Suffering from the mid-career squeeze?

By Sally McKenzie, CMC

Mid-career, mid-life, mid-term. You’ve reached the middle, the halfway point. It can be a time of great prosperity and satisfaction or one of significant anxiety.

For some dentists it means they are hitting their stride and are right in the middle of the excitement, the challenge and the thrill of their chosen profession. They are at the top of their game, enjoying the fruits of their labors and looking forward to what the future holds.

For others, mid-career feels more like being stuck in midstream, floundering somewhere in between the beginning and the end. It’s too late to turn back, but there’s not much promise in what lies ahead.

Behind them is the first 15-20 years of their dental career. They’ve invested a fortune in time and money in both dental and continuing education. They should be reaping the rewards, but they’re not. They are burdened by the monetary pressures. The lean months are growing more frequent, and it feels as if the financial tightrope they are tiptoeing across could snap at any time.

They are supposed to be the leaders of their practices, yet the personnel struggles, the revolving door, the sheer challenge of just keeping a group of people together, let alone building a team, is wearing them down.

Is it any wonder that they find themselves asking, “Is this all there is?” Where’s the excitement, the enthusiasm, the career satisfaction?

Consider your position on this mid-career path. Are you enjoying the view from the pinnacle of success? Or are you frozen in place, stuck somewhere between merely average and truly excellent?

In addition, if you’re not where you want and feel you should be, are you willing to take the necessary steps to change it?

Look at it this way: if the roof were leaking, you would have it repaired. If your car weren’t running properly, you would take it to the mechanic.

It stands to reason that if the area of your life that has the greatest impact on your personal and professional happiness and satisfaction isn’t delivering what you expected, you wouldn’t hesitate to fix it. Right?

The question then becomes: Where to start?

You’ll need to look at key systems, starting with the two critical areas that are most likely to be sending your practice, and consequently you, into a mid-term slump: patient retention and poor customer service.

Patient retention: The Deception of Perception

We see this routinely in mid-career practices, everyone is busy. The schedule appears to be bursting at the seams.

Hygiene is typically booked out six months. A couple thousand patient records are on file. Therefore, the clinician is convinced that patient retention is perfectly fine.

“Busy” is as “busy” does, and busy is one of the great illusions of the dental practice, a perception that is not only deceiving but also costly. In fact, most dental teams are stunned to learn that 80 percent of dental practices are losing more patients than they are bringing in new.

However, upon hearing such statistics, the crew will simply turn and tell each other that they must be in that select 20 percent group because, well, you know, they are mid-career, mid-life, mid-term.

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and see immediate results.

In most cases, patients have simply drifted away because the recall system, if it exists, is weak. Put recall to work and patients in the chair.

Patient recall task force

Generate a report from your computer of all patients past due for recall appointments in the last 12 months. Your objective is to reconnect with these patients using a defined strategy that will enable you to set goals and track the results of your efforts.

First, assign a member of the business team, typically the patient coordinator, to take the following steps:

1) Contact a certain number of past-due patients each day. The coordinator should use a specific script that she/he uses as a guide in making the calls.

In addition, she/he should check the patient records to identify a treatment concern noted in the patient’s chart that could be mentioned during the phone call.

2) Everyone needs goals, and beyond just making calls, the coordinator should be expected to schedule a specific number of appointments, and follow-up with patients to ensure that a specific number of patients complete treatment.

3) The coordinator also assists the hygienist in meeting production numbers by being the first point of contact with the patient and performing the initial intake before the patient sees the financial coordinator.

4) Finally, the patient coordinator monitors and reports on recall monthly at the staff meeting.

You will find many patients who are more than willing to schedule an appointment. They do so because you’ve demonstrated to them that you value this patient relationship and want them to return.

Be our ‘guest,’ not just our ‘patient’

A few years ago, the Harvard Business Review reported that between 65 to 85 percent of people who leave one business for another do so even though they are satisfied.

What does that mean for dentists? Many of your patients stay with your practice only until they find a reason to leave.

And most dental teams are often more than a little surprised by what some of those reasons are:

• The practice hours are not convenient.
• There’s no place to park.
• The doctor hurts me.
• I don’t understand the bills.
• They don’t accept my insurance.
• They changed a practice policy.
• They don’t answer the phone.
• I can’t leave a message.
• They charged me for a missed appointment.
• They are always trying to sell me something.
• The fees are too high.
• They can’t keep staff.
• They told me I have to go to a specialist.
• They don’t listen to me.

What dental teams might consider insignificant issues or minor patient problems are costing practices a fortune in lost loyalty. Obvi- ously, it doesn’t take much to motiv- ate patients to take their dental needs and wants elsewhere.

So how do you turn patients waiting for a reason to leave into long-term loyal patients? Take a close look at systems and services.

While surveys indicate 70 percent of customers/patients cite service as the No. 1 reason they defect, too often employees view managing patient service as a distraction from what they consider to be more important tasks, such as ensuring the schedule is full, collecting from insurance companies, confirming appointments, etc.

Ironically, the success of each of these goes hand-in-hand with providing excellent service.

First, find out what your patients think. Survey patients to assess if seemingly minor concerns raised by a few patients are a bigger problem than you may have realized.

Invest in a statistically valid survey instrument that is designed to ask questions that will elicit the most valuable and revealing information.

Next, engage in “action listening,” which is different from “active listening.” With action listening, the dental team commits to bring concerns and issues voiced by patients to the staff meetings for discussion and action.

For example, if patients are commenting that practice hours are inconvenient, the team develops a plan to address the issue, such as adjusting the practice hours for 60 days, marketing the change, and monitoring patient reaction and subsequent patient retention. The team can then assess if the change should be made permanent.

Look at practice systems and evaluate if they are best serving the patients, and thereby best serving the practice.

If the schedule is booked out weeks for the dentist and months for hygiene, if patients are routinely declining treatment, if collections are low and holes in the schedule are frequent, these are all system indicators that patient service is deficient.

While you’re at it, pay attention to the obvious:

1) Welcome each “guest.” Treat each patient as the most important person in your office from the moment she/he walks in the door until she/he leaves the parking lot.

2) Have the answers. Patients expect you to have immediate answers to basic questions. Track the common questions that patients ask. Take steps to ensure that every member of the team is prepared to answer them.

3) Acknowledge patients immediately. Under no circumstances should a patient be ignored when he or she is standing at the reception desk. It takes five seconds to look over at the patient and let her/him know you will be right with her/him.

If you pretend the patients are not there, you tell patients that they are an annoyance and unworthy of your time.

Providing excellent service means building a strong emotional connection with the patient — not just running on time and delivering good dentistry.

It means that every member of the team makes it clear that she/he cares about that specific patient, is willing to listen to the patient and shows genuine interest and concern for the patient.