



## Jenna's 10 Common Steps for Success Quick View Guide

### **Forward**

This book is designed for doctors and dental team members to learn some of the most common need-to-know themes in dental and how to handle specific challenges we routinely face. I've worked in the dental field for over a decade and started at the very bottom. I originally came from a chiropractic office, so while I had a little bit of insurance knowledge, I knew *nothing* about dental! I was fortunate enough to have a few mentors who guided me through the basics and over the years have increased my knowledge through meticulous effort. This book contains some of what I've learned and provides a snippet for the dental team to triumph over the difficulties we encounter with our patients and with each other. As you read through each section, you may be surprised at the similarities you've also experienced.

## **Hire the Right Team**

Hiring the right team for your practice is crucial to running smoothly each day. Personality is key when it comes to how well the team works together. We want to have charismatic team members who show warmth and empathy to others. Abrasiveness and a cold attitude is a major turn off to patients and prospective patients. Many are already fearful of the dentist and need that extra nurturing to make them feel comfortable and safe. These undesirable attitudes also create a negative working environment for other coworkers and the cohesiveness of the entire team.

The question then becomes, do we hire someone who has a lot of dental experience or someone with no experience? The answer is, it depends. There are benefits to hiring those with experience and those without, especially depending on what job we are hiring for. If we are hiring a sterilization tech or “floater”, no dental experience is necessary. However, if we hire for an assistant position or front office, that experience is very helpful and cuts down on training time. The only thing to watch out for is hiring someone who does not have an ability to conform to the way your office operates. Sometimes hiring someone fully trained can have its downsides too if the mindset isn't right. [If you are an experienced employee who was just hired, remember, each office does things differently and it's important to adapt to a new way of getting the job done. Be a superstar by bringing your knowledge and expertise to your new office, while also learning their system and doing things their way].

Those in management positions who delegate tasks to the correct people really help the practice to be as efficient as possible. When an office manager or team lead tries to take on everything by themselves, they will ultimately become overwhelmed and not have enough time to complete everything they have on their plate. At one time I worked with an office manager who did just that. She did not come from a dental background and refused to take notes when training or learning new skills. She thought she was capable of accomplishing everything on her own and as the days went by she would frequently not finish her duties.

I offered my help, only to be turned down nearly every time. She quickly burned out and got very behind on her job. Her downfall was her mindset and lack of managing experience. Had she delegated some of the workload she freely took on, the practice would have expanded quicker. Her inability to let go of control to be the only one completing the work was a detriment to the practice. Hoarding is hiding and we can't do it all by ourselves. This is precisely why we need a strong team with great communication skills and a helpful attitude. Each member of the team is a cog in the wheel. We either end up with a well polished wheel or flat tire.

## **Answer the Phone Properly**

Contrary to popular belief, it's not hard to get the phones ringing. The hard part is having a front desk team member who has the ability to juggle multiple responsibilities and make sure the calls get answered. Many patients go down the list of dentists in their insurance network or on Google and make an appointment with the office that answers first. This is why having proper training is crucial. If we don't answer the phone, they will go to an office that does! Recently, I found myself in need of some fresh lavender. I called four different lavender stores in my area and guess what, none of them answered their phones. I called and called, hoping to find someone to help me. I was even willing to drive a further distance and pay more, but nobody answered my call. I ended up buying from a corporate chain instead of a local business.

When patients call the office, they often don't know what to ask! Have you ever answered the phone and the other person says "Do you take my insurance?" or "How much does a crown cost?". Yes, we've all had those calls and oftentimes we don't know how to answer these seemingly simple questions. We want to have patients come to our office regardless of whether we are in-network or out of network with their insurance. We also want patients to do the treatment in our office regardless of the price. The last thing we want to do is give a quote over the phone! This sets us up for future misunderstandings and awkward conversations. It's up to the front office to take control of the call and direct the patient. We do this through asking our own questions.

