HOW TO:
REGAIN CONTROL OF YOUR SCHEDULE

BY JON RUTTY



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This book is dedicated to my Dad and my Mom.

PROLOGUE

Scheduling can be the beast that is eating up everyone in the office. Either your schedule is too heavy, and you can't see how to make time to become more productive, or you have all the time in the world, and you can't imagine how to squeeze more out of what you have.

Taking this journey to revolutionize your schedule will be a lot like unkinking a hose. If you have ever had a hose in the yard that has a lot of kinks you know that the water cannot flow through it with maximum force. As you straighten out each block, however, the hose expels water with more and more volume. This book will be an exercise in unkinking the hose. Wouldn't it be cool if we could just take the old hose and just throw it away and start all anew? Unfortunately, your schedule does not work like that, but I can assure you the steps herein will begin to make you more and more productive per day and your level of stress will begin to diminish as you remove the blockages in your schedule that keep you stuck.

Take the first steps and come again and again to continue the journey. For more resources and a greater understanding of the strategies herein, look for my Ecourses, coming soon at ThatDentistGuy.com. Together we can unkink the hose and allow you to turn up the volume in your production and pave your way to a more enjoyable and lucrative future.

For more information on this book or to have a FREE Practice Analysis, call Jon Rutty at 972-679-7282.

1.

START WITH YOU

Do you ever feel like that although you are the practice owner, the practice really owns you? Every day you come to the office in the hopes of having a "good" day — a day that goes 100% as planned where ALL your patients show up and on time, they all say "yes" to your treatment plan, and any holes in the schedule are filled with highly productive cases. Have you ever dreamt about that day only to get behind on the first patient and then the next and then the next only to watch all your hopes and dreams for that day evaporate one patient at a time?

Well, my friend, you are not alone. I have had the pleasure of meeting hundreds of well-meaning doctors over the years who simply could not figure out how to train their team members to master their schedule. They worked tirelessly throughout their days and all the while they had one singular thought. "There has got to be a better way," and the truth is...there is.

There are many reasons why a schedule fails, but with a simple strategy we can give you back the time you want and the increased production to go with it. First things first. We have to address the elephant in the room. How is your on-time record? Which of the following statements describes you best?

- **I am ALWAYS on time.** I organize my team extremely well and my team guides me throughout my day so that I know

exactly where I am going, and they are prepared and ready for each appointment.

- **I could get better at running on time.** I have days that are better than others, but it is not uncommon that I get caught up in another op when I know I should be down the hall. And sometimes, even though I am ready, we don't have what we need to get started.

- **I always feel behind.** From the moment the day begins, I am distracted. We don't have an efficient set up, and I can't seem to begin and end my appointments on time.

"WITH A SIMPLE STRATEGY WE CAN GIVE YOU BACK THE TIME YOU WANT AND THE INCREASED PRODUCTION TO GO WITH IT."

Which one are you, or should I ask, which one do you think you are? You may be right and have a fair assessment of your on-time ratio, but to get the clearest picture, it is best to ask the team. In fact, the best thing you can do right now is track your on-time record. To do this, simply print out a schedule for the day and assign one person in the office to keep track of each appointment to see which ones you started on time, and which ones you finished on time, or those you didn't. In bigger offices, you may assign multiple people to keep track. Do this for two weeks. Then count all of the appointments that began and ended on time and determine the two ratios below. 1) Your Starting Time ratio, and 2) Your Ending Time ratio and write them in below.

Start Time Ratio _____
(Count up all of the appointments that started on time and divide them into the number of total appointments for that period)

Ending Time Ratio _____
(Count up all of the appointments that ended on time and divide them into the number of total appointments for that period)

The most important thing here is that we need to begin by telling ourselves the real truth. I imagine that the statement you chose above has a few things that were spot on and one or two things you thought may not apply. But if you're like most doctors, you don't know the answer off the top of your head, and that is why it is important to track it.

