

SYSTEMS: Scheduling and Keeping New Patient Exams--the Data!

In previous posts, I shared some of the data we are collecting at OrthoFi. In a series of blog posts, I hope to share data we have collected from over 70,000 starts and over \$300,000,000 in orthodontic production. Today we discuss ways to increase starts with focus on scheduling and keeping more new patient exams.

One of the most common questions orthodontists ask today is 'I already have a high conversion rate, so how else can I grow?' Popular answers range from adding new locations to common marketing techniques like mailers, car magnets, movie premieres, yadda yadda. However, many people are not paying close enough attention to likely the most common obstacle to getting patients to visit your office: your phones.

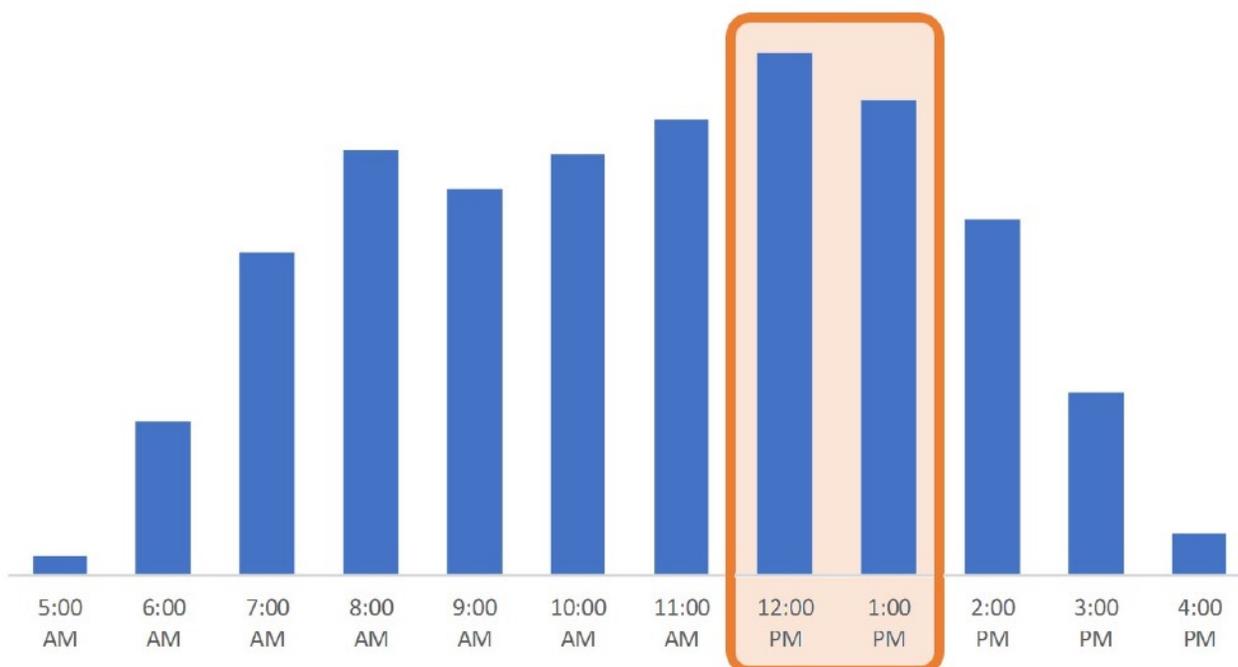
There are three main aspects to ensuring calls turn into consults:

1. **When you answer the phone** – This one is a total no-brainer that way too many people in our industry get wrong.
2. **How you answer the phone** – This is a fluid and never-ending component that needs constant attention.
3. **How quickly you get new patients in** – 'Strike while the iron is hot' isn't just good sense, it's good business.

When You Answer the Phone

This is an all-too-often overlooked aspect of office management in our industry, but one that can create some quick wins. Let's look at some data:

of NPEs Created by Time of Day



OrthoFi's system records (as displayed in the above graph) the time of day a new patient exam is created. As you can see, other than a small spike at 8:00AM reflecting the team catching up on messages, there's a steady climb throughout the day all the way to 1:00PM *in the middle* of lunch, and then a dip to 2:00PM, then a bigger decline after 3:00 PM. The afternoon decline could be the result of the afternoon rush of incoming patients causing overflow of calls not answered or parents being preoccupied with after-school activities.

In case you missed it, the take-home message should be screaming at you. **26.5% of all exams are created between noon and 2:00 PM** on days we're open. Many new offices we onboard are not answering phones during lunch, supplementing with varying flavors of voicemail or answering services, typically citing reasons like 'that's the way we've always done it' or 'I can't get my team to staff the phones at lunch'. You may think that callers will hear the recorded message and call back after lunch, but that's not what the data shows. They're likely calling the next office they find until they get a live person. If you're looking for a way to grow your practice, and you don't answer your phones at lunch, you now have a very easy way to spur growth. Be sure that someone is answering the phones every day at lunch. In fact, the data very clearly suggests you should have someone answering the phones every day starting at 7:00 AM, time before working families go to work.

