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BULLETIN

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THE DENTAL DOW - STILL ON THE PLUS SIDE

Comparing the first half of 2012 to 2011, we find that **practice production is up 4.3% and collections are up 3.75%** for the mature area practices sampled.

Growth has faded a bit from the first quarter when production was up 5% and collections were up 4.6% but we're still seeing more increases than in the past few years.

The growth was driven by about a 5% increase in new patients (4.9%), a 4.3% increase in the production per exam (reflects fees and procedure mix) and less downtime in both the Doctors' and Hygienists' Schedule (down 6% and 5%, respectively). About 3 out of 4 of the sample practices show growth with 1 out of 4 showing decreases.

**UNHAPPY PATIENTS' POINT OF VIEW:
Consumer Research**

Let's learn from what patients complain about online.

We recently looked at negative online reviews of dentists in 20 American cities. We sampled from each city and analyzed over 140 negative reviews.

This is fresh market research because you're seeing very raw and frank consumer reaction to their dental experiences.

It's not fun to look at negative accounts of dentistry, but if we're serious about understanding patient perceptions, it makes sense to tune into what bothers patients most.

**WHAT PATIENTS COMPLAINED ABOUT MOST
(In descending order):****1. Doctor and staff pushing unnecessary dental work.**
(Actual verbatim reviews):

"I'd be wary here if you don't enjoy having teeth unnecessarily drilled."

"I had a filling come out and they insisted that I get a \$980 crown instead of a filling..."

"They seem overly aggressive and want to drill and fill cavities."

"This place is horrible. I've never had so many cavities as I've had going to this dentist. Why? It has nothing to do with my teeth, just the fact that he needed to make money."

2. Poor billing and insurance practices. Hidden or deceptive charges.

"I have no complaints about the dental care provider but his office has billed me and my insurance company incorrectly on numerous occasions."

"They billed me eight months after a treatment they told me insurance would cover."

"This office over-charges and the billing staff consistently makes mistakes and makes me pay the difference for their mistakes."

3. Poor quality dentistry, incompetent Doctor and/or staff.

"Following replacement, those teeth in which the fillings were replaced hurt more now than ever before."

"Horrible. They screwed up my teeth. I now have two teeth I can't even floss between since they left bite molding material between them."

"The absolutely worst cleaning I've ever had. The most painful experience I've ever had at the dentist. The hygienist completely missed a few teeth."

"I got a new crown on my front tooth. It did not match the color of my other teeth."

"Not all the hygienists have their act together. One of them neglected to make sure I got my annual x-rays done and I blame her for letting a tooth get decayed enough that I had to have a root canal on it."

4. Rude front desk staff.

"The receptionist was very rude whenever I had to call them. I'm very glad I never have to deal with them again."

"Horrible place and they have extremely rude and disrespectful people at the front desk."

"Shabby impersonal atmosphere setting. You are treated like a farm animal."

5. Unprofessional staff behavior and discussions.

"The hygienist loves to chat about dogs and kids but this comes at the expense of a thorough cleaning. Three minutes spent on polishing does not cut it."

"While she's working, she gossips about confidential info about fellow employees and patients."

6. Inconsideration of patients' time and schedule, waiting.

"They have a strange policy of not cleaning your teeth during your first visit so then you have to make another appointment."

"Where it's taken every dentist in my life one appointment (cleaning and routine check-up) is taking them three appointments and they want to go to four and I refused."

"This wait has been as long as 40 minutes and was quite a waste of my time..."

7. Doctor not compassionate, impersonal and insensitive.

"I let Dr. _____ know my teeth weren't fully numb and was wincing in pain during the drilling. He didn't even stop for a moment."

"Dr. _____ has the personality of crabby old badger. She is rude, uncaring, has no professional bedside manner."

8. Rushed or "assembly line" treatment.

9. Painful treatment.

10. Old dirty or uncomfortable atmosphere, out-of-date equipment.

Now these comments are about *other offices* (not yours), but making sure that your staff and you are sensitive to these issues makes it less likely that someday there will be such a review on your office.

TO MAKE SURE YOUR TREATMENT PLAN IS TRUSTED:

You can sort of see the back stories behind some of these comments, can't you? In many of these cases the patients may have had good treatment but just did not perceive it.

We certainly want people to choose the best dentistry you have to offer, get perio treatment, fluorides, etc. but we always want to make sure it's done in a way that the patient feels no pressure at all. So, Doctors and staff can't give up diagnosing or recommending treatment but you have to be sure that your approach is credible and the patient perceives the reasons for treatment.

1. **Tell AND Show:** If they see it with their own eyes, they'll believe it. That means actually using the intra-oral camera, mirrors, digital x-rays and taking the moment or two to actually show the patient. (The intra-oral camera is still grossly underused in most offices).