You see, staying on time is in fact two-fold. It starts by beginning the appointment on time, every time. So as much as it depends on you, you should never be late. There is not an email that is more important or a patient conversation that is more pressing than making sure your patients are seen on time. This brings us to our second principle which is ending your appointment on time.

How many times have you started late because a patient was running behind. You get off by five minutes in the first appointment and then you struggle to get back on time for the rest of the day. Add to this multiple patients who also show up late and you have a recipe for a blockage in the lobby and some upset patients pacing around, looking at their watches. To get what you've always wanted you will need to do what you've never done. The easiest way to start every appointment on time is to end every appointment on time, period. No exceptions.

So, let's say Sally comes in fifteen minutes late for her hour-long hygiene visit. Many offices see only two options.

1) Get Sally back quickly and try to complete all her treatment even if we have to run a little over. At least Sally didn't have to wait any longer and you didn't have to try and schedule her back, or

2) Explain to Sally that she is too late for her appointment — and that you won't have time to complete all her treatment, and then insist that she make a new appointment thereby wasting the remaining 45 minutes.

Most people never even consider the third option because the result to them seems the same, but in fact it is not. Do you know what the third option is?

3) Bring Sally back into the op and explain to her that because she is late, you may not be able to complete all her scheduled treatment today, but that you will do your best to complete what you can before her appointment time is over. Starting with the exam, the hygienist will begin only diagnostics and treatment she knows she can finish before the end of the appointment, and then schedule Sally back for the rest of her treatment. If there are multiple teeth that need crowns or fillings, start with the ones you know you can finish and have them schedule back for the rest.

Option 3 does two things for the office. First, some production can be completed that day, and second it shortens the amount of time that the next appointment will be. *(If this doesn't make sense, it will in the coming chapters)*

But here is what Option 3 also does. If there is a patient who is going to be upset, it will only be the patient who was late in the first place, Sally. Option 1 leaves a long trail of upset patients and frustrations for you and the team, and while Option 2 only upsets Sally, it also sabotages the practice's efforts to reach their goals by wasting time and money. I have found Option 3 is the key for most practices to end the disease of running past schedule, but it does require a decision on your part to do so, which leads me to my next point.

If you are going to begin and end on time, it is entirely necessary to evaluate the length of all your appointments. Which ones you ask? Each one you do with the highest frequency. To do this, first write down all of the appointments

you do most often, then as the doctor begin by writing out in 10-minute units how long you believe the appointment is from the time the patient sits down in the chair to the time they are being escorted to the front desk by a team member. I recommend you use your software's symbols when writing this out. For example, if you are using Dentrix or EagleSoft, use a "." for anesthesia, an "X" for doctor time and a "/" for assistant time. For an hour-long crown prep visit, the pattern would look like this, or something similar:

Crown Prep

.
X
X
X
X
/

Continue until you have cards for one to three surface fillings, extractions, crowns, limited exams and so on. This is the first and most important step. Doctors, if you don't do this, no one else will. You owe it to yourself and to your dream practice to complete this step. Then the next steps become simple. Notice I said "simple" and not "easy."

The next step is to show the cards to your assistant and allow him or her to give you feedback. Give them the freedom to make an appointment shorter or longer so long as they can explain why. Then, when this is complete, give these cards to the front desk and let them make any changes they see fit, again, so long as they can explain why. You want to work together on this. You will find that no one has the whole truth, but what we want here is this: we want a good estimation for 90% of patients. These are the patients who get numb easily, they don't have a gag reflex that slows you down and they don't talk your ear off during treatment. Make the plan for these people. Then we can have flexibility with the remaining 10%. Then you will know when you make the appointment that we will need extra time for Bill because he can't stop talking and for Jerry who takes forever to get numb. We want to automate this process, and program our schedule to generate 1) the right times for the appointments,

and 2) the right symbols (or colors) for provider and non-provider time. Now we have the beginning of a plan.

So, here's the question:

By what day will you write down all the procedures you do most and finish mapping out how much time it takes for each procedure?

___/___/___

And who will you tell right now so that you will be accountable?

