

HOW TO MINIMIZE NO-SHOWS BY CHRIS MULLINS²

When patients schedule an appointment, re-emphasize the importance of the date and time. Remember you're selling your time, but there's no guarantee the patient will show up? **So, what can you do?**

I was talking to a colleague of mine and he shared a technique he uses to schedule appointments. This is an example of a very strong commitment which I would recommend for offices that are having a serious issue with no-shows:

"Chris we have you down for next Thursday at 7:00 a.m. We have a limited number of appointments like that and it's not unusual that folks will make an appointment with a commitment to show up but then don't. So, should I put your appointment in pen or pencil?"

Yes, that's strong but what you're really saying is are you serious about making this appointment or are you just making this appointment with no commitment?

Unfortunately, not all, but most people's commitments don't mean what they should and if we don't say something like that and solidify the appointment, then we get a lot of no-shows.

This must be done in a pleasant voice with no hard edge but it carries the same message that says... are you really serious about making this appointment because if you're not, then let's not schedule it.

Doctors that want to improve the rate at which people show up for appointments need to deal with the elephant in the room.

The difficult part is getting the front office experts who are making appointments to use this scripting. What's most important is that the doctor give them permission to do so with the proper support and training.

The front office expert must practice and write their lines out, which is really the script. Next, role-play and practice it. After they've done it a number of times, it's not uncomfortable or awkward because they've done it so many times.

It's best to practice in front of a mirror. Practicing will help with confidence and the tone of voice because tone of voice is the most critical part of this technique. You don't want to sound like you don't care or you're being rude.

The above technique will flush out a lot of people who aren't serious. Better off to deal with these folks now on the phone rather than to sit waiting for them to show up.

Doctors, set your front office experts up for success using the above techniques and you'll be amazed at the results.

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A Big Time & Money Saver

by Dr. Craig Callen³

For years I have paid my bills using a major software program and printed out laser checks. A few months ago my data file was corrupted and they were absolutely no help in correcting the problem. Thank god for my accountant/bookkeeper who was able to salvage the file.

Through that trauma I elected to go with an online financial account management program tied into my accountant's computer. She also convinced me to consider adding online bill paying. This was something I had considered, but never had the motivation to pursue until now. After a few minutes of training I was up and running. What I discovered was that this was a completely free service to me. Even those accounts that required the bank to issue a check and mail were no charge to me. Apparently they save enough not having to process my checks to make up for the cost of mailing theirs.

Not only is it free, but it is really faster. Once my vendors are entered all I have to do is log on and enter an amount and when I want the check to be issued. Now I can enter payments as soon as a bill arrives and it goes into the "pending" file for a future payment. This then tracks my actual balance and my balance including the pending checks. You can also schedule repeat payments such as a lease payment, which stay the same every month and program them to pay automatically. No more late fees because you were on vacation and did not get a payment out on time.

We probably save \$100 a month in time and postage costs. But the happiest person in my office is my receptionist who no longer has to stuff the envelopes and place the postage on the bills!

Talk to your personal banker to see about getting set up for online bill payments and drop your overhead today.

- Low scoring states lack proper sealant programs in the majority of schools with children who are considered to be at high risk for tooth decay. Sealants are reported by the Surgeon General as reducing tooth decay in school children by more than 70 percent.
- When sealants are applied in a dental clinic, they are typically applied by hygienists and then checked by dentists. Lower scoring states, however, do not mandate that dentists check sealants when applied by hygienists in a school setting.
- According to the American Dental Association, fluoride has been proven to strengthen and re-mineralize teeth; however, less than 75% of residents in low scoring states have access to optimally fluoridated water.
- Patients without enough income to afford a visit to the dentist can often have their oral health needs met by Medicaid programs. Even with these benefits available, many states fall below the national average for children under 18 taking advantage of Medicaid services for dentistry.
- Multiple states do not sufficiently compensate dentists who treat Medicaid patients. Often it can actually cost the dentist to treat a Medicaid patient. These states need to create a program that will provide incentives for dentists to treat more Medicaid patients.
- Prevention is the most important service a dentist can offer for young children, yet some state Medicaid programs do not reimburse dentists who offer preventive dental health services.
- The National Oral Health Surveillance Systems database serves to seek out patterns in oral health inequalities and discrepancies. Low scoring states, however, do not submit all basic screening data to the database, thus making it very difficult to pinpoint emerging problems in statewide oral health.

