



Practice Focus

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Series 1 The Fundamentals

Session 10 Reactivation, Creating Retention and Preventing Attrition

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Hello, and welcome everyone to our next Practice Focus session. Today, I'm so excited to talk to you about a topic that is really, probably, the single most boring topic that we could ever come up with in the context of our discussions. Nonetheless, sometimes those things that are unassuming, those things that are often boring, those things that get neglected, they get brushed under the rug, they get taken out back or hidden in the closet. They are actually so important. Today, we're going to be discussing none other than bringing patients back from the past, otherwise known as the terrible world of reactivation.

There are lots of words people use. They say, "react," "recall," "renew," it doesn't matter, really, what you call it. The bottom line is this: that every day you work so hard, you spend so much time, you educate, you invest your emotional energy, which is the most difficult kind to replace and deliver in the first place; physical not so hard, emotional very difficult. And you do this with all of your patients. And then they leave you, and then what's the purpose?

Today, we're going to talk about how to close the back door, we're going to assess reality in your practice and understand what you can do to get more out of what you've already got to keep your patients longer, and above all else, go back into the past and bring new people in all over again. Many people look at this as a hygiene coordinator, where they simply are doing the re-care for the patients. The fact is reactivation goes so much deeper than this, and it is something that impacts every team member in the practice. Please understand, no matter who you are or what your position is, that you impact and are impacted by the structure of the reactivation systems, focus, foundation, business approach you take inside of your practice.

If you think about this, for example, this is actually a very advanced topic, and it requires much more diligence than many people wish to spend on it. I caution you not to ignore this important, critical component of assessing what reality is like in your practice. Now, we are going to break this topic down into three phases. I want you to give each of them equal attention and effort.

The first, of course, to talk about reactivation, we have to talk about preventing the need for it. We have to talk about preventing attrition and learning how to create a culture of retention of your patients in the first place. In order to do this, you first have to know my favorite question, which is, "Where are they now?" We've talked about this so many times. We've been through Practice Focuses before when you did your new patient audits, something that you should be doing every single week, and absolutely every month of asking the question, "Where are they now?"

Nonetheless, when it comes to reactivation, it's even more important because the first thing you have to see is, what is our success rate? The reason you have to focus on reactivation is because everybody wants to get new patients. It takes time to develop relationships. It takes time for your patients to trust you long enough so that, maybe, they turn into a big case, or maybe, they create referrals for you. Hey, listen: there's no patient worth much if they're not moving through their treatment plans, and there's no patient that's going to be referring a lot of people to you if they don't come back.

You have to keep patients for many, many reasons. Let's go to this question, "Where are they now?" You hear me say it all the time, but it has to be said because it's the only way to really achieve big breakthroughs and avoid plateaus in your practice.

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And that is by keeping your patients because that is how you cultivate and nurture relationships, you build your lifetime value of treatment for each of your new patients. Many practices are one and done; one visit, never to be heard from or seen again. Others are good at getting some treatment quickly, but not a lot of treatment over time.

Today, you're going to vet out your own systems and protocols in performance on keeping new patients who come into your practice.

For a specialist, you have a tougher battle because your form of reactivation is case acceptance, in general. The first time around, your sign of success is future referrals from the original source of the new patient, and also from the new patient, themselves.

So here's how this works: I really want you to take a hard look at what your average new patient, how many hygiene visits they come to in the future. Now, this takes some work to do because you can go through your average new patients from, let's say five years ago, four years ago, three years ago, two years ago, six months ago, and then you can find out how many visits they've been to. You will find what your attrition rate really is. This is no fun to do, but it's easy calculations in your software.

If you don't want to get down into the details of it today in your meeting because you certainly don't have time to do that, you're gonna assign it to somebody to report back on this in a couple weeks.

Today, however, we're simply gonna have an open discussion about what happens to your new patients, what happens to your reactivated patients, where do these people go into the process. And please, don't be so naive to think that you don't have attrition problems; certainly, you do. You can look at the new patient values of each of your patients. You can look at the average treatment plans that they succeed through, you can look at how many referrals you are getting from your new people. It's very simple to assess your success rate and to figure out whether or not you have good retention, and you have good structural control over your new patients in the first place. Let's talk about what we can do better.

The second aspect of reactivation breaks down into four categories. This should be complete review. We covered it in many different scenarios before, but I just want to go back and hit the highlights.

The first one is what I call recent treatment presented, the **recency**. This is about the 30 days. This is every patient from now until 30 days ago that we presented treatment to them. This is the most easy time to get the patient to move forward because it's still fresh in their mind. If you've done a good job of making it important in the patient's mind, then they will feel some sense of urgency to do the treatment now. If you do not follow up properly within the 30 days, of which we provide to you everything you need to do this, then of course, you're wasting your breath when the patient is there. This goes for every type of practice.