Team Member: _____

If you filled in the date and name of a team member above, you are five times more likely to complete this action. Think about this, how is it going to feel to have control of your schedule and to know that the time you are working, you are producing more than you ever have? How will that feel? How bad do you want that? If you think you will feel amazing and you'd do anything to have that feeling, make the commitment now.

By accomplishing this step, you now have a playbook to hand off to your front desk person to schedule appointments. Just like a good coach gives a playbook to his star quarterback, you as the doctor will give your scheduler the master plan for making each day productive, and with just a few more steps, you will be on your way to producing more than you ever have.

Recommended Cards to Create

Limited Exam
1 Surface Filling
2 Surface Filling
3 Surface Filling
Don't do 4 Surface Fillings. Do a Crown for Pete's sake!

Crown
Buildup & Crown
Extraction
Root Canal
Root Canal, Buildup & Crown
Implant Placement
Implant Crown

2.

MAPPING OUT THE PLAN

Think about what you want to create. What is your current production goal? What do you want it to be? The answer to this question determines everything. It determines the flow of your day, the type of appointments you want on your schedule, and what hygiene does in their ops. If you aren't clear on this, you won't be able to map out a plan to get there.

Now you might be saying, "I've done that before," and to that I say, well done, but this time, let's do it my way. I'm going to show you how to reverse engineer your goals so that they look more like destination on a map rather than a far off dream. Grab a pen and paper and let's do it together.

- **Let's start by writing out your Total Office Gross Production Goal -** that is your goal before adjustments. If you write off 30% of all of your production and you want to collect $150,000 per month, your goal would be about $215,000 (that is $150,000/.70). If you don't know your adjustments right now, just write down what feels right.

_____

Great. Now we have a launching off point. Now we know what we want. Let's talk about how and who is going to get

us there. In an ideal practice, you would have 2,000 patients per doctor and two hygienists that they check. By completing the following steps, you will reveal who you need in your office, where the shortfalls are in production and we will also talk about how to get you moving in the right direction.

As the doctor with two full-time hygienists, you are responsible for 67% of all production. Now, you may say, "I don't have two full-time hygienists." Okay, keep this in mind as you map out your way to higher production. If you only have one hygienist you check, I would gamble to say that your goal for gross production is below $100K. But let's take a look at how it works first with all of the ideal elements. To do this, let's use some very round numbers.

- **If my first goal is $100K** in an office that has one doctor and two hygienists, then I know my goal as a doctor is 67%. Sixty-seven percent of $100K is $67K — that's my goal. That means, that my hygiene department's goal is $33K. Divide that by two and each hygienist is responsible for $16.5K.

- **Now we want to break it down by day.** For the best effect, I would use sixteen days for an average month. If you are working four days a week, this will ensure that you make your goal in the shortest months even though some months you may work eighteen days. If I am the doctor, responsible for $67K in production, then my daily goal is $4,187.50. I like to keep things simple, so I will just say $4,200 per day. That means hygiene is responsible for the remaining 33% which is just shy of $2,100 per day or $1,050 per day per hygienist. So far so good. These numbers are very achievable for the average dentist and hygienist.

- **Now we can map out our plan for each day.** Sixty percent of the doctor's daily goal should be made in what we call Major Cases (any procedure which is equivalent to the amount you *receive* for your crown or higher). It doesn't have to be a crown, simply the same fee or higher. Now I

can determine how many major case appointments I need at a minimum per day to reach my goal. I'll go over this more below, but for now 60% of $4,200 is about $2,500. If on average I receive $900 for a crown (in an office that takes good insurance), then I need at least three major cases. Why? Because $2,500 divided by $900 equals 2.8, but you can't do .8 of a procedure, so that's why I came up with three.

- **Now we look at how much time it takes us** to perform a crown and bridge, and we save three appointments during the day, preferably in the morning or early afternoon to complete these cases. If we do this right, we can look at the schedule and see visually if we are going to make our goal for the day or not. If all the major blocks are filled in when we begin our day, it's going to be a good day. If they aren't, we know where the shortfall is.

