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Series 8 The Four Pillars

Session 9 Schedule Control (Part 2)

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Hi, everyone. It's Maegen back with you today to continue on the topic of Schedule Control Part 2. So hopefully you had a chance to listen to Scott's Part One last month, and that's where we want to begin today, we want to start where you left off, so if the meeting went as successfully as we can make it, we always end with decisions, next steps, action items. So put those in the table first and foremost and check in on how you did. Use this time as a scorecard to really see where can we be proud, where can we reinforce the good and create more of that, where do we want to celebrate the positive wins so we can keep them coming, and where are there possible tuneups? Nothing has to be terribly wrong to get better. We could maybe be at an 8, and there's one key commitment we can continue to build on that will get us closer to a 10.

So use this time first and foremost to check in, and we're going to continue on with the time together today to keep building with even more really strategic and tactical areas that you can look into when it comes to building on your schedule control. So with that in mind, let's begin with five key scheduling impact areas to check in on.

So number one, clarity on the appointment type and the way we screen and the way we schedule. So a lot of times this seems to be a front challenge or a front priority, and where this can be a very valuable team discussion is to make it a full circle open discussion and really getting the clinical team's feedback on being honest of: is everything being scheduled the way that you want it to? And if it could be something as simple as needing to adjust time, it could be something that we need to build on instead and adjust the type of scheduling and the type of appointments and maybe the amount of doctor time.

So just take a check in, see where we're at, and maybe we have two different opinions on what the right way to schedule is and we don't even realize. So this time together is just to review, do we have the right way that we're bringing patients in in the way that we really want it to continue?

So number two, morning huddle preparation. This is where there's a lot of opportunity we can look into, and it all really impacts scheduling at the end of the day. So number one, new patient, key details for the clinical leads to pick up on: what are the key human elements, what are the goals that maybe the patient had, what are some key personality details that might be important for the clinical team members to know? That is the business team's responsibility to make sure we're using that time in the huddle to really update our team and make the most of the time together in a customized way.

The other thing that we touched on was that victory or the goal. And if we're not sure, if we didn't quite get that on the phone, not to worry, we can always go to the default goal of having a functional mouth or being disease-free or just getting back to healthy maintenance mode. That can always be a good default. So whatever the most simple way you can get to a goal of substance, really identifying that in the morning huddle for patients, both new patients and maybe existing patients too. This is the key that we want to keep building on, and that's where we want to go next.

Of course, for any new patients, we want to know details, but for existing patients, is there anyone we want to make new again? How can we make their next steps important, how can we make moving forward urgent, what is some verbiage we can try, how can we set up the next team member? Always we can really strategize in the morning huddle that impacts scheduling.

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Where should we put in an emergency? Can we bring in emergency? What really constitutes an emergency? What are the questions we should be asking to make sure we're scheduling appropriately? Do we know the right diagnostic updates? Do we know who needs anything currently either updated or done for the first time? Are we scheduling enough time for that? Are there any referral or review opportunities? The list goes on.

So really thinking in a creative way because at the beginning of the day and at the end of the day it's like the bookends. So if we know scheduling is our ultimate goal, it's our scorecard of how well we did at the end of the day, let's make some decisions even more on purpose in the morning huddle to make more of what we want to happen.

Number three, clinical yes. The clinical yes and making sure in particular when it comes to scheduling, that the decision has been communicated. Now the decision doesn't even have to be about scheduling, just the decision on an outcome, a decision on why is the dentistry going to be worth it and does the patient want a solution, do they want help? That's what we want to make sure is being communicated to whoever the team member is that will be scheduling.

So as we know, it begins with our doctor, and if our doctor secures that clinical yes, making sure it's being communicated to the person scheduling, even if that comes through another team member. So bring the doctor into the conversation. An example could be, "Doctor recommends...that we move forward right away so that we can contain this before it gets worse." "Doctor and patient agreed...that it would be great to contain this before it gets into a bigger problem." "Doctor and patient are on the same page...that we're only two appointments away from getting back to healthy maintenance mode." So using that time and that triangle of trust to really reinforce whatever the clinical yes was with the doctor.

So the other thing we want to focus on and that we mentioned, that triangle of trust is making sure we're not just dumping the "what needs to be done" onto the patient. A lot of times we say the next appointments, and we don't really go beyond that. So think of how we can keep evolving these. How do we evolve them? Well, go into the "how." How do we recommend coming in? So not just, "Hey, you've got two crowns to do." But maybe, "Hey, you've got two crowns to do. Here's the good news: we can get everything done for you in just two visits."

So just bundling, making sure we're recommending how a patient should come in. "Hey patient, I know the doctor recommended that we move forward to get you back to this beautiful goal of a reconstructed smile. So he recommends that we start with this and we move forward this way." That final reinforcement, that encouragement of the doctor's recommendation, and make sure as a clinical team member, if you're not sure about this, don't be afraid to ask for permission from doctor in front of the room. And this is where really I should say clarification. The permission's in the meeting that it's okay to ask, but a little clarification could sound like, "Hey, Doctor, before you go, can we get everything done in one visit, or would you like to have it done differently?" Just getting that confirmation in the room so we can have more effective handoffs and bring in the how into the scheduling of the handoff.