I recommend every office have a New Patient Intake Form so we know what to ask when our brain gets frozen. Many of us have anxiety answering the phone, speaking with people we are unfamiliar with, or lack the training to effectively guide the call in the direction we want. Regardless of what the caller asks, we want to answer with "May I ask who I'm speaking with?". This stops the patient from leading us and puts us in the position to lead them. After establishing control of the call, we can then ask them how they found our office, what their concerns are and schedule them accordingly. The objective is to keep the conversation away from the topic of money, but rather focus on the quality and value of their future dental work. From time to time there will be people who only want to know the bottom line; what is the cost? Give them a ballpark figure and let them know the final cost will be determined upon completion of a new patient appointment.

## New Patient Experience

The overwhelming majority of offices are always in need of new patients. This is one of the most common challenges every office faces. How do we get new patients? New patients are the ones who keep the office growing and expanding. Without new patients, our office will become stagnant and growth will come to a halt. On the previous page we went over how to answer the phone and now we will go over how to elevate the new patient experience. The new patient experience actually begins while we are on the call. Knowing the right questions to ask and having a smooth scheduling experience sets the encounter up for success. Next we want to send our patients the forms so they can fill them out beforehand (or come in early), as well as check their insurance benefits. Patients who know what to expect *before* their visit have a higher likelihood of enjoying their visit.

Before a new patient arrives, go through the office to make sure the visible spaces look inviting. Always make sure the reception area is clean and tidy. If you have any non-dental magazines, I recommend throwing those in the recycling bin. We want our patients to be focused on their dental health while they are with us and if they are flipping through ads, they are more inclined to spend their money on what they want (cell phones and watches) versus what they need (dental treatment). If you have a TV in the lobby, make sure to run a loop of dental procedures so patients learn while they wait. If there's an available team member, give the patient a quick tour! Inform all team members during the morning huddle that there are new patients who may be given tours, this way they are all aware to smile if the patient happens to look in their operatory while they are working. These small steps really set the tone for the appointment.

## Office Energy

In my opinion, the most overlooked aspect of every office is the *feel* of it. Have you ever walked into a house or an office that felt off? Did it feel strange or bizarre? It feels different, and you can't put your finger on what *it* is, but your mind is screaming at you to get out of there! Patients can feel our energy and our vibe as soon as they step inside the office. They can subconsciously feel if the receptionist is unhappy, the team doesn't get along or the doctor is having a bad day. This affects patients on a subconscious level and can affect whether or not they accept treatment or want to return to our office. The majority of people tell a business how they feel with their feet; they just don't come back. Very rarely will a patient call to say what they didn't like unless it was something extreme. A way to prevent patients from feeling this icky vibe is to have positivity radiating throughout the practice. We can do this by having pleasant decor, team building activities to ensure the team is working well together, and sharing positivity during the morning huddle. Take a moment to say what a good job the team is doing or reading positivity quotes at the start of each day. Get people excited to be at work and it makes all the difference!

## **Boost production quickly**

There are two great ways to boost production quickly. The first is having new patients, or returning patients who haven't been seen in a while. We just went over how to make a new patient's experience great, but what about returning patients? It's important to have a designated person calling patients on the short call list, outstanding treatment list, or simply patients who haven't been seen within the last year. Especially due to the pandemic, a lot of patients have fallen through the cracks. While some may still be hesitant to be seen in person, the overwhelming majority want to come back, they just need to be contacted! I recommend a phone call to speak with patients, followed by a text, and e-mail as a last resort.

The other sure fire way to boost production quickly is by doing periodic exams **twice** a year instead of just once a year. We love having existing patients, however, over time they have completed all their treatment and come in for routine cleanings only. When we see them once a year during their exam, this is the only time we have to diagnose new treatment. We don't want to push treatment they don't need, but we do want to catch something while it's still small. Doing exams every 6 months ensures we are monitoring our patients closely and taking the best possible care of them.

