Ignorance is bliss broke

It’s time to examine your practice from the patient’s perspective

By Sally McKenzie, CMC

What do your patients really think? Many dentists believe they know the answer to that question, but few could back up their beliefs with hard numbers, data or verifiable research from an objective source.

In actuality, most dentists are blissfully unaware of the realities of the patient experience outside of the confines of the dentist’s direct care. Consequently, they routinely make incorrect assumptions about their patients. The truth is that what people will say to your face and what they actually think and do can be very different.

Straw that breaks the camel’s back

In fact, it’s very rare for patients to voice concerns directly to the dentist. Why? Because in most cases patients like you and respect you, and unless they are very upset, few will ever call problems to your attention.

They really don’t want to bother you with a negative report on how rude and unfriendly your front desk staff is. They don’t want to trouble you with information concerning the apparent lack of consideration your financial coordinator displays when it comes to making sensitive financial arrangements in front of a waiting room full of curious listeners.

But they’re doing you no favors. Many of your existing patients will continue to give you the benefit of the doubt until you personally do something that becomes the proverbial straw that breaks the camel’s back.

Like any other strained long-term relationship that ultimately fails, the impetus is seldom a major infraction. Rather, it is the culmination of many smaller and seemingly insignificant breaches that frustrate and wear down the dentist/patient relationship.

The patient leaves quietly and pledges never to return because, on top of the fact that Front Desk Patty is a real pain who simply must be endured on the way to the dentist or hygienist, you, dentist, didn’t listen to the patient as he or she thought you should.

Or you didn’t appear to be interested in fully answering questions about the procedure you were recommending. Or you kept the patient waiting just too long on this particular day.

Whatever, the reason(s), you will likely never know exactly why patients walk away from your practice. They just disappear, leaving you to absorb the ongoing financial fallout.

I highly recommend surveying existing patients, but I wouldn’t stop there. You need to understand how patients, particularly new patients, view your practice, which brings me to yet another very important point:

Have you found yourself wondering lately where all the new patients have gone? It used to be that you could count on a certain number regularly streaming into the practice, but for the past eight to 12 months you’ve noticed a change, and it’s killing your bottomline.

Yes, part of what you may be experiencing is a reflection of the economy, but I can guarantee that’s not all of it.

Someone or something is cutting new patients out of your practice. I suggest you stop blaming the daily Dow Jones report and turn your focus inward. It’s time for an internal investigation. Let me explain.

How do I get new patients?

Time and again, dentists call me asking what they can do to get more new patients. It never occurs to them that the new patients do call; they may come in for an initial visit, but they never return for a number of reasons.

There are no computer reports in your practice software to tell you how many prospective patients are driven away at the first phone call.

There are no bells or whistles that sound when a new patient silently pledges never to return because it’s impossible to get a parking place within six blocks of your practice.

There’s no little mouse to clue you into the frustration the patient experiences when the signage is so poor that he needs a trail of breadcrumbs to figure out how to get to your front door.

You are oblivious to the stains on the waiting room chairs, the worn and tattered magazines that are four months old, and the patient restrooms are just, well, gross.

It simply doesn’t cross your mind that there is a problem, until you are experiencing it in your own pocketbook.

It’s time to pull your head out of the operatory and examine your practice from the patient’s perspective. Better yet, uncover exactly what it is like to be a new patient in your practice.

Find out exactly what makes a patient walk away in disgust or happily return to your practice.

If new patients are not in your chair, they are in someone else’s, and there’s likely a very good reason, perhaps several, as to why.

More marketing and advertising might give you a temporary boost, but I can virtually guarantee you’ll be facing the same shortfall a couple of months down the road. You
need to discover the “why” behind the loss.
Is something happening when prospective patients call? Is there an issue with your fees, with your location, with parking? Are your policies so regimented they are not worth the trouble for patients?
Is the staff unaccommodating? Do they unknowingly give the impression that you don’t want new patients? Your livelihood and your practice depend on knowing why the numbers are down.
How do you find the answers to this myriad of questions? With the help of a “private eye” for your practice.

‘Mystery patient’ services
What if you could send in your own private investigator? Someone who would quietly evaluate your practice and give you feedback as to what the experience is like from the patient’s point of view, a “mystery patient.”
In the medical community, “mystery patients” have been around for several years. Dentistry is embracing the concept more and more as practices have come to realize that they are profoundly dependent upon a satisfied patient base and a steady stream of new patients.

While there are a variety of mystery patient services out there, the McKenzie Management program is tailored specifically to dentistry. It gives dentists the opportunity to clearly view their practices from the patients’ point of view.
The program allows you to be an omniscient observer of sorts. You are able to get a much better understanding of how you, your team and your practice come across to patients from an objective patient standpoint.
Most importantly, the assessment enables you to identify exactly where you and your team can make immediate improvements.
The mystery patients can be used to evaluate staff phone skills and face-to-face interpersonal skills to determine if any of these could be having a negative effect on the practice.
Telephone assessments are used to evaluate staff strengths and weaknesses in communicating with patients over the telephone.
Walk-in visits, in which a prospective mystery patient stops in to talk to front desk staff about the office, are used to evaluate how those face-to-face interactions are handled, which is critical as nearly 70 percent of patients leave a practice because of poor customer service.

Certainly, it requires a fair amount of courage to hire a “private eye” for your practice.
Human nature is such that most dentists want to believe that all their patients are happy, that new patients are clamoring for an appointment and that their staff is simply wonderful.
However, the numbers often indicate otherwise.
Yet, with information comes power, and in this case it’s the power to change. Oftentimes, once shortcomings are revealed, they can be promptly corrected.
In many cases, staff simply don’t realize how they come across to patients. They don’t understand that their actions are having a negative effect on the office.
Once they are made aware of this, in most cases, they are ready and willing to make necessary changes.
The key is that dentists have to be willing to investigate the problems in order to implement solutions.

Sally McKenzie is CEO of McKenzie Management, which provides success proven management services to dentists nationwide.
In addition, the company offers a vast array of practice enrichment programs and team training.
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