- **As for hygiene, we are going to save two spots per day** with enough time to see a New Patient. In these blocks we can put any of the following: a New Patient, a Scaling and Root Plaining, Whitening or Sealants. For hygiene, these four appointments are considered Major Work.

Recently I visited an office in Garland. The doctor there is a pedodontist and her practice is a little different from a general practice for obvious reasons. At the end of our meeting on Scheduling, we played around in her software to help make her Major Cases stand out and look for ways to save blocks on the schedule. As we began to change the color of the major appointments, it hit her. Visibly she gained a new perspective of her time and her schedule. "Now I can see it," she said as we made these small changes to her schedule. It was like she was staring into the Matrix. I can't tell you how many times I've seen that same elated look as doctors and staff begin to take control of their schedule.

As we look at Major Case work, I like to compare this to how a good ice cream shop operates. A good ice cream shop sells what??? You guessed it. "Ice cream, right?" Well, this may sound like a simple concept, but imagine for a second

that your local ice cream shop was really only interested in selling sprinkles. I have actually never heard someone in an ice cream shop come in and ask for a bag of sprinkles. So why would we only try to offer small patches and minor work to our patients and fill our days doing just that. Just as a good ice cream shop sells scoops of ice cream, so a good dental practice "sells" major cases (minor emphasis on the word "sells"). If you are like most practices seeing a range of adults between the ages of 30 to 70, there ought to be plenty of people who need major work. With that in mind, let's recap our game plan.

If I am a one doctor, with a two hygienists practice in pursuit of $100K per month in gross production, then the goals look like the following:

Doctor Monthly Goal: $67,000
Doctor Daily Goal: $4,200
Doctor Major Case Goal Per Day: $2,500
Needed Major Cases Per Day: 3

Hygiene Monthly Goal: $33,000
Hygiene Daily Goal: $2,100 ($1,050 per hyg)
Needed Major Cases Per Day: 4 (2 per hyg)

Let's take a moment and map out your plan. Use the following formula to determine who is responsible for what and how you will need to organize your day to get there.

Your Plan

Your Monthly Gross Production Goal: _____

Doctor Monthly Goal (67% of Gross Production Goal*):

_____

*For offices that only have one full-time hygienist multiply your gross production goal by 85%; this is your goal.

Doctor Daily Goal (Daily Goal divided by number of days per month worked; if working 4 days a week use 16):

_____

Gross Production Needed in Major Cases (Multiply Doctor Daily Goal by 60%):

_____

Needed Major Cases (Divide Gross Production Needed for Major Cases by Fee you bill for most crowns; if unsure, use $900)

_____

Hygiene Monthly Goal (33% of Gross Production Goal*):

_____

*For offices that only have one full-time hygienist multiply your gross production goal by 16.5%.

Hygiene Daily Goal (Daily Goal divided by number of days per month worked; if working 4 days, use 16):

_____

Congratulations you now have a plan. I do want to address the fine print. Some of you may have noticed that for a single doctor practice with just one hygienist, I had you multiply the gross production by 85% for doctors and 16.5% for hygiene. As you know, that does not equal 100%, but rather 101.5%. I am in the habit of always aiming higher in my goals, especially when I am working with less. If you each make your goal, congratulations, you will actually produce more than your gross production goal, and if you fall short, you still may hit your original goal.

"I AM IN THE HABIT OF ALWAYS AIMING HIGHER IN MY GOALS, ESPECIALLY WHEN I AM WORKING WITH LESS."

With that said, I want to show you how I schedule the plan I made for my office with one doctor/two hygienists above. First, I have determined that a build-up and a crown appointment takes right at an hour chair time. So, on the doctor's schedule, I will save one hour at 8 AM, another at 9AM and another at 11AM. This ensures that all my major appointments are done in the morning when I'm at my best. I'm not saving time for minor work because I'm going to fill that in around my blocks. I am also not saving time for Emergencies because as much as I hate to say it, no shows or cancellations happen (however rarely) and I can fit them in there. More on this later.