Then the other part where we can evolve is the "why." So always bringing it back to the goal, the patient victory. Why is it all going to be worth it? "Patient, the good news is when we're done these last three crowns, you're back to healthy maintenance mode." "Patient, the good

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news is once we've done this investment of a reconstructed smile, it's going to take care of you for the rest of your life." So just keep thinking about this, how can we keep bringing in the "why" into the triangles of trust? This is really going to help evolve with scheduling.

Okay, so continuing on. Scheduling verbiage, number four. So how can we have more control, how can we be more directive when it comes to scheduling? The number one trap we fall into is being too wishy-washy, too flexible, a little too giving the patient room to do whatever they want. So this is where we might say, "Patient, what's good for you? What would you like to see happen?" And that can be a little too flexible sometimes. So instead, give them two options to choose between. So it could be, "Patient, doctor likes to do this appointment first thing in the morning. Do you prefer Tuesdays or do you prefer Thursdays at 8:00?" And it might just be a starting point, and that's great, you can always be flexible from there. But just by starting with just two options, we are going to have more control over scheduling where patients go.

That other piece that we added in there is being directive: "Doctor wants to see you at..." "We have the right team in place to do this on this day..." "We have the right equipment and the right room set up on this time..." So just being a little bit more directive about why we do things a certain way so there's less room for the patient to push back. This is all about building in control.

So think about this, and the other piece I'll add in is collecting. Remember when we're collecting, don't apologize. It's not bad news, in fact, it's good news. "Patient, good news is if we can take care of the full payment today, not only do you get a savings, but it means you don't have to worry about it on the day of your visit, everything's already taken care of. You can just come in, and your appointment's a lot smoother, and you can leave right away."

And that's real feedback, by the way, from a lot of patients. So a lot of feedback that we hear from practices that they actually say that after the fact of how much they enjoyed being able to not have to worry about the finances on the day of. So think about how we can frame it as good news. This is something we really want to be mindful of with our verbiage.

And that brings me to number five: words to watch out for. So remember, no more, "When is good for you?" "When would you like to come in?" It just leads to disappointment where you have to unfortunately tell them, "Oh, sorry, we don't do it that time." Or, "We don't do it at that day." And now you've created a bit of negativity where there didn't need to be any if we just took more control at the beginning.

The other words to watch out for: sorry. "I'm sorry we can't see you at this time." "I'm sorry we're going to have to bring you back." Anything where there's apologizing, where can we make it a good thing? "Hey, we don't want to rush." "Hey, Doctor wants more time to really study this." "We want to customize your pathway to health, so we're going to bring you back so we have time to build that for you." Everything can be on purpose and good news.

The other way where we may be getting in our way with our verbiage is any language of: waiting, delay, you don't have to, watch and see, we can wait till next year. Anything that's creating any permission where there can be some delay. If you give an inch, they take a mile. So be very mindful not to be feeding in any of that language.

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The other piece is: elective and optional. Making sure we're not using this language, again, immediately makes it wishy-washy and not important. So let's not introduce that language in the first place.

The last piece with verbiage, I absolutely love, this is something Scott always says, such a simple adjustment that can make a huge difference to scheduling. A lot of times if we're talking quadrant dentistry, which absolutely nothing wrong with that, but we tend to speak in terms of upper right, lower left, and we break up the mouth into fours. So instead, if you can use your language to go minimum half, you will immediately change the way the patient conceptualizes what they say "yes" to.

So instead of upper right, it just becomes upper. "Patient, we're going to start with the upper, and we're going to take care of all this, and then we'll move to the lower." Or, "We're going to start with the right side, and then we'll take care of the left side." And the beauty of this is even if in the end the patient ends up doing the upper right, great, you lose nothing. But what if they end up making it an arch or making it a half mouth just by us changing how we frame it? Pretty cool what we can do with our verbiage.

So with these five key areas, use this time together to discuss whatever's jumping out at you, wherever the next pivot point is, and please look ahead. When it comes to schedule, you want to be looking 80% forward, 20% backwards when we're discussing what to do and our decisions at the end of the meeting.

So look ahead one to two weeks, design what you want more of, use past great days to reinforce what we want to continue to allow, and use the past not-so-great days or the past not-so-great scheduling moments to reinforce what we will no longer allow. You get to design this. You are fully in charge. What you allow is what the patients will follow, and the verbiage is the magic that will keep helping and keep building on it.

So have fun as you role-play. Thank you for continuing to explore how you can have more control over the schedule. It's the heartbeat of the whole practice, and it's one of those puzzle pieces where we never quite arrive. So when we think of this, it's all about progress, not perfection, and the progress will be worth it. So thank you for taking this time, and I hope you have a powerful discussion with some key breakthroughs.