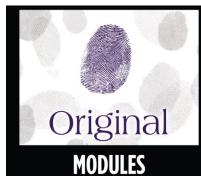




# Unlock the Mystery To No Shows & Cancellations













**SPEAKING** 

**VIRTUAL PROGRAMS** 

**COACHING** 







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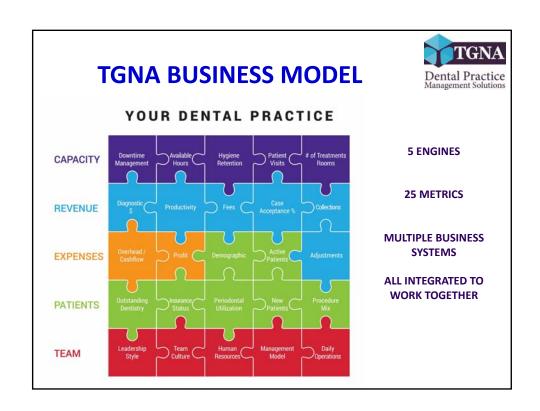
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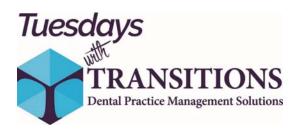






#### Register online...





.....Weekly Tips From The Experts www.tgnapracticemanagement.com



#### Addressing the downtime Dental Practice Management Solutions

from....

# 'no shows' and 'Cancellations'

#### What is Downtime?



Open chair time and provider time left unscheduled in restorative and hygiene

#### Caused by:

- · No Shows-fail without notice
- Last minute change--not filled
- Open Units—capacity demand

#### How is it Calculated?

Non Productive time / Available Hours =% of downtime

i.e.

Available hours -8 pt. hours X 16 days per month = 128 hrs./month

Non productive time = 13 hours

(No Show-4 hrs, Cancellation-5 hrs, Open units = 4 hrs)

\*\*13 divided by 128= 10%\*\*

#### **Cost of Downtime?**

- Average cost of adult hygiene visit with bitewings = \$150
- 2 hygienists averaging <u>one</u> 'no show' or 'cancellation' per day
- \$300 x 4 days/week = \$1200
- > 4 weeks per month = \$4800
- > 12 months per year = \$57,600



#### Goal

- > Hygiene -- Less then 10% downtime
- > Restorative -less than 5% downtime

## So Why does it happen?

#### Lack of perceived Value

- 1. It's JUST a CLEANING
- 2. Every VISIT they tell me I need something more (crown of the year)
- 3. "They nag me".

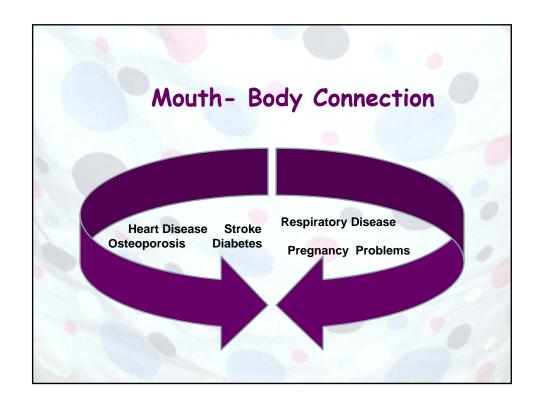


### Why are Patients not Respecting your Time?

Are you educating your patient about their oral health?

Talk about the Systemic Link

'Oral health is the gateway
to
overall body wellness'



#### HYGIENE STATUS

> ERASE the word "CLEANING"

#### Replace with ...

- **✓ HEALTHY 'CONTINUING CARE'**
- **✓ DISEASE** 'GUM THERAPY'
- **✓ MAINTENANCE** 'PERIO MAINTENANCE'

#### Disease and Maintenance

- "I Couldn't get you completed today"
- "You need to come back every 3 months"
- "I am not sure if your insurance will cover it"

- ✓ your oral health demands that more visits are required
- ✓ Is 4 hrs/year a time commitment you could dedicate to your oral health?"
- "what would work best for you is to schedule 1 hour every 12 weeks"
- ✓ "we will do our best to maximize your benefits "

#### Transfer of Ownership

A patient will NOT say yes to a TX recommendation unless they perceive it as a solution to a problem they OWN

Erase....