For my hygienists, I am saving two blocks for 70 minutes: one in the morning and one in the afternoon. At least one if not both are in peak-demand times. So, here's a question: what are peak demand times? These are the times that patients are most available to come into your office and the

hours in your office that people compete for. In most offices they are early in the morning from 7 AM to about 9 AM and in the afternoon from about 3 PM to after 5 PM (notice I say after 5 PM). This could also be the lunch hour from 12 PM to 1 PM.

You likely have a lot of hygiene patients already scheduled in these times. They are also likely to be patients who have come to your office for a while. When scheduling them back, I always encourage our hygienists to move them out of the peak-demand hours as often as they can. Some of them are retired and they don't need those hours. Some of them work from home and they have the flexibility to come in any time of the day. What I hear most often from hygienists is that they are afraid that people won't want to schedule back if they don't get "their" ideal time. What they find of course is that many people are willing to move, especially when they begin to give options outside of those popular hours.

So why do this? Because I want new patients to be able to get into my office immediately. When I only save those peak-demand hours for the people I already see, I have a hard time welcoming new patients to my practice. You'll also notice I didn't schedule them at the same time so that I have more options for New Patients to take advantage of and the front desk does not get congested.

Time	DR 1 MAJOR	DR MINOR	EMERG
8:00 AM			
8:10 AM			
8:20 AM	Major		
8:30 AM	Case		
8:40 AM	Block		
8:50 AM			
9:00 AM			
9:10 AM			
9:20 AM	Major		
9:30 AM	Case		
9:40 AM	Block		
9:50 AM			
10:00 AM			
10:10 AM		Minor work	
10:20 AM		goes here	
10:30 AM		not blocked	
10:40 AM		though	
10:50 AM			
11:00 AM			
11:10 AM			
11:20 AM	Major		
11:30 AM	Case		
11:40 AM	Block		
11:50 AM			

Time	DR 1 MAJOR	DR MINOR	EMERG
12:00 PM			
12:10 PM			
12:20 PM			
12:30 PM			
12:40 PM			
12:50 PM	Mostly	minor work	
1:00 PM			
1:10 PM			
1:20 PM	in the	afternoon	
1:30 PM			
1:40 PM			
1:50 PM			
2:00 PM	No Blocks	unless needed	
2:10 PM			
2:20 PM			
2:30 PM	for higher	production	
2:40 PM			
2:50 PM			
3:00 PM			
3:10 PM			
3:20 PM			
3:30 PM			
3:40 PM			
3:50 PM			

Time	HYG 1	HYG 2	
8:00 AM			
8:10 AM			
8:20 AM	NEW		
8:30 AM	PATIENTS		
8:40 AM			
8:50 AM			
9:00 AM			
9:10 AM			
9:20 AM		NEW	
9:30 AM		PATIENTS	
9:40 AM			
9:50 AM			
10:00 AM			
10:10 AM			
10:20 AM			
10:30 AM			
10:40 AM			
10:50 AM			
11:00 AM			
11:10 AM			
11:20 AM			
11:30 AM			
11:40 AM			
11:50 AM			

Time	HYG 1	HYG 2	
1:00 PM			
1:10 PM			
1:20 PM			
1:30 PM			
1:40 PM			
1:50 PM			
2:00 PM			
2:10 PM			
2:20 PM			
2:30 PM			
2:40 PM			
2:50 PM			
3:00 PM			
3:10 PM			
3:20 PM	NEW		
3:30 PM	PATIENTS		
3:40 PM			
3:50 PM			
4:00 PM			
4:10 PM		NEW	
4:20 PM		PATIENTS	
4:30 PM			
4:40 PM			
4:50 PM			

With this flow, I will ensure that:

1) I have enough production on my day to reach my goal,
2) There is adequate time to see the patients I need to see on a daily basis,
3) There is a good blend of procedures that don't have me running all day or stressed
4) My Major work is in the morning when I am the most rested
5) I have the ability to see new patients at a time that is convenient for them
6) I have the ability for my hygienists to produce well and assist me in achieving our daily goals

Making the plan is just the first step. Now that we see the structure, we now need to talk about how all the moving parts fit into the schedule without sabotaging your plan. In the next chapter we will see how you can use this plan to take your production to wherever you want it to go in your future.

