The practice’s ‘annual exam’

Are you lulled into believing that you have a very active patient base?

By Sally McKenzie, CMC

I bet you’re intimately familiar with those large cabinets you have in your office. You know the ones; they are most likely near the front desk area. They contain page after page of vital information about your dental practice, your procedures and, most importantly, your patients.

They are your patient records and chances are good that they take up a very large space in your practice. Frankly, you could probably do a lot with the area they consume. However, this is practically sacred ground, and those huge files with all the important records about all those patients who come to see you day after day, well those have become a source of comfort and reassurance.

Look at all of them! You must be the most popular dentist in town! Too bad you could gather up about half of them to use as kindling at the next autumn bonfire.

Of every two patients that walk in the front door, there is a good chance that one of them will quietly slip out the back. It’s unlikely you’ll notice until there seems to be a few too many holes in the schedule or dollars are getting tight.

Often the patients just fade away. That is, unless you examine not only your patients’ dentition but their documentation at least annually. It’s called a chart or record audit.

How to use the ‘yearly sticker’

Here’s what we see happening in dental practices all over the country. I know that you are certain yours is different, and I wish it were, but nine times out of 10 you’re in the same boat with the rest of your dental colleagues, and most of you are paddling up the same creek.

Dentists are often lulled into believing that they have a very active patient base. After all, there are sordid and gobs of charts. One look at the yearly sticker tells you at a glance how many of those patients are active.

Unfortunately, often the yearly stickers are showing you only what you want to see and not the reality.

During our onsite practice consultations, we ask dental teams when they place the yearly sticker on the chart. The typical response is: “Well, of course the sticker would be placed on the chart the first time the patient comes in for any type of care that year.” Bzzz! Sorry, that would be an incorrect answer. Here’s why.

There are any number of patients who are coming in only when it hurts, but they haven’t had an appointment with the oral hygienist since Barack Obama was a small-time legislator in the Illinois General Assembly. Place yearly stickers on the record when the patient comes in for his/her recall appointment.

If the yearly stickers are placed correctly on records, charts can be pulled for inactivity based on the sticker. Most practices will keep a patient’s record in the file for up to two years; beyond that they should be pulled.

In addition, if you are assigning patient records to emergency patients, stop that habit immediately. Emergency patients who have never been to the office for treatment should not be given a patient record because this adds to the illusion of a substantial and loyal patient base.

An annual record audit

The only real means of assessing true patient loyalty is to conduct an annual record audit to ascertain exactly how many patients continue to choose you as their dentist. What? Is that a protest I hear?

“But we don’t have time to do chart audits. Our patient retention must be fine because we are so busy we are only allowed to schedule vacations during years in which a solar eclipse can be seen in North America.”

Busy is often an illusion. It’s
commonly the clever disguise of a dwindling patient base, and it will fool nearly every practitioner from here to the sun.

Audit the charts and review the key computer reports, including the past-due recall report, the missed appointments report and the unscheduled treatment report.

This puts you in the position of being proactive rather than reactive to the ebh and flow of your patient base. Start by making the most of the information that is right at your fingertips.

Here's how.

• Generate a report of patients due for recall from today's date to one year from today. Indicate that you are seeking to identify all patients with and without appointments on the report.
• Count the number of charts in the file and divide that by the number of patients on the recall system. For example, if there are 4,759 patient records on file and 4,735 patients in the recall system, patient retention would be at 56%.
• Now subtract the number of active patients from the number of total patient records in the files. Using the example above that number would be 5,022.
• Divide that number by the number of months the charts represent. For example, if you believe that active charts represent the period from 5/2005 through 9/2008 that would be 59 months. In this scenario, the practice is losing 78 patients per month. (And if that doesn't send ice water through your veins, nothing will.)

You can also look specifically at recall over the last year. For example, if this was 10/09, generate a report of patients due for recall with and without appointments from 1/09 through 9/30/09 and divide by nine months.

If the total number of patients on the report is 850, divide that by nine. This would indicate a patient loss of 94 patients per month. Obviously the patient base is shrinking.

Now what? Well don't just sit there. Take action, and do it today.

Reconnect with inactive patients

In order to reconnect with inactive patients, assign a patient coordinator the following tasks.

• Make a certain number of calls to viable past-due patients each day. For example, your goal may be to connect with 10 patients each day. When I say viable, I'm not talking about trying to recapture the habitual no-show patient.
• Schedule a specific number of appointments specifically for patients that are responding to the mailing.
• Track patient treatment to ensure that those patients you connect with not only schedule but also complete treatment.
• Schedule the hygienist to achieve a daily or monthly financial goal. Then keep the schedule full to ensure the hygienist can achieve that goal.

The scheduling coordinator and the hygienist must work together to achieve this.

• Manage the unscheduled time units in the hygiene schedule. If there is an opening, the scheduling coordinator needs to be dialing for dollars and fill it.
• Monitor and report on recall monthly during the staff meetings. This is a good opportunity to assess the system, evaluate what is working and what isn't and seek input from others.
• Tweak your telephone scripts to ensure that you know exactly what to say and how to say it in those phone calls to patients.

Recapacit patients with you and your practice

Send a direct mail letter to every adult in your active and inactive files who is or was a patient in good standing. Be sure to include something about the importance of ongoing professional dental care and giving patients beautiful smiles.

Explain that you value them as patients and are concerned about their oral health as well as their overall health and well being. Mention new services offered, continuing education accomplishments of the dentist and/or staff, other improvements that have been made in the practice, etc.

The bottom line is that you want patients to feel that they are valued and appreciated by you and your team.

Finally, encourage them to call your office and schedule an appointment today. Assure them that your business team will make every effort to secure a convenient appointment time for them — then make sure that is the case.

Consider setting aside popular appointment times specifically for patients that are responding to the mailing.

If someone calls in response to the mailing and the business team says there isn’t an opening for four weeks (or eight weeks or six months), you’ve just wasted your time and your money and convinced those long-lost patients that your practice really is not interested in providing care for them.

While a variety of practice systems likely need to be examined to determine exactly what is causing patients to seek care elsewhere, you can take at least a few immediate steps to slow, if not stop, the exodus.

**About the author**

Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide. She is also editor of The Dentist’s Network Newsletter at www.thedentistsnetwork.net, the e-Management Newsletter from www.mckenzie_mgmt.com, and The New Dentist” magazine, www.thenewdentist.net. She can be reached at (871) 777-6151 or sallymck32@gmail.com.

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