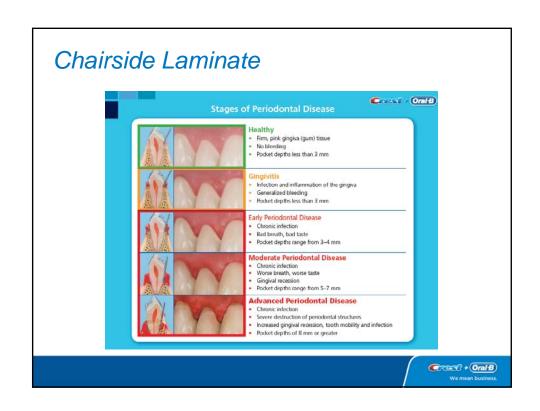
I, we, us, our, the

Replace with...

Partner, YOU,
YOUR, and
TOGETHER

#### Value add....

- Complimentary oral health aids; toothbrush, floss, dental pics, toothpaste
- Visit report card
- Intra-oral camera and pictures
- Assisted perio screening/probing
- Patient info- oral health/systemic link
- Brochures; whitening/implants etc.
- Marketing give aways











#### Policy Suggestions

- > 2 business days NOT 48 hours
- > Documented on all communication/ team verbalizes
- > Posted in multiple locations in practice

Out of respect for other patients, 2 business days notice is required to change your reserved time.

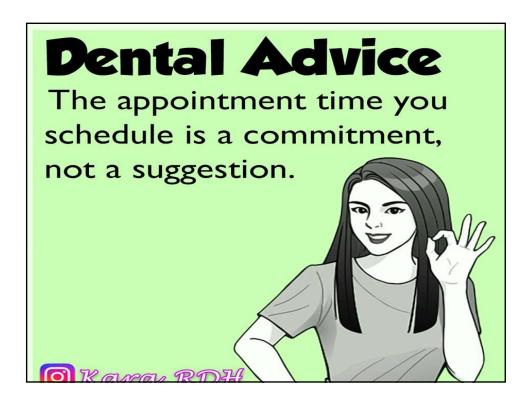
#### Rescheduling

Never let a patient off the phone without a future commitment.....EVER

#### Consistency

Constantly explain the confirmation/courtesy reminder process

A confirmation is different then a reminder courtesy call



#### **Alternative Choice**

Never ask "when would you like to come in?" or "Do you want to schedule that now?

#### Instead

 Let them know when their procedure is available with two choices



#### Generational Preference

Traditionalist 1925-1945

Boomers 1946-1965

Gen X, Latchkey 1966-1985

Gen Y 1986-2000

Know your patients



#### A,B,C CLASSIFICATION

EVERY patient has an A, B or C attached to

their name based on appointment history to customize verbal skills

#### Classifications

"A" Patient: Good patients - always arrives on time; gives proper notice for valid changes.

"B" Patient: Relatively good patients - sometimes misses an appointment, sick or forgotten.

"C" Patient: Three or more broken appointments, either a no-show or short-notice changes.

If we see them we believe them.

#### Pre schedule ALL patients



Clinical Area

Don't Ask "if" they want to??

\*EVERY patient who leaves the practice without their next visit costs the practice 2-3 hours of telephone tag chasing patients

## When scheduling an appointment include detail for accuracy

John Brown:

PFM crown #14 - insert Oct. 11, \$\$

Jan White:

RC, perio charting, 4 bitewings

Do you audit your charts?



#### **Protected time to call**

- No show patients
- Patients who cancelled and were not rescheduled
- Quick call list of patients who can come in with little notice
- 'RC' due and overdue patients



#### **Keys to Productive scheduling**

- Pre-blocking
- Proper delegation
- Ideally 10-minute increments for scheduling
- Room prepared before Doctor enters
- Expedient sterilization
- Not talking too much 80/20 rule
- Completing the 'scheduled' dentistry
- Ownership

### Patients deserve your attention!

- No personal telephone calls during patient appointments
- Proper information in the appointment schedule
- Proper equipment and instruments
- Providing the hygiene evaluation at the doctor's convenience
- Scheduling longer appointments doing more dentistry per appointment on fewer patients each day