MULTIPLE STATES RECEIVE A "C" GRADE IN ORAL HEALTH FOR KIDS...

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Sixty percent of children experience some form of dental disease, with tooth decay being the most common. In states with low grades in the report, eighty percent of dental disease is concentrated in twenty-five percent of the child population. Many of these kids come from lower socioeconomic backgrounds or have no means of access to care. The Pew Children's Dental Campaign works to raise national and statewide awareness while recruiting local influential leaders and dental practices to serve as models for pragmatic, cost-effective reform.

The American Dental Association has also generously donated over 2 billion dollars to disadvantaged children and adults, but even they claim that is not nearly enough, admitting: "Charity is not enough; more local dentists need to provide equitable, effective oral health delivery for all children." Part of the solution must start at home as well. It is important that parents realize the severity of tooth problems and the risks for their children. Children who are unhappy with their smile usually have lower self-confidence and may become increasingly introverted, leading to the potential for missed opportunities as they mature into adulthood.

A lack of knowledge about proper dental care for young children can also lead to malnutrition, infections, severe pain, fluoride poisoning and irreversible problems with adult teeth. The American Dental Association recommends children should see the dentist by their first birthday. Keeping up with regular exams and following a preventive maintenance plan from the dentist will help keep your child on the right path to good oral health.

Please feel free to contact Dr. W. Keith Dobracki, DDS at dobracki@gmail.com. He has been a featured writer for multiple publications and has spent time lecturing to his colleagues across the country. It would be Dr. Dobracki's pleasure to provide you with further insight on this article, hot trends in marketing or other practice management topics.

OSHA COURSE REFRESHER:

As part of our continuing education, our staff is required to attend an annual OSHA refresher course. By doing so, our office is able to stay up to date with the latest changes to any guidelines within the OSHA handbook and regulations. Although it may not be the most exciting topic, we always come back more confident that we are one of the top oral surgery practices in OSHA compliance.

JEFF ON MILITARY LEAVE:



Please note that our Patient Care Coordinator, Jeff, will be on leave until September this year due to military responsibilities. Rachel will be handling all coordination of patients and insurance during this time. If you have any questions regarding your patients, she will be more than happy to assist you! We wish Jeff well during his leave!

WELCOME, ASHLEIGH!



We are excited to welcome Ashleigh to CROMFS as the newest addition to our surgical team! She is a graduate of a local dental assisting and x-ray program with a focus in radiology. She is eager to begin her employment with our practice and we are happy to have her on board!



MULTIPLE STATES RECEIVE A "C" GRADE IN ORAL HEALTH FOR KIDS

by Dr. Keith Dobracki¹

The Pew Children's Dental Campaign is an initiative that strives to improve the lives of American children by ensuring that they receive proper dental care and enjoy the benefits and confidence that come with a healthy smile. Part of the initiative is to use research and the reporting of statewide data to improve state policies that help to prevent tooth decay.

Pew recently released a startling report on oral health across America, highlighting the many challenges our children face. The recent study awarded each state a grade based on how well they are meeting the oral health needs of the kids that are living there. Best stated by the President of the American Dental Association, "Pew presenting its information in the form of a report card makes it easy for anyone to understand that too many kids in too many states are

suffering. And we face huge challenges in changing that."

In 2011, 23 states and the District of Columbia received an overall "C" grade or lower, revealing not only that there is significant need for improvement, but that children in the United States are suffering.

One consequence of inadequate oral health care is a significant amount of school absences. Children will miss more than 52 million hours of school throughout the U.S. this year alone. Pain and problems associated with poor oral health are to blame for another 12.5 million days of restricted activity, preventing children from enjoying after school and weekend activities. Such findings prove that damaged teeth significantly contribute to the loss of education and other opportunities, hindering their potential for future success.

The following are issues that the low scoring states must consider in order to ensure better dental health for our children:

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