Brown was more involved in the community when his kids were young. It's been awhile since he has spent time with his referring offices. He doesn't think it makes any difference to them. At the end of the year, his Treatment Coordinator runs the referral report so he can plan his annual holiday gift giving. Dr. Brown is shocked when he sees the report. Several of his top referrers have fallen off. He knows a new orthodontist has moved in across town, but he didn't think too much about it. When he questions his staff, he's surprised to learn how much they have heard about the new, young doctor's practice. Dr. Brown is now behind the eight ball. He is forced to be reactive versus proactive in his marketing plan.

2. Will marketing make my practice appear tacky?

There are many different ways to market a practice. Each doctor needs to establish his philosophy of marketing. Dr. David Sarver's and Dr. Mark Yanosky's conduit for marketing is continuing education. Recently, they conducted a workshop for their referring dentists on a Friday morning. Dr. Sarver lectures extensively, publishes books and articles and is highly respected for his academic and research contributions to the specialty. Dr. Yanosky joined Dr. Sarver's practice as a partner in 2003. His energy, talents and enthusiasm have been an excellent addition to the practice. Drs. Sarver's and Yanosky's internal marketing plan is educationally focused. In addition they have placed a lot of emphasis on a high tech image, beautiful facility, well trained staff and comprehensive treatment planning that may include plastic and oral surgery to get a desired result.

Recently, I spoke with a Marketing Coordinator who has been visiting referring offices for the past year. She

told me she was in a referring office talking with the Office Manager. She noticed that the Office Manager had a strained look on her face. The Coordinator asked the Office Manager, "Could we talk in a consultation room for a minute?" She said, "Sure." The Marketing Coordinator then asked, "I sense that there is something you are concerned about. Is anything wrong?" The Office Manager then proceeds to tell her about a patient who did not get his restorative work done prior to the braces being placed. Their doctor was upset. The Coordinator reassured her it would be resolved and would not happen again. Luckily, the referral source was saved and they were pleased with the follow-up discussions. As you can see from this story, there is a lot more to being a Marketing Coordinator than delivering donuts. A committed Marketing Coordinator is perceptive, proactive, and concerned. The relationships they build pay big dividends!

Charlene White

*Mark your calendar to attend Charlene White's
"Strategic Planning Marketing Workshop"
in May 3-4 in Orlando, Florida*

Marketing Calendar

Month	Patients & Parents	Your Team	Referring Offices
APRIL	Sponsor an Easter egg hunt at your office for the young patients and siblings of patients.	Come casual on a non-patient day to “spring clean” the office. Pre-assign projects. Call out for pizza at the end of the day.	Deliver a beautiful spring bouquet of flowers to celebrate spring to the top referring offices.
MAY	Have a drawing for the moms in the practice to win a “Day at the Spa.”	Schedule a staff retreat outside the office the last week of school (slow week). Invite spouses to join you at the end of the day for a fun event.	Send a gift and card to all referring offices’ children who are graduating.
JUNE	Create a Beach Week or Beach Month theme in the office. Sponsor a contest and have give-a-ways. Have a drawing for the dads in the practice to	Participate in a team event to emphasize the importance of teamwork. Maybe rafting, camping, ropes course, etc.	Sponsor an 11 am – 2 pm outdoors BBQ with tent at your office.



5269 Greenwich Road Suite 101
Virginia Beach, VA 23462
800.445.7805
www.charlenewhite.com

*ADDRESS
SERVICE
REQUESTED*

PRESORTED STANDARD
U.S. POSTAGE
PAID
JACKSON, MS
Permit #80