The second category is the **unscheduled treatment**. I look at this as 60 days, 90 days on into the past. There's no limit on the time, it's just that usually the sweet spot is somewhere between two, three, four, five months in between their hygiene appointments. Now, you're using your hygiene appointments to anchor the case acceptance on pending treatment. The entire point of bringing them back in, other than to maintain the health of their mouth is to make sure that you're helping them move forward on their journey.

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What you have here are these two areas: unscheduled treatment, and then your standard **hygiene recall**. This is six months, or depending on your perio, three, four months interval visits. What you can't do is make perio a big deal, and then, let patients not show up. I hear it all the time. "They don't want to come for the extra visit, they don't want to pad our pockets." That's all stupid. It doesn't make any sense. You tell them, very simply, you'd rather avoid coming to the office a couple times extra a year and paying a few hundred dollars versus losing your teeth. Versus having thousands of dollars of surgery. You have to position it differently.

But you have a sweet spot here to maximize your hygiene revenues by paying attention to your perio intervals, to your fall out of hygienes.

But the big opportunity is in the unscheduled treatment. If I had two patients, one with pending treatment who missed hygiene, and one who has no treatment at all who missed hygiene, of course, I would go after the one with treatment. You're not in a business designed to just have a healthy patient hygiene. There are people out there who talk about this, and it's nuts. The point of your practice is to help get patients healthy, it is to be moving people through their treatment plans and culminating their health. It's not to have every patient, every day in your hygiene. You're not running the hundred dollar an hour business. That's not the point. You really need to use your hygiene with great leverage and structure.

The fourth categories, of course, are **expired exams**.

So important that you focus on expired exams.

One, two, three, four, five, ten years, doesn't matter. In the business world, we say, "Until they buy or die." In dentistry, we keep going at them until they tell us to leave them alone, or until we know that they don't live there, or they're not alive anymore. The point is it's your responsibility to maintain the relation with the patients.

What I would tell you is this: you cannot just leave it up to chance that people are gonna randomly walk back in your practice. You should have a concerted effort every, really, year, but for sure, I would say, at least twice a year. But if you really want to be good at it, you would do it every 90 days.

Every 90 days, I'd have an expired exams initiative, I'd pull the list from X number of years ago, and then I would hit those intervals very aggressively. Each of these opportunities presents itself with the great value to you because of this reason: it allows you to pick up treatments from the past and to create new patients all over again.

An expired exam is a new patient. And furthermore, if you have patients in your practice that haven't gone through a comprehensive new patient experience, at least every two years, I think you're crazy. Here's the reason: number one, now that we're hanging around with each other, your new patient experiences get better every year; hopefully, every month.

Your patient who went through a new patient experience even last year, you often have a completely different, enhanced approach to them this year, and your ability to get case acceptance and be more influential and educational should be a multiple of what it used to be in the past.

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You can keep starting over every month at zero, needing X number of new patients, which is fine, or you can compound your opportunity by keeping more people involved, and getting treatment from people in which you already have invested. It's not about how many patients, it is always about how much treatment. However, you have to decide if you're in the relationship business or just the transaction business.

Here are some ways to improve reactivation.

First, you can divide and conquer. You assign tasks and responsibilities across everyone in the practice, and you have some reactivation days or hours or blocks in the schedule.

Two, you create checks and balances. Very important, you have to have stopgaps.

You don't have expired exams if you do proper hygiene recall.

You don't have missing treatment if you do proper chart reviews on unscheduled treatment.

You don't have recencies if you have good case acceptance, so you have to work these backwards.

Third thing is you do the old-fashioned phones, emails, postcards, and letters. You do it all. I'm not going to take time today to break this down for you. You should have plenty of materials to support this that we've already provided. But I will tell you, very quickly, for your standard hygiene recalls, I do the postcards. For the expired exams and the unscheduled treatments, I work the letters. For all of the immediate things, like filling the schedules and verifying the appointments and whatever else, I hammer the phones and emails.

You do all four for all four items. You have to attack it from all different angles. Don't think people are just ignoring your calls. They don't return the messages, it doesn't mean they're not interested. Don't think people didn't respond to your emails, they may not have got it. It probably got eaten by the Internet outer space. You have to go from all angles. Text message, I should have included it in here, is also very helpful. Not just your automated systems, you can't rely on that. Nobody cares about your automated bullshit, they care about personal connection enough.

Fourth, you have to have tracking, and you have to treat it like a business and a production income stream. Really, somebody should own the reactivations. Most of you listening to this are way too busy to have a single person, who's extremely important here, trying to do two things at once. You really should have a dedicated person. A lot of our people, they have a person working from home.

