



Practice Focus

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Series 7 Bettering Your Best

Session 2 Better Tracking (Part 2)

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Hello everyone. It's nice to be back with you all today for a review session. We're going to be picking up where we left off last time on this very special topic: tracking. And I know when people hear that word "tracking" it can make you feel all sorts of things, all sorts of ways about it. And last time on the last Practice Focus, we talked a little bit about reframing the idea of tracking, a little bit of the psychology behind it, why it's one of the best tools you can use. And so today we're going to be digging a little bit deeper into the specifics. So we purposely kept things quite open-ended on the last Practice Focus, we wanted to let you have the discussion in the room. And today the same thing's going to happen. The magic will happen in the room so I'm going to set you up with some very specific areas of tracking, the key core areas, and then get out of your way so you can dig into your own tracking specifics.

This is so custom for every single practice and what it is that you're trying to build and grow, what your opportunities look like. And so we want to give you that time and space to go through these categories, but really let the conversation unfold with the specific decision of how can we track better? How can we track more consistently? How can we track more effectively? We don't want you to feel like you're just going through motions with this. It really comes down to what does the tracking tell us? And so that's where we want to focus and we're going to take you through the entire patient life cycle so we can see different areas of opportunity for tracking. So you might hear this and pinpoint some specific areas that you want to start with, and maybe that's it for now. Maybe you already do a great job on tracking and you want to continue to explore different areas you can optimize.

So I hope this gives you some good ideas. In your team, discussion you decide. You decide where you want to go, just make sure you make that decision and be intentional about what that is. So here we go into the tracking.

Number one, the key area of tracking is pre-appointment. So some key areas where you can look is the new patient phone conversion. How many of the people who are calling, perhaps they're just asking questions, perhaps they didn't like your insurance answer, whatever it is. **How many of the people who actually called are converting into a new patient appointment?** Now it doesn't mean that you need to get all of them because we know that there's certain types of conversations or certain types of patients that maybe aren't suited for your practice. So that's the importance of tracking again. If we can show that, if we can prove and track this was a great patient and we kind of lost them and this is someone that we want to work on, or this was a patient where when we put our expectations down, they stepped away and that's what we wanted.

So it's not always about hitting a hundred every time, but it is about being intentional and being able to prove with facts, not feelings, what's actually happening in the new patient phone conversations and how are we doing?

Another area you can look at is referral source. Where are these patients coming from? A lot of people track this, which is wonderful, and it's also a great way to see where maybe your marketing is benefiting, where you're getting that ROI and what you want to continue to invest in. So referral source is another great area. **Welcome process.** Maybe you send out letters, emails, text messages, beautiful packages, whatever your welcome process is, is it happening? And perhaps you have a plan B. **If the patient's coming in too soon to roll out the full red carpet before they come in, what is that plan B? And are we tracking that?**

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And then lastly, for the pre-appointment, tracking objections. This kind of goes back to the first comment, but where do we lose those patients that don't move forward? Is it the insurance conversation? Is it that maybe they're asking for something and we're starting with no but and we're getting them confused and maybe they're falling off? Let's put some awareness on this. Usually there's patterns and trends and the key to this is not to feel bad or to feel like we're doing a bad job because there's objections. Objections are part of the game, but we want to see where there's opportunity. So if we notice for example, that the insurance conversation seems to be where we're losing patients, that's a great opportunity to grow our verbiage. And so this is a good thing. This gives us good direction, gives us good focus of where we want to go next, start to reframe the way you see it in terms of tracking as a tool. So that's number one. Some areas to think about for pre-appointment before the patient even arrives.

Number two is accountability huddles. This is very important to be tracking. Now almost everyone does morning huddles. That's the obvious one. We want to make sure you're using those effectively. We're looking for opportunity of what's next for the patient. What are we going to talk to them about next to schedule? Who's going to talk about it? What have we re-presented or what are we re-presenting that they've said no to in the past? What was the reason why? Let's get ahead of that today. Different things we can talk about to optimize the morning huddle.

Evening huddle: tracking outcomes, what happened? That's all we want to look at in the evening huddle. What happened? Did every patient reappoint? If they didn't reappoint, why not? What was their reason why? And what's our plan? What's our game plan? Are we going to bring them back? They scheduled their cleaning, we're going to add some time with the consult room and our treatment coordinator to re-present. Is someone scheduling a follow-up call for later that week to check in on them? These are key ways we can use the evening huddle to tie up loose ends.

