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- 2. The patients don't like you.** Patients are talking and if you consistently see the backs of their heads while they move down the street for a second opinion, then you are missing the fact that they are saying they don't like you or your office. Again, systems can mitigate staffing and doctor shortcomings. Systems are the heart of every successful practice. Knowing that if you are not growing you are not meeting your patient's needs is a no brainer. Once you plateau, it is time to move it up a notch in service and systems. The standard reactivation will only be an interruption in their busy day making the contact offensive and intrusive.
- 3. They forgot.** It happens, patients forget to make the appointment and they disappear and don't surface for a couple of years. Reactivation definitely works here.
- 4. They can't afford you.** You fail in bundling your fees or you try to sell everyone you know on sleep apnea or some other course you just took in order to compensate for running off most of your patients. It's the old hammer and nail strategy to business growth.

Consumerism is giving the patient what they want, when they want it, at a price they can afford.

Most offices start the reactivation process by calling a group of patients that have not been in for a couple of years. My suggestion is to take anyone who hasn't been in for 6 months or so. Start with the low hanging fruit and work back from there. It will be a smaller sampling and these people will be more likely to have just forgotten to make a visit.

The second suggestion is to not call them first. Sure, there is some office out there with a super star team member at the front desk that can pull this off, but most likely you will just alienate the patient while looking needy. I would draft a reactivation letter and send it first then follow it up with a call with a particular script I will give you. In crafting this letter, you will need to consider several things:

- The letter should not be obvious that it is from a dentist. Put your return address but not your name. Patients are more likely to open a letter that looks personal rather than like a business marketing piece.
- The more personal the letter looks the more likely it will be opened. Make it look like an invitation or hand-write "personal" on the outside. Letters that are hand addressed with a first class stamp will get opened before any other type of letter.
- Be sure and print: "Address Correction Requested" just under where you place the stamp. The post office will be required to return the letter with the corrected address. They will charge you about what a first class stamp will cost. In this way, you are creating an up-to-date database. What good does it do to send anything through the mail if it never arrives to the party it was

addressed too? You could in some instances be sending reactivation and monthly statements to a phantom address and the patient never receives it.

- A lumpy envelope will get opened before a flat one does. Put a magnet or piece of sugar free gum or candy, something that will pique their curiosity to explore further.
- Craft the message to fit one page or less. If you need help just email me and I will send you a copy of ours.
- The patients will read the first line and any PS you place in the letter so you have to make them count.
- Make an "obscene" offer. Keep in mind that this letter is supposed to 1) compensate for something you or your team have done wrong; 2) the patients inability to fit your services into their budget; and 3) to reclaim those patients who through your poor systems, or their not valuing your services, have failed to return to your practice. You want them to act and act now. It is called "direct response marketing." Think of a "cleaning, exam, x-rays and consultation" for \$59.00. It has to be so "obscene" that everyone is thinking that they couldn't afford not to take advantage of this even if they don't like you.
- Follow the letter up in about a week to 10 days with a call. Now you are just checking to make sure they received the letter. The script would be: "Hello Mrs. Jones, this is Kathy at Dr. Abernathy's office. I was just calling to see if you received the letter we sent you about 5 days ago." Make sure if they bite, that you don't forget to ask if anyone else in the family would like to take advantage of this offer.
- Only send out a few letters each day. This way you will eliminate getting too many calls at once which would overload the front desk. In addition, it would allow the follow up calls to be done a few each day. That means that it might take several months to go through your complete list.
- Capacity. You must have cleaning appointments available within 5 to 10 days during peak demand times (7-9, 3-5, and Saturdays) for this to work. If you don't have these peak demand times available in hygiene, none of your marketing will work.
- Finally, and most importantly, if they do come back, make sure that you listen and try and give the patients what they want, not what you want. Your goal in life, when it comes to giving patients what they want, is for every patient to show up, pay for their treatment and refer everyone they know. If you're not getting this, you and your systems are broken. They can be fixed.

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Staff Memo:

What Is Your **Drama** Quotient?

by Dr. Joe Steven, Jr.²

Without a doubt, one of the most challenging things we dentists face on a daily basis is managing our teams. A very common concern that I often hear from doctors is that oftentimes there is too much drama taking place in their offices with one or more employees. Some people refer to these individuals as "drama queens" since most dental auxiliaries are female; I'm sure there are males that fall into that category also.

I really do think that most employees try to be the ideal worker that the doctor truly appreciates. It's always good for all staff members to do an occasional self-evaluation concerning their performance in the office. They should evaluate many things such as their clinical and clerical abilities, teamwork skills, organizational skills, attendance record, rapport with the patients, etc.

Another very important point is to have a heart-to-heart look at exactly what your drama quotient is? Over the years I've had different employees that have had scores anywhere from 0 to 10. Guess which ones we doctors love. Obviously, it's the ones who score very low in this category. The ones that score high are the ones where drama just seems to follow them around both in and out of the office. And, they are certainly more than willing to share their out-of-office drama with everyone when they come to work first thing in the morning!

You all know who I'm talking about. They may be the one who frantically rushes in a few minutes late and immediately unloads on everyone about why they are late while complaining

about their spouse for something they did or did not do that caused a problem. And then of course they go to the doctor once again requesting to take off early just one more time in order to take care of some personal matters. Or, it's the employee who constantly agitates the team with their ongoing complaints about so and so in the office even though they know they're not supposed to talk bad about a co-worker. It could also be the employee who is often talking about quitting for whatever reason and keeps everyone guessing.

