



# Practice Focus

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## Series 1 The Fundamentals

### Session 1 New Patient Discovery (Part 1)

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Welcome everyone and good day to a very important critical conversation that I believe may very well be the single most impactful homework assignment, group work, discussion that we've ever had. As we head into the New Year, I want to put our focus on new patients. Of course, we all agree and we all know that every patient matters. This is something we've established in the very beginning. We believe, you and I, all of us together, believe in treating every patient like a new patient and that's great. We certainly all understand the significance of that and why it is so important and the impact it makes in your individual patient care.

However, we do have to understand the challenge that comes with new patients is different and we have to treat it as such. I see so many people every day who fall into complacency when it comes to this new patient experience. For the next few months, I'm going to bring our focuses to **three really specific actions.**

I'm imploring you, mandating you, encouraging you, forcing you if I can possibly do it, to take, to commit to treating new patients like **an entirely separate business inside of your practice,** not just by saying it, but by actually, literally doing it, by tracking it differently, organizing it differently, following up on it differently. Some already do this and I do mean, you know, a few, but everybody really needs to.

**Today, I want to remind you that some person sitting around this table listening to me right now, some one single person should be owning and managing each of the new patients and the outcomes for their treatment and case acceptance.**

It may not be the person who is presenting treatment, but that would make a heck of a lot of sense. It may not be the clinical leads. It may not be the person answering the telephone. It may be a combination of these people, but at the end of the day, there should be one person who's assessing the outcome and the success of every new patient experience.

This is so critical, but that one person is not enough and whether you're sinking or swimming, whether your new patients are exploding with large cases or high conversion or not, we cannot blame this one person. That's not the point of this discussion today. Every team member, and especially the doctor, must understand, be aware of, and continually seek to **improve and control the outcome and results of every individual patient.** So important.

Now, the topic we're going to have today is really more of an overriding action plan or homework assignment that I really want to ask you to do. You should have some support material included with this Practice Focus this month that will allow you to do this in a very effective way.

I want you to take the last 30 days of new patients if you're seeing somewhere between 10 and 20. If you have more than that, that's fine. If you have less than that, then you really should take 90 days, and I would encourage you to do 90 days anyways, and I want you to discuss every one of the new patients as a team, not only the patients that move forward.

I want every new patient phone call, all the way to new patients who completed their entire case, and completed their entire treatment plan.

I want to identify who said yes, for how much, and who didn't and why each of these things happened. **We are looking for trends and key indicating factors that will inform us of changes we need to make and adjustments that can improve our results.**

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Now, it's important to note: most practices are completely delusional as to what is actually happening with each individual new patient. So, I'm going to ask you a few questions and, again, what you're going to do is you're going to go back through every new patient phone call from the last 30 days, and we're going to discuss as a group, "Here's who called, here's what they said, here's why they scheduled, here's why they didn't schedule." We're going to take the next step and say, "Here's every new patient that came in. This is what happened in their interview. This is what didn't happen in the interview. This is what could've or should've."

Then we're going to say, "This person has had this size of case, this amount of a treatment plan. Let's go through their photographs together as a team. We're going to look at every photograph. We're going to say, "Okay, what did we diagnose? What was the discussion? How did we go about selling the problem?"

Every new patient, we're going to revisit it as if we're preparing for them to come in again. Unfortunately, they may or may not be doing that. We're going to discuss and talk about it all together to really, really understand what's happening and what we can do better. It's a very simple concept. You don't have to be critical of any one person. It should be a lively, open dialogue and brainstorming session, but we simply need to know what's going on.

Every single Sunday, the quarterback, every single play, walks off the field and starts looking at photographs of what just happened, every play, every game, every week. They analyze after the week's over with every play, every pass, every completion, every non-completion, every botched play, every successful play. They go through all of it.

Why we don't do the same thing on a routine basis, I don't know. I wish that you would. The best practices closing the most amounts of treatment, they're doing this on a monthly basis and probably weekly and really, if you want to do it right, you should be doing it daily because it wouldn't take very long if you did it daily because you'd talk about one or two or five or ten people and it would take five minutes.

Now, as you go through all of this, you should then be asking yourself why someone said yes and why they didn't, what we could've done better next time or last time, and also specifically what our follow-up steps should be. Now, I certainly hope that you're following the same-day handwritten card. I certainly hope you're sending out the treatment summaries and you're sending them home with photographs. I hope that you're doing your five or seven day doctor follow-up phone calls, all of these things.

Please remember, the new patient experience, it is just the first battle, okay? It's the first quarter of the game. **It's not the end of the game when they walk out the door, whether they said yes or no, it's just beginning.** It's just beginning. It's like the preamble, the introduction.

If they said yes, then we've got to wow them when they come back to do their treatment. If you also did not collect money on the treatment acceptance, then you're definitely not out of the woods yet. You're definitely not. You should have as much follow-up to a person who said yes to their case, but did not commit financially, you should have as much follow-up to that person as to someone who did. Technically, even if somebody accepted a large treatment plan, and they wrote a check, you're still not done. Those people should be receiving thank you cards, wows, follow-up phone calls, excited, everything. That follow-up is critical.

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If somebody said yes, but didn't pay, if they scheduled, but didn't pay, that follow-up is critical. If the patient didn't say yes, even if they said no or maybe, "I have to think about it," there should be follow-up. See, we think of follow-up only as if somebody doesn't say yes and most of the time we don't do any follow-up, but there's really follow-up on all of this. **I guarantee you and I promise you, you're losing as much treatment from patients who said yes as you are from others.** Your job is never done. It's very simple.

So, you're going to go through this special new patient review, and I'm going to ask you a few questions now to just finalize our discussion.

**What do you notice about your conversion?**

**What do you notice about the comprehensive nature of the treatment plans or lack thereof?**

**What do you notice about the patients who say yes and stick and the ones that delay?**

**Where do you see opportunities for improvement and what does your reflection and review tell you about where, who, why, when you are strong versus where you are losing patients in treatment?**

Please think of the before, the during, and the after, all six different breakdowns of the new patient components, the phone call, what happens before they walk through the door, what happens before they walk into the clinical process, what happens during the clinical process, what happens on the backend of the treatment process where they're now going over things, what happens when they walk out the door, before they come back in, or if they don't come back in?

Please, please, it's so important. You can track your diagnosis. You can track your case acceptance. You can look at statistics all day long, but without having this very serious discussion with everybody, you really don't know what's going on, and you are leaving tens of thousands of dollars of treatment a week, not a month, a week, possibly a day, falling through the cracks in your practice processes.

Now, I will tell you what I tell you all the time, more treatment leaves than treatment that stays. That shouldn't happen. It won't as long as you take this Practice Focus very, very seriously.

Now, over the next couple months, over the next couple Practice Focus sessions, we're going to be diving into how to really tangibly and tactically improve your process and to motivate patients. The next session we have, I will go through the single greatest factor to why we lose treatment. It's going to blow your mind. You're going to be so happy, enlightened, so happy, frustrated, but also excited about what we're going to do as a team.

All right, good luck, send us your feedback. **This is mandatory feedback.** Everybody must participate and fill out the new patient chart reviews and really let me know what's going on. I cannot help you without you doing your part here in this very important Practice Focus session. Thanks so much. You should find it very insightful, very provocative, and very, very helpful, okay? Helping patients get healthy, you've got to do your homework. Thanks so much.