## **Sell Treatment in the Back Office**

Many in the dental field think the treatment is sold at the front desk; this is incorrect. Dental treatment is sold in the back office. The front office is available to go over finances and scheduling, while the back office explains treatment and answers any questions the patients may have. An attractive way to sell treatment is by taking a photo of the tooth. As one of my mentors famously said, a picture is worth a thousand dollars. It's true, when patients **see** the decay in their tooth, they are more inclined to fix it. When a patient takes their treatment plan and photo home to their spouse, their spouse will urge them to fix that tooth! A picture can sell dentistry better than words.

After a patient has been seen and informed of the needed treatment, they will usually be brought to the front desk by the back office assistant. The handoff from back office to front office should be seamless. The front office should know before the patient walks up what the next visit is and if there's a lot of treatment, the phases of that treatment. This is easily done through use of a messenger, but route slips work as well. The goal is to give the front office as much time as possible to compile the treatment plan. When the front office is confused on the treatment or the handoff isn't clear, this causes delays in treatment plan presentation and can make us look unorganized. If everything goes according to plan, the front office will then take control to let the patient know the estimated co-pay and when the patient can be scheduled. From here, we need to make sure the patient knows exactly what their estimated portion will be to assure they will be prepared to pay in advance or on the date of service. If they cannot afford their estimated co-pay, we can set them up with other payment options, whether that be CareCredit or some other office payment plan. The goal is to have a smooth handoff, be clear with the payment expectations and schedule the patient.

## Treatment Plan Presentation

*Where* treatment is presented is nearly as important as the presentation itself. When a patient is told they need \$5k worth of dental work, this may come as a shock, especially if they think they've been doing a good job with their home care. It's easy to forget that we are no longer dental patients and what that feeling may be like. Try to imagine you take your car in for maintenance every 6 months only to be told you have a major problem and need \$5k worth of work in order for your car to run efficiently. That's a lot of money and we need to keep in mind how the patient is feeling. Being told they need treatment can be considered a negative and should be approached with care.

The ideal spot to have a treatment plan presented is in a designated consultation room. This is a room separate from the noise and hustle of the office where the patient can receive 100% one on one attention without interruption or distraction. This room would include a computer where patients can see the x-ray or Intra Oral Photo of their tooth as the treatment coordinator presents the treatment plan. There should also be a credit card machine in order to process payments if we are able to collect beforehand.

If there is not a designated consult room, the next best place would be in the dental chair. The dental chair is a decent place to go over the treatment plan since the images should still be up on the screen, the patient is seated which means they're not making a beeline towards the door (yet), and the patient still has their needed dental work at the forefront of their thoughts. Presenting a treatment plan on a clipboard and being able to point to a screen to *show* the patient the problem with a tooth while going over finances is usually all it takes for them to commit to treatment. It's possible to schedule in the operatory as well, although there won't be a credit card machine in there (unless it's portable).

The last and least ideal setting to present a treatment plan is at the front desk. It's typically louder with patients coming in and out, and it's not private. No patient enjoys other patients being able to hear their treatment, not to mention getting into HIPAA. If we need to present at the front desk, stand up and go around the desk so you are standing next to the patient (if possible) and pointing to the treatment plan as you go over figures. "We estimate insurance to cover this much for your treatment and your estimated patient portion would be this much". Try to keep it as vague as possible when talking about treatment within earshot of other patients. A few verbiage tools that I like to use when a patient is hesitant is, "treatment is never going to be cheaper" and "It's a \$300 filling or \$3,000 root canal & crown". Always remember to use the word "estimate". Although patients will not remember that word, we want to add it to our vocabulary so that **any time** we are talking about insurance, it's *a/ways* an estimate.

## Scheduling

Scheduling is truly an artform of its own. In order to maximize the schedule, we need to learn the **skill** of efficient scheduling. It's relatively uncomplicated to schedule for one doctor, but what about when there's multiple doctors within a practice? What if it takes one doctor 1.5 hours for a crown, but another doctor it takes 2 hours? This is very important information that we need to know so that we can schedule to capacity on a daily basis. We need to first establish what the daily and monthly goals are so we can plan how to schedule. Hygienists typically have a daily goal of \$1200-\$1500 and doctors may have a daily goal of anywhere between \$3-10k depending on office size. In order to reach these goals, we need to have daily appointments consisting of crowns and major treatment for doctors, and some Scaling & Root Planing appointments in the hygiene department.