2. **Use "Problem Development":** The patient has to own **their problem** before they'll own **your** solution.

No doubt we've discussed this with many of you in our staff meetings. The steps are:

1. **Show** and state the problem.
2. State what caused it.
3. Scale it, (grade the problem's seriousness), **"This tooth is 50% shot!"**
4. Discuss what will happen if something isn't done.
5. Make your recommendation.

3. **Invite Second Opinions:** Especially on large treatment plans. This shows the patient that you are on their side, yet confident of your plan.

4. If you have technology that their previous dentist did not, make sure that they understand the difference.

For example, about 45% of offices in this area have Diagnodent. If you are using this detection tool, you will find caries that there is at least a 50% chance their previous dentist (or their second opinion dentist) wouldn't diagnose.

5. **Give Power Back to the Patient:** Tell the patient something to the effect of, **"It's our job to do a thorough diagnosis and give you our best advice based on our training and experience. It's your job to tell us what you want to do..."**

Or ask, **"You've heard what I recommend, but how do you feel about what I've told you..."** and actually *listen*. Here is where you can uncover any skepticism if the patient feels that they can honestly level with you and your staff.

6. Speaking of that, make sure your staff reconfirms with the patient the need for the treatment. **"So what are your thoughts on what the Doctor has recommended so far?"** Or, **"Are there any further concerns or questions you have before we proceed with this?"**

7. When recommending Fluoride, high-end mechanical toothbrushes or home-care products, make sure the patient is reassured that,

"We recommend this for you for x and y reasons. Of course, it is entirely up to you..."

Then no patient will ever leave your office feeling judged, pressured or upsold.

Last but not least, no matter how good communicators you and your staff are, there will be patients who get

upset from time to time. Look at complaints as an opportunity to improve your services and, as importantly, the **perception** of your services.

WHAT DO YOU DO WHEN PATIENTS DECLINE EXAMS?

It's not uncommon during our travels across the Upper Midwest to hear Doctors and staff talk about patients who, "Don't want an exam." The real question is, when you hear that, what do you do? Do you have a legal obligation to perform the exam? How often should this be done? Should you just let it slide?

The real answer may surprise you. All states have different criteria. We talked with Kathy Johnson, Legal Analyst Liaison at the Minnesota Board of Dentistry. Kathy explained that in Minnesota there are no hard and fast rules as to how often a Dentist needs to examine his or her patients. She, rather, deferred to the "Standard of Care" concept...too general to be much help when you've got a stubborn patient in the chair!

However, the requirements for "Recordkeeping" are more clear. You must have complete records to safely (legally and clinically) treat a patient. And, you must have a diagnosis to have complete records!

A patient does have the choice of declining your treatment recommendations for endodontics, a crown, perio, etc., but **you** have no choice: in order to treat them you must have a thorough diagnosis (which means an exam).

If you think about it, if a patient doesn't trust or value you enough to let you examine them, that's not a patient you want to treat. That is, if you like to sleep at night.

HOW DOES A TEAM OF CAREGIVERS HELP PATIENTS OVER THE FEAR AND CONFUSION OF FEES AND INSURANCE?

You've done the diagnosis, presented the treatment, and now you've sent the patient to the front desk. Does your administrative staff have the tools they need to get the treatment scheduled and paid for? Are you sure they are well informed (see complaint #2 above)?



A FRESH APPROACH TO COLLECTIONS.
COLLECTIONS MADE COMFORTABLE
THE TEAM APPROACH

Every patient has concerns or questions about fees, insurance coverage, etc. Your entire staff has to be able to take the pain out of financial

arrangements and get the patient committed to treatment. It's up to them to make dentistry as comfortably affordable as possible so that you can be sure the patients have the best chance of getting your best care.

Whether you have staff who are new to the administrative area or staff who have been in the business for years, **Shelly's "Collections Made Comfortable" seminar will give you the peace of mind that your staff is doing everything it can to gently move patients to treatment and ensure that you get paid!**

Bring the whole team (including yourself!). Yes, even Doctors, hygienists and assistants will learn from this meeting. **All of you deal with patients, money and insurance on a daily basis and the more comfortable you are with discussing this with patients, the better off everyone will be.**

We've been hosting this seminar for over a decade and it's always a sellout. **First dibs go to you** before we do the general mailing, so respond today and you'll also be able to enjoy special client rates and an early registration discount to boot!

FRIDAY, NOV. 2, 9:00-1:00
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\$198 first person, \$168 second person, \$139 each additional attendee from office. (Clients receive \$20 per attendee off **plus** an additional \$20 discount per person for registrations paid 30 days or more before the event).

We look forward to seeing you there!



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