Another interesting area to examine is percent of exams created by day of the week. Most patients call Monday, with a decreasing amount each day forward. You might be surprised that across 150 practices, 9.7% of all appointments are scheduled on Friday. So on a blended basis, approximately 29% of New Patient Exams (it's 34% in our office) were scheduled during working day lunch hours or on a Friday. Even if you're not seeing patients, you need to have someone answering phones. That doesn't have to mean your scheduling team coming into the office. If you have cloud or remote access to your software and you leverage call forwarding technology, you can extend your hours without too much heartache. If your concern is the additional overhead expense for paying someone to answer phones during lunch and/or on Fridays, the data clearly shows having phone coverage easily pays for itself and much more. Not to mention the improved customer service. Wondering why you aren't growing? Look first at when you answer your phones.

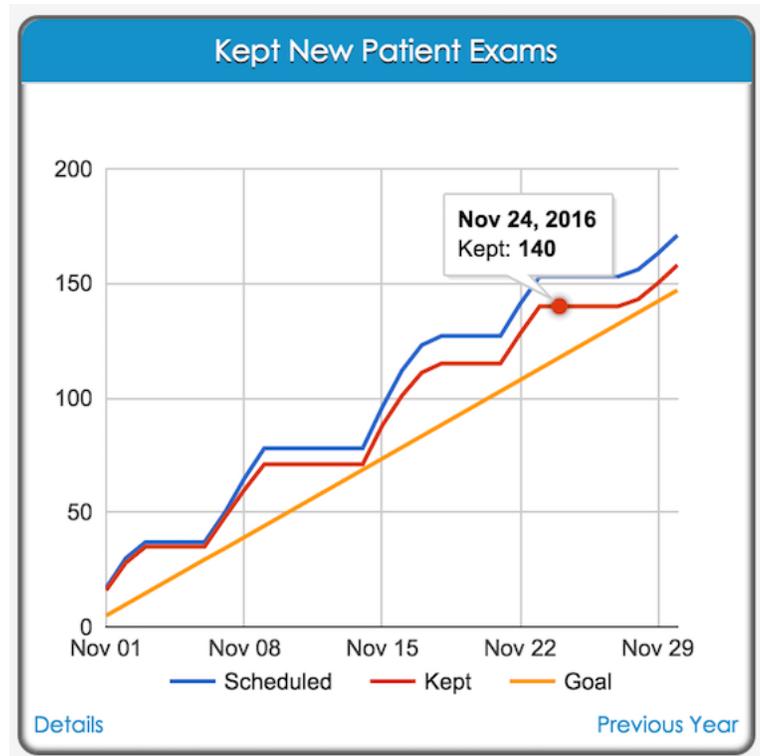
How You Answer the Phone

Unless you record and score each new patient call, tracking the quality of your phone team is a difficult thing to measure. Tracking **Kept Exam Percentage (Kept Exams/Scheduled Exams)** is an easy albeit indirect performance indicator that gives insight into the customer service you're providing on the new patient call. Keeping Kept Exam Percent above 90% is a good goal to connect to high-quality interactions with your phone team. If the patient calls and gets a very warm feeling about your office, it is logical to assume they will be more likely to keep the exam. If they book an exam, but were ultimately turned off by your phone team, it is reasonable to assume a no-show is more likely. I think everyone in orthodontics has been annoyed by Jay Geier and the Scheduling Institute's constant marketing, but we have used their phone training system and have seen great results (*I have no relationship to this company other than gratitude for the results we've seen). Basically, the key is to ensure you

have great energy, and you keep the call short and sweet while providing a positive preview of what they can expect at their next visit, including preparing them to get started with treatment.