For a digital resource to assist you with your goals, email me at RuttyJon@gmail.com.

3.

EXECUTING THE PLAN

One of my favorite Reels on Social Media is an ex-Navy Seal describing the scene before he and his team breech an enemy's stronghold. As he tells the story, he says that he sets the charges on the wall they plan to infiltrate, and he retreats to what he calls a "minimum safe distance". He then looks behind him to see several sets of green eyes looking straight at him. This is his team all with night-vision goggles on and they are waiting for his one-word command. "Execute, execute, execute!" He says on the third "execute" all hell breaks loose and they put down their enemy.

In my time in dentistry, I have found that not all offices fail for lack of a good plan. Many have a good plan, but they fail because they do not execute on the plan. So, how does it feel to have a plan at this point? Are you excited? Are you nervous? Maybe you've gone down this road before only to watch things disintegrate around you. Take a deep breath. Now it's time to execute. I have seen this work in hundreds of offices. Now that we know how many blocks per day we need in the doctor's schedule and in hygiene, let's talk about how to use them.

Let's start with the who. Who in your office is responsible for scheduling the doctor's work? Well, this is kind of a trick question, but let's get real clear. At the end of the day, only one person should be responsible for scheduling doctor time. It should be either the same person every day (which is ideal) or the person who sits in the same chair every day (this is the

duty that is designated to a spot in the office, and whoever sits there is “it”).

The benefit of having one person responsible is that you get consistency. Have you ever noticed that Judy is better at scheduling the doctor’s day than Sally is (or insert your team member’s names)? Then having Judy do it most often is going to be the most ideal. When one person controls the schedule, they know it backwards and forwards. They know throughout the day what they are looking for and where they want it to go. For many team members in this position, it becomes like a daily scavenger hunt; a constant pursuit of the next patient who is going to help the office achieve their goal. Sometimes this is the treatment coordinator, but most of the time it is not. This person has the ability to see the whole picture and can see where the pieces best fit. Let’s dive more into this.

“NOT ALL OFFICES FAIL FOR LACK OF A GOOD PLAN… THEY FAIL BECAUSE THEY DO NOT EXECUTE ON THE PLAN.”

Have you ever played darts? If you have, you know that the circular board is divided up into 20 different sections and there is a bullseye in the middle. Imagine for just a moment that all of the lines were removed, and it was just a circle. How would you know if you were winning? Your schedule should look more like a dart board than a blank canvas. By doing this, you will know what you are shooting for and what gets you closest to your goal. Now that it does, let’s answer another set of “who” questions; that is, who do we schedule first?

- **Patients with Major Work** - Our first priority goes to the people who need the most major work. Let's say you are in an emergency waiting room with a headache. If a person with an open chest wound comes in, who will get in for treatment first? Right! The open chest wound. Our patients with major work are like the patient with the open chest wound. ***We want to see them back in the next three to five days.*** More on this in a moment.

- **New Patients** - Our second priority is going to be New Patients. They are the lifeblood of the practice, and that is the reason we are saving time for them. Because of the nature of our relationship, it is important to see them in the next one to two days. That's the reason we are also saving time for them in the hygiene schedule.

- **Emergency Patients** - Finally, we have an accord. Some of you were waiting for this one. Many offices will make their whole plan around these people, but when they are not around, production goes south. We want to see "true" emergencies the same day. Ideally we will see them in the doctor chair, but we can also see them in hygiene if there is no doctor chair available. Hygiene can take the x-rays and the doctor can check them there.