These employees are always the center of attention and many times the source of a controversy. Doctors know very well who I'm talking about. It's that employee who often comes into your private office to talk to you again that immediately gives you that "What now?" moment! Hopefully you all are getting the idea who I'm referring to.

It is so refreshing to have employees who avoid those drama scenarios and come to work and do an excellent job and never stir up these situations. So, the next time you feel you are due for a staff evaluation or a pay raise, please ask yourself just what is your drama quotient?



Dr. Joe Steven graduated from Creighton Dental School in 1978 and has been in solo practice in Wichita, KS up until June 2007 at which time his daughter who graduated from UMKC Dental School joined him. His 15 member team works out of nine treatment rooms providing all facets of dentistry.

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RISK MANAGEMENT FOR DENTAL IMPLANTS

by Lee M. Whitesides, D.M.D., M.M.Sc.

Getting sued for dental malpractice is an inconvenient reality for all dentists. As a profession, one in seven of us will have at least one claim of malpractice filed against ourselves during our career. Although only two of five malpractice cases are won by the claimant, the cost, aggravation, and emotional toil a lawsuit takes on a dental professional is difficult to measure in only dollars.

There are a plethora of reasons any doctor may get sued: Incorrect diagnosis, poor work product, failure to refer, and failure to recognize a complication are just a few. That being said, the real reason most doctors have a claim filed against them arise from how the patient perceives their care. Patients do not care that you know (that is your job) they want to know that you care. Many a lawsuit can be avoided by simply listening to a patient.

Standard of care is the fulcrum for every malpractice case. Standard of care is a somewhat nebulous concept which has evolved over time and is constantly evolving as newer techniques and technologies present themselves in dentistry. It is specific to time, location, and case. The standard of care for dental implants is rapidly changing due to the technological advances such as cone beam CT. Is cone beam CT the standard of care? Excellent question, and as of today it is a non-answered one. The value and benefit from CBCT is undeniable but does the increased cost and radiation exposure warrant its use in every case?

Risk management in dental implants has some unique aspects. Often the work-up for implants involves a multi-disciplinary approach necessitating accurate and appropriate communication between the restoring doctor and the implant surgeon. Careful and accurate documentation of this part of the treatment planning is important to insure proper patient care and provide for a superior defense. Many aspects of the surgical part of placing a dental implant such as patient bone and soft tissue dimensions, depth of osteotomy, and size of dental implant should be documented

to enhance patient care and assist the recollection of the surgeon.

Informed consent is also an important aspect of patient care. It protects the patient's right of self determination to accept or reject treatment. Informed consent has four principle elements: risk, benefits, options, and alternatives. As a rule, it is always better to have written informed consent versus implied informed consent.

For treatment of a patient to be considered malpractice, four things must be present:

1. Existence of duty.
2. Breach of standard of care.
3. Injury or damage as a result of the standard of care breach.
4. Proof that injury and damage were a violation of the standard of care.

A legal action against the doctor is a marathon, not a sprint. Most take two years to mature and even longer once the proper paper work has been filed. Each step in the lawsuit takes many valuable hours to accomplish. Quite often, after a significant amount of work is done, a settlement is rendered just before trial.

Should you go to trial, and only 8% of doctors will, the value of having good counsel cannot be underestimated. The burden of truth for malpractice is simply providing evidence of a probability of a breach of standard of care (also known as preponderance of evidence) of 50%. In short, the bar is set fairly low.

In conclusion, malpractice is, like it or not, going to be part of your professional career (unless you are very lucky). Careful documentation, good rapport with your patients, and expert legal advice may not always work to your benefit but they will make the experience less aggravating and painful.



A Question of Reactivation

by Dr. Mike Abernathy¹

At various times throughout the year, I get calls from doctors about reactivation. Everyone wants to know what they should do, how to do it, and what to say.

First of all, reactivation may be one of the most difficult systems to implement, while at the same time being one of the most important. Let's take a moment and think through each of these questions. If you think about it, your first marketing dollar should be spent on getting and keeping your current patients happy and showing up, not on some new mailing or website strategy.

Why do I get these calls? For most of the doctors I speak with, they just realized that the current year is going no better than the year before, and the year before really sucked. So, through desperation they grasp at what they hope will turn a lackluster performance into a winning year, and it won't.

As a note, reactivation should be done year round as a "drip" campaign to continually bring everyone you can back into the flock. Wouldn't it be pretty stupid for a farmer to go searching for his lost cows just once a year? I know from living on a farm that I have to monitor my livestock every day. If I don't, they could wander off, be stolen, be injured or die at the hand of predators in the area. It's my job as the owner to make sure that this doesn't happen. It's your job as the dentist and owner of your business to do the same thing. This is not a once-a-year strategy but an everyday system of garnering feedback and reactivating every patient that you can.

Will you appear needy, or will you turn this into an opportunity to learn and grow your practice? The trouble with reactivation is that it usually falls to the new hire who has the least ability and poorest idea of what they are trying to accomplish. Your goal should be to find out why the patient fell off of recall and see how you can help them get back on. This may be the one time that you have to patch up a botched relationship and mend fences. Far too often, it ends up making you look needy and confirming the patient's already poor opinion of you and the office. You want to end up looking concerned and compassionate while providing a "needed service" that they "want." What happens most of the time is that you come off looking like it's only about the money, not about the patient's health.

Why do patients fall off of recall and need to be reactivated?

1. **Your systems were so poor that they never got on the recall system following an emergency or treatment visit.** Every patient should be directed to hygiene follow-up visits to maintain their health. Poor systems create a black hole that allows patients to disappear into your chart or records system never to be heard from again.

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