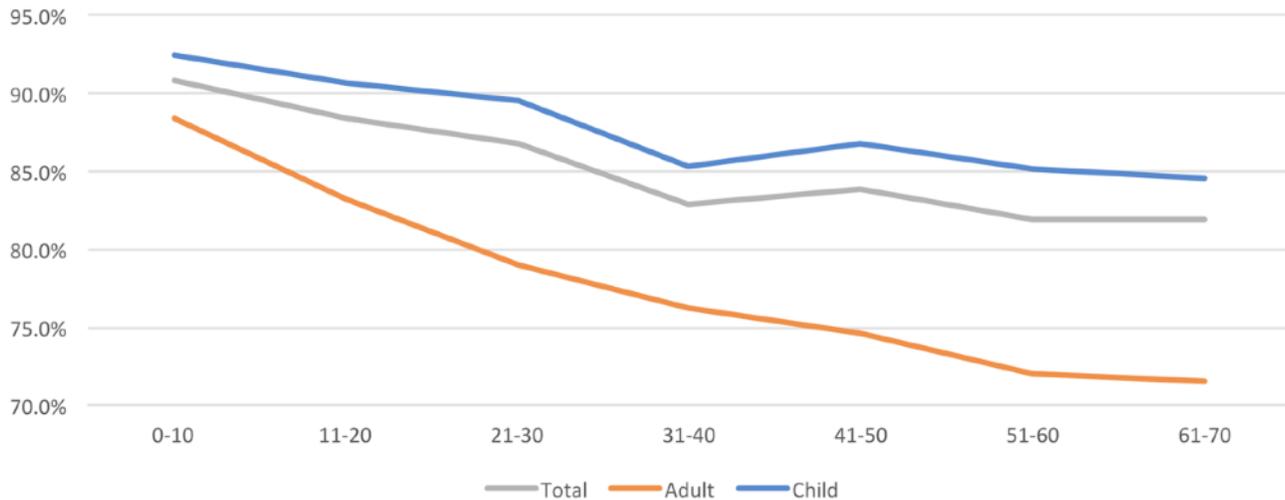
How Quickly You Get New Patients In

Recently, we added an associate to our practice. Before she started we were running with a significant wait list (5-6 weeks) for prime time exam appointments. We wondered at which point the wait would increase the odds the patient wouldn't keep their exam. Many people brag about their waitlist for exams. But is your waitlist helping your ego and actually *hurting* your practice?



Kept Exam Decay

(Days Between Date Scheduled and NPE Date)



On the above graph, the Y-axis is the kept exam percentage, meaning that they scheduled an exam and actually showed up. And, on the X-axis is the amount of days from the date the exam was booked. For example, if the patient calls to book on a Monday, how many days until they are able to schedule an exam? The orange line is for adults, the gray line is the average, and the blue line is for kids.

System wide, even if patients book for later the same day, almost 10% of all patients don't show up for the exam they booked, with adults at a 13% no-show rate. To address that, we took a page from other successful business models and began overbooking our TC in prime time early morning and late afternoon slots, and hired a records tech to help with x-rays and pictures when the TC is overwhelmed. Records Techs are easy positions to fill and train. So when you're booking your exams, you may want to think like an airline and overbook a little to anticipate a 10% or greater no-show rate. Especially in the prime time hours.

Beyond the overall no-show rate, you can see that after day 1, there is a steady decay in kept exam rate. Adults fade faster than kids, and by three weeks there is over a 20% chance adults will not keep their scheduled exam. Adult demand is more spontaneous, more want driven vs need driven, so you have to get them in while they're hot. Kids, on the other hand, tend to stay reasonably flat with only a percent or so drop over the first three weeks. Parents understand their children will need braces and they plan and save accordingly. The decision is much less spontaneous for children. But after three weeks, the percent of kept child exams also drops off steeply. The moral here is that if you are going to treat adults, you want to have room for them, and try to get them in as quickly as possible. For all patients, you don't want to have a wait list longer than three weeks. Anything more than that and the data suggests you are losing a significant amount of patients.

Once we realized the impact of these statistics, we knew that in order to open up our schedule to accommodate more exams, we would need to shrink our exam length from 60 minutes – a pretty common industry standard – to 45 minutes. That's not to say we give our patients less doctor time. It's more about getting as much information as possible before the patient arrives to the office and make sure insurance is verified and benefits understood. With great online forms and good process, it's possible to have over 85% of your exams provide you with health history and insurance (if applicable) information before they arrive for the exam. That avoids time wasted waiting for forms and insurance checks, thereby creating time for one or more extra exams per day. If you could thin your wait list and fill that extra exam space four days per week – even a conservative 40 weeks a year – and convert half of those you would generate 80 extra starts per year. At an average fee of \$5,000 per start, 80 extra starts totals \$400,000 of additional production. That's real money. If I were to tell you I could pay you \$400,000 to switch your exams to 45 minutes and streamline your process, would that sound worth your while? If after all that you still have a heavy waitlist, you likely should consider increasing your capacity with another TC or doctor in the practice, depending on your individual and practice goals.

Strategies to increase available exams to decrease your wait list:

1. Slightly overbook your scheduled exams, especially with adults
2. Decrease the amount of time necessary for an exam
And if *that* isn't enough to accommodate demand,...
3. Add an additional TC or cross-train a team member for TC overflow
4. Add an additional Doctor

So, to review, managing your team's phone skills is absolutely essential to the success of your practice. One easy step--make sure your phones are answered at lunch time and on Fridays. Also, measuring Kept Exam Percentage is an easy metric to grade the quality of service your phone team is providing. Remember, most people who call want to get in quickly. The world, more than ever, has a tiny attention span and wants things now. Be sure to quickly provide them access to exams to keep your practice pipeline full.

Up next: Every Day Counts -- Pending Management