Another accountability huddle we talked about was the doctor and treatment coordinator doing a weekly meeting. So I would say it's fantastic to have the doctor do this directly with our treatment coordinators because we can get clarity on diagnosis and treatment plans and all that good stuff. We've also seen it be very successful if there's a clinical lead and also the treatment coordinator meeting at the end of the day or end of the week to review new patients. Making sure we're tight on handoffs and triangles of trust. Making sure that we're getting clinical lead prepared well and that our clinical lead is sending the patient into the treatment presentation on the strong foot. So this is more tracking the new patient flow from start to finish. And that's been a really successful thing I've seen at some practices where the treatment coordinator and the clinical lead meet.

But regardless, it's a great way to just make sure we're prepared. So you can look back at what happened in the last week, we can look forward and make sure, do we have the treatment plans complete for next week? Do we have a good understanding of the labs and the case preps and all that logistical stuff that needs to be done ahead of time? Really excellent way to have an accountability huddle.

Number three, tracking case acceptance. This is super important because we know if you're diagnosing big, if you're really going for the big deal and presenting the big deal like we know you're all aiming for, or probably already doing, is we have to make sure that we're following the case.

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So if only part of it gets scheduled, what's our game plan for the rest of it? And this is where it helps to have a new patient tracker. Some people just like to use Excel and keep it simple. And they have the new patient's name in there when the new patient is scheduled and they have all the columns for the different steps in the new patient flow, including what was scheduled, what's remaining, what's the game plan for that, when is it going to be discussed? Perhaps it's going to be scheduled in the second half of the year, whatever it is, we use this to communicate.

So one thing to think about with tracking case acceptance is this concept where, again, I want to help you reframe things: if you're getting rejected because you're going big, because you're going for the big case, and when I say rejected, I don't necessarily mean flat-out. Perhaps the patient accepts half or something like that. That's a good sign. That's a good sign that you're growing and you're getting out of your comfort zone as opposed to if we're getting 100% case acceptance, but we're just presenting the first phase, the first little thing that insurance covers and it's an easy yes.

So focus on increasing the numbers, not just your percentage of close. We want to start to focus on the value of the treatment accepted. That really tells us how well we did as a whole team is when we can see for new patients for example, how much are they accepting after that first presentation? How much of the treatment value are they accepting? And that gives us a pretty good idea of how much value we're building in the case.

And then lastly, why the case acceptance is important to track is follow-ups. So I mentioned a little bit about how that tracker can help as a good reminder with follow-ups when you make that recommendation to a patient that you'll check in with them next week. Give them a date and time. A lot of people will say, "Sometime next week..." or, "Can I follow up with you on Friday?" But we don't get the patient committed to a time, and when we don't get them committed to a time and they say, "Sure, go ahead and follow up with me next Thursday or next Friday." Well, now it's a hundred percent your problem. It's 100% your responsibility. So by picking a date and time and asking the patient to commit to it, we're sharing that. We're being their guide, we're making sure they're showing up to. So it's a great way to get their responsibility. A little bit of psychology behind why the follow-ups and scheduling them is key.

And the other part with tracking follow-ups is for big cases, for these really, you know, the ones that you're swinging for, do we need to have doctor involved in the follow-up? That would be a good team discussion to talk about at what value or what type of treatment plan do we start to bring doctor in if the patient says no or wants to think about it. And that's something you can consider as well and talk to your doctors if there's a certain time or date and perhaps you'd want to schedule for them too. So we make sure the patient will be there. But to have these follow up calls with the patients and check in personally. It's different ways to think about case acceptance.

And then number four is sort of a catchall, kind of ironically, as you know with us at DST, we like to have our short forms, so it worked out to be three R's: reactivation, referrals and reviews. So these are really good things to track. Obviously, everyone's working on these and no matter what kind of practice, how well your practice is doing. And so when you think about this, for reactivation, again, I'm going to make the case that with the follow-up calls, if you're doing them intentionally, it starts to reduce your reactivation needed. But it is a wonderful thing to dedicate time to reactivation, keep fighting for your patients.

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We know their life changes, we know their circumstances change, and sometimes you just catch them at the right time. So really make that intentional time and work away at that list. Doesn't have to be long blocks, but doing it consistently is key.

And then referrals and reviews, I kind of think of together where you really want to give yourself a target. Perhaps pick a patient ahead of time that you already like, who is a fan of you, who likes you guys. And that's someone that you can just pick one a day, one person a day that we talk to and we ask for that referral or that review.

And the key way to do it is to ask for feedback. Ask for feedback first, get them to say something really nice. It's going to feel good, it's going to be authentic. And then you can flip it into, "You know that would be a really wonderful review. Would you mind writing that for us? We'd really appreciate it. We want more patients like you." Or, "Wow, we feel the same way about you. We'd love to take care of more of your friends and family. Who can you think of that we could help?" And so we want to track this. We want to make sure that, again, your efforts are really being noticed here. So do that, make that challenge for yourself. Perhaps in morning huddle, everyone picks that one patient they're going to talk to and we can report in at the end of the day. So just think about how we can track these things, be more intentional and the more time you put into these things, it is a numbers game with all three of those R's. So the more we can put into it, the more results we're going to get.