What about emergencies? Where do we place those appointments? I've typically seen emergency appointments placed in the second column of the doctor schedule. Typically first thing in the morning or directly after lunch is where most emergencies go. We try not to do them at the very end of the day in case the patient needs treatment. We can usually schedule emergencies in the beginning of a crown appointment since the crown patient is typically getting numb and sitting in the chair waiting. This is a great time for the doctor to be in another room consulting an emergency patient or doing a hygiene exam. How we schedule an emergency also depends on existing appointments or if the doctor has a Cerec machine vs. sending crowns to the lab. Emergency appointments typically start with a 30 minute block.



## Cancellations

Patients who cancel appointments cause some of the highest levels of office anxiety and frustration, especially when they cancel at the last minute! This causes a huge rift in the schedule and can ruin the entire day! The most common excuses we hear are: I'm not feeling well, my childcare fell through, or I'm stuck in a work meeting. Our patients tend to feel guilty for canceling, but they use reasons that we have trouble combating. What do we say to a patient who calls 10 minutes before their appointment and says they are sick and can't make it? I will offer some scripting for this, but keep in mind when a patient has their heart set on canceling, they will stop at nothing and no excuse will be too grand to get out of their appointment. If your office charges cancellation fees, this would be the first go to. Let the patient know there will be a fee for canceling within 48 hours of their appointment and ask them if there's any way they could make their appointment. I personally am not a fan of charging cancellation fees because it's the easiest way to make a patient upset and not return. However, this is a top reason the patient may change their mind and keep their appointment.

If the patient says they are sick, we would ask if they have a fever. If they don't have a fever, then we ask if they are coughing. If they are able to lie back in a dental chair without coughing and do not have a fever, we would want to see them! Afterall, we work in healthcare and we see people who have little bugs all the time. We let them know we are diligent about sanitization and sterilization to ensure a safe environment for everyone. If your office is still social distancing or wearing masks, you can mention this as well. Some patients feel very comforted if these efforts have remained in place post pandemic.

It can be maddening when we spend a lot of time on the schedule only for it to fall apart at the last minute. So why do patients cancel? Why don't they give us at least 48 hours notice? The answer is: they don't value their appointment. Patients don't consider or value the time we have set aside for them so it's not important to them to keep their appointment. Most patients don't enjoy going to the dentist and will be way more inclined to keep their hair or massage appointment rather than their dentist appointment.

How can we teach our patients to respect our time and keep their appointments? We need to **build the value** each time they come into our office! Whenever we make an appointment, we let them know we have reserved this time specifically for them. We advise they will be receiving reminders a few weeks before their appointment and if that date/time won't work with their schedule, to please call us as soon as possible to reschedule. If we tell a patient we have this time reserved **only** for them, it makes them feel special. It lets them know this is *their* time and when they feel like they're a part of our schedule, they are more inclined to show up! I suggest each team member practice this scripting because we never know if we will be scheduling an appointment in an operatory, in the office or over the phone.

## Insurance

Deciding whether or not to be contracted with an insurance network can be a big decision. On one hand, they will do free advertising by listing your office in their provider directory. Patients will then see your office when they are searching within their insurance company for a dentist. This can add a lot of new patients, especially at the beginning of the year. However, in return for this free “marketing” you must accept a lower fee for services and follow some other rules that can be a hassle. The patients who come may also be extremely insurance driven. I recommend being contracted with the biggest networks in your area and drop insurances as you go. If you are new to owning a dental practice or need patients quickly, it may be beneficial to have a few insurances you are contracted with. If you have an established practice, it may be better to be contracted with one or two. The ultimate goal is to be completely free of insurance contracts and run an office 100% fee for service. This rarely happens from what I’ve seen, but it *is* possible!