My secret words about reactivation, as we call it, maternity leave. We give people a chance to earn extra money while they're waiting to have their babies or after they have their babies, and they work the reactivation. There are so many different, creative ways to incorporate reactivation.

It is a great business. I know people who have doubled their practices just by picking up more treatment every day than what they usually produce because you are losing more treatment every day, walking out the door of your practice than you are keeping.

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Alright, the third and final section of reactivation.

Finally, now that we have talked about the beginning with new patients and the end when you lose them, let's talk about being proactive to keep them in the first place. I have four things to mention about this.

The first one is personal touch. Personal touch by everyone. It's so important to think about the personal touch. The personal touch can be as simple as everybody smiling and saying, "Hi," shaking hands, giving hugs, if you're into that kind of a thing. I would love it, I would love it if every time a patient came to your office, they would get a nice, handwritten note, or a text message, or a voicemail, or a call just to say, "It was great to see you."

That doesn't get old. That doesn't get old. I have some people say, "They get it, every time it sounds special." What? Twice a year? You say, "Thanks," twice a year, that gets old? That's crazy talk. I would ask, what is the personal touch in your practice? Themes and making it fun, themes and making it fun. We do a lot of this quarterly. We give you themes for marketing and referrals to social media engagements, but you also can do other things. You can tie it into festivals in your towns and cities, you can tie into holidays, you could tie it into the doctor's birthday or team member celebrations or other charities. You can do so many things around making it fun.

You say, "Every patient who reactivates this month, any new patient, old patient who's new again, who comes in, we're going to donate \$100 to our favorite charity or to your favorite charity," meaning to the patient's charity. We could do something like if we get X number of hygiene visits this month, we're going to throw a patient party. It doesn't matter. Make it fun, create themes, get people engaged and excited.

Next, not forgetting about them. Well, that sounds so easy, but not forgetting about them is about executing these two systems that I just went through. You have to commit to this. Forgetting about them says, "The patient needed something today, we didn't have the answer, we were going to follow-up." Nobody follows up. I know people who literally forget to do the treatment plan, people who literally talk to the patient, diagnose the patient; maybe, you're caught up in this stupid idea of pre- authorizations and playing people's personal secretaries and managing their insurance for them, and maybe, you're caught up in that. I know who people who do, and it doesn't get done. When you forget about people, of course, if you don't care enough about them and about their dentistry, they're not going to either, and they'll find people who will pay attention.

The practices who get the most treatment are the practices most proactive with the personal relationships with their patients.

Finally, you have to be the best place to be. The best place to be, the best place all day, the best place every half a year, the best place they're going to remember; you've got to be the best place to be. The "wow" factor, the "wow" factor. What is the "wow" factor? It's anything that makes somebody say, "Wow, that was interesting. That was neat. That was different. I didn't expect that. This is really special."

You want to be referable, meaning that when people leave, they go to lunch, they go to the coffee shop, they go to the daycare, they go to the soccer meet, they go back to work, they go wherever, they go to the exercise class, and somebody says, "What did you do today?"

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And they are so excited to tell them about where they went to the dentist. They tell them about their great experience. You want people to remember you just like we want to remember them. So, the best place to be.

Your assignment is to take a hard look at what you are doing well.

That's right, what you are doing well.

And what can be done better, and what isn't being done at all. If you just look at these things, you ask yourself, "What are we doing great? What can we do better? What are we completely missing the boat on? Maybe, we've done it in the past, we're not doing it now, we've always wanted to do it, and it's not happening." Ask yourselves, "What can you do to improve retention?" Especially on new patient follow-through into hygiene and beyond.

Then, you come up with ideas that you will commit to as a team to try in the coming months to stand out and make yourselves different and show how amazing you are by doing the things other people will never do, don't ever think about. They will always say they don't have time, they will always say it's impossible, they will always say it can't happen.

But you, the real champions, the professional's professional, the ultimate practice experience provided by amazing people like yourselves. You take it to the next level, you set the bar, you create the new standard. **You differentiate through action and through engagement.** Your genuine, authentic care and concern, and quality, individual approach to your patients. Now hey, live up to that. I believe in you, and now it's your job to bring it to reality.

There are three different aspects of this month's Focus. I'd divide and conquer, I'd set some extra meetings, time aside to go through this, very important ... otherwise, you're spinning your wheels. You're working hard every day, and you're only getting a fraction, a fraction, of the opportunity. You're seeing so many people, and you're getting only a small, tiny piece of what's possible, unless you commit to mastering this.

We're here if you need us, and we'll help with anything. Most of all, I hope this month is a very hard and swift kick in the ass. You have to pay attention to all aspects of your practice and everything that matters, especially those people that we wake up for, every day: our patients. Get to work, keep me posted.

Please, send in your materials and your homework assignments, so that I can be of service and help to you and know what you're up to. Great job as always, and thank you very much.