So, that's the four areas. I wanted to talk a little bit on implementation because a lot of these things you probably are doing, or at least some of them you're doing, certainly from last Practice Focus hopefully where you had that activity to work on that. So I wanted to just talk about implementation a little bit, give you some things to think about and see how you can get better. Just we're looking for level-ups, that's all we're trying to do. Make sure we don't fall off the good progress you're making.

So number one implementation tip is decide. Decide on your accountability checks. A lot of the times it's this indecision, it's this, we'll try or we say we're going to do something and then we don't follow through. So you've really got to decide, make it a concrete decision, write it down somewhere, have everyone sign a piece of paper, whatever you need to do to make the commitment happen, and to make sure it happens, it's always clarity that helps. So you want to think of: who's going to be involved? What are we discussing? What is it that we're tracking? When's it going to happen? And where?

So as an example, if I'm the treatment coordinator and I'm going to be meeting with my clinical lead, well, it's going to be me and my clinical lead. We're going to be reviewing the new patients and how it went. How well were the triangles done? Did we set each other up well? When is it going to happen? Once a week. Once a week we're going to eat lunch together, go through this or block an afternoon for half an hour and review this. Where's it going to happen? The consult room, or the lunchroom, or wherever it is. And the more you can decide these things and really make a game plan, the more likely you are to follow through. So I share that as an implementation tip. It's a really good way if you find you just can't commit to something, start putting more clarity around the parameters of it and you'll start to see that it becomes more real, more likely to actually happen.

The second thing I want to say with implementation is focus on the question: what can you do? If you have tried tracking and maybe fallen off or we're good at it for a while and then we get busy and we forget about it, well, then focus on what can you do. Especially if time is

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a factor. If you don't have that much time to dedicate, you're really busy, then just see what, what's possible. **What is this one thing that we can track?**

Maybe it's just new patients. We're just going to track new patients, follow their outcomes, make sure all the steps are done. We're going to focus there. Maybe instead of doing an evening huddle every day, we just can't make that happen, we can do an end of week huddle. And again, maybe it's just new patients that you review or the bigger cases and we see how we did once a week. Another option you have with evening huddles that practices have done a great job of answering this question of what can you do, if people are leaving at different times or the evening huddle is just not happening due to whatever reason. **Having alternatives, like a central whiteboard. Where after the morning huddle, we have everyone's targets, everyone's goals, everyone's plan. And then at the end of the day, you kind of sign out with your results and that's your ticket out the door.**

I've even heard of people using route slips to each other, route slips or day sheets with what actually got accepted, what got presented, all those facts, and they hand those in as their ticket out the door to their manager. **So be creative with this, how we can get this done. One more thing that I actually really like the idea of is when doctors have had trouble getting the treatment plans done on time, they've come up with this great plan with their treatment coordinator of having a central calendar and the treatment coordinator will put in the name of the patient on the date that the treatment plan needs to be complete. So this would be done a day or two or a few days maybe before the treatment presentation. And this really helped them keep track, keep organized, and that was his ticket out the door, was to make sure he was following that calendar and getting the treatment plans done on time.**

So I want you to get really creative with this. If it hasn't worked in the past, try not to be frustrated. **Think about what can we do? What is possible? What is the one small step that can compound and we can build from there?** And that's really what you want to have by the end of this meeting.

So when it comes to tracking, the joke is, "You have to choose your hard." In life that is very true for a lot of things and certainly is the case with tracking. So this is what we mean when we say, "Work smarter, not harder." You hear us say this all the time. Tracking is a perfect example. When we can hold ourselves to a higher standard of accountability. When we can really do the work ahead of time of following our patients, following our outcomes proactively. The outcomes of that, the results flow so much more consistently, we can count on outcomes. We can count on follow through happening and life gets easier as a result.

So this tracking, it's more intentionality upfront for easier days, more consistent outcomes. And ultimately at the end of the day, more rewards! I mean, how good does it feel to look at the tracking and see the amazing lives you've changed?

So think about that. We say, "choose your hard" a little bit tongue in cheek, but I hope by the end of this meeting when you have a more solid tracking and hopefully you're patting yourselves on the back for the great job you did since last month. **But use this time to really think about where have we maybe dropped off? Where can we recommit? Where can we maybe add something since it's going so well and we want to add another metric?** And I hope you have a really productive and meaningful conversation. We appreciate you all bettering your best. We'll talk with you next month. Bye-bye.