Becoming in-network with a company that offers low reimbursement rates is typically never worth the return. Fee schedules play a crucial role in deciding who to partner with. Set a price point for the services you offer and call this the Master Standard Fee Schedule. Insurance companies will typically offer the fees they pay based on zip code, or they will have you enter the prices through their web portal and then come back with the fees they’re willing to pay. I’ve noticed they typically try to pay 30% less than your standard fee. To quickly decide if a fee schedule will work with your office, quickly gloss through a few of the most common codes and see if you would accept the reimbursement rate. I typically check for prophylaxis, FMX, BWX, fillings, crowns and bridges. If you are a specialty office, I recommend looking at the specific codes your office uses and make that decision.

Another factor in deciding who to contract with (or not!) is the ease of using their online tools for quick and efficient benefit information and claims submission. Do you call for a breakdown of benefits or do you check online? Is your office submitting claims digitally or are you still mailing paper claims? Do you use electronic attachments? Most insurance companies offer eligibility and benefits via their easy to use website, but only a handful of them allow online claims submission. I personally love being able to submit claims online! This means the office gets payment quicker and the insurance company can’t come back a month later saying they never received your claim! Almost all companies accept electronic claims with very few who don’t (usually only very small insurance companies).

## Accounts Receivable

Accounts receivable is one of the most talked about problems among any type of business. We've all heard "Overhead! We have way too much overhead!" and this is usually true. We spend a lot of money on supplies, monthly bills and payroll. In order to meet the needs of our spending, we must collect what we produce and oftentimes we fall short due to a number of reasons. This leads to our A/R, and blood pressure, increasing.

There are several ways to reduce A/R fast. The quickest and most effective way is to collect the patient portion **at the time of service**. Many patients have been trained (yes, trained!) to pay after they receive a bill in the mail. How many times have we heard the phrase, "Can you bill me?". This leads to balances sitting on accounts for weeks, months, and sometimes years at a time. Patients often forget they have a payment due or with our current economy, they simply can't afford to pay the bill & chose to ignore it. This causes the business to have tens of thousands of dollars outstanding that would otherwise have been collected. It also costs the business by following up with patients and trying to get in contact with them to settle their account. By allowing our patients to decide when they pay for service, we are setting ourselves up for failure. We are teaching our patients that the services are NOT valuable and setting the expectation that patients are in control.

It's vital to check insurance before the patient comes into the office for their appointment. Ideally, their insurance is entered and any proposed treatment (plans) should be spoken about before the patient leaves. This will ensure the patient is aware of their estimated co-pay and any necessary payment arrangements are made in advance. Once the patient pays their portion, this will reduce the amount owed, if any, after the claim comes back. It's always easier to refund a patient than to chase the money after the fact.

Collecting outstanding balances gets tougher and tougher the more time that goes on. There are a few strategies to collect on balances owed without the patient feeling bombarded. Patients without insurance should always pay at the time of service. For patients with insurance, it's always best to try to get in contact with the patient on the day the insurance payment is posted to the account. Many patients nowadays prefer text message correspondence which should include a link to pay their balance. If the patient doesn't respond to the text, we can send an email or paper statement. If a few weeks go by and we haven't heard from the patient, I recommend a phone call and another text message. If the patient decides to ghost us and does not respond to any of our attempts, collections may be the next step. If they haven't responded to 2-3 months of statements, phone calls or texts, then it's time to send a letter. If they don't respond to the letter, then collections may be necessary. It's always best to make arrangements with the patient rather than a collections agency making the arrangements. All this can be avoided as long as the patient is aware of the estimated co-pay beforehand and pays *at the time of service!*

## **Summary**

Growing dental offices and helping others to become more successful is a special passion of mine. I have a heart to help dentists and team members learn and succeed. My motto for dentists is “more money, less stress”. This e-book would not have been possible though without the input of my amazing team - Nicole, Paige and Elizabeth. Each of them are devoted to improving and elevating each facet of the dental practice. If you'd like expanded information on any of the sections from this book or to know more about what we offer, we encourage you to discuss your goals with us. If you prefer more of a hands-on method, we also offer virtual training and work directly in California, Arizona and Pennsylvania.