- **Minor Work** - Many of these people are our faithful recall patients. Because they maintain a healthy mouth, they don't need a lot of work. We need to see them back within the next five to ten days. However, if they all of the sudden need Major Work, they go back to the top.

Now we've developed the game board and we have the pieces. Let's see what it looks like in action as you build your day.

One common misconception across the dental world is that "If my schedule is so booked up that no one can get in for weeks, that's a good thing." Actually, this could not be further from the truth. A completely booked schedule is an indication of a few things.

The first is, we hope, that we have so much demand that we need to hire more providers to keep up with the flow of patients coming in. Sadly, this is rarely the case. Second, a more common indication is that although we have appointments on the schedule, we have a very high cancellation and no-show rate, and we are counting on the volume to cover up our mismanagement of failed appointments. It's usually number two or you are in a third category, which is, you are a Medicaid provider and you receive a capitation, and you are obligated to make appointments for people who routinely no show or cancel.

But what if you have the opposite problem. What if you have all the time in the world? I often hear doctors say, I don't really need to save time because I can always get someone in. The problem is that a failure to plan, as they say, is a plan to fail. Instead of looking for productive work to keep us on track to achieve our goals, we tend to take whatever comes. If you have a wide-open schedule, it's usually an indication that you don't have enough patients in your practice, or worse, people are leaving your practice because of a problem. In the case you are just in a growing season and there is not a mass exodus from your practice, it will serve you now to enact this plan. However, if you are having a mass exodus due to a toxic environment, you will need to address that first, or very little of this will move the needle.

Regardless of whether or not your schedule is completely filled or has wide open spaces; this strategy will work to make you most productive. So, let's take a look.

First it is important to block out time on your schedule for each of the appointments needed to reach your goal. To recap, there ought to be two blocks in each hygiene column (some if not most of them in peak-demand times) and there needs to be as many major case blocks on the doctor's schedule which you determined from the previous chapter. Remember if you determined you need 3.35 major cases, you will need to save time for 4. Go as far out as you need to in your schedule to begin placing these blocks.

The block is a physical representation of what you are shooting for. In the doctor's schedule, the block is never removed until major work is scheduled in it. It is okay if the time of the appointment changes because the specific time is not as important as knowing that you have allotted enough time for major work. In addition to that, if you are doing an appointment with three crowns or a three unit bridge, that appointment counts for three major cases. Therefore, you don't have to have three different major appointments to fill your blocks, but remember, the more major work you do, the more you make in the long run.

Now, here is how the timing matters. Remember how I said that a completely filled schedule is not as good as it seems? The reason is that patients most often experience dentistry in three ways; in terms of Time, Money and Pain. If the timing does not work for them, or if it does not seem urgent enough to do, most patients will put it off. I would gamble to say that if you have many major cases booked out for weeks, you have a high volume of patients that call with those appointments to move them or "postpone" them. We'll talk about Money and Pain in another book, but if a person in your office needs a major case, he or she wants to be seen in the next three to five days. How do I know? Have they told me? Not verbally. But think about it for just a moment.

Let's say you have a patient that comes in who needs two full quads of dentistry and then some. You tell them they need a four unit bridge on the uppers and two crowns on the lowers. In your explanation, no doubt, you tell them they need to get it done "sooner than later" and so they go up to schedule the appointment with your scheduling coordinator. She then explains that "Well, we don't have time until the middle of next month," to which the patient responds, "I thought the doctor said this was urgent." Fast forward a bit they schedule the appointment for the following month and they are on their way.

From here a few things happen. If they are married or have a friend or family member helping them make life decisions, they then must explain why it is important to do the work in the first place. Out of sheer care for their friend or

family member that person, knowing how much money it will take now to complete the treatments, will likely start to question whether the work needs to be done or maybe if your patient should get a second opinion (which they have plenty of time to do). And even if they don't have this person in their life, this thought will come up naturally as time goes on. They will use their tongue to investigate the sensitivity in their mouth and stare in the mirror, and when they decide that they have waited this long, they begin to think, well why don't I just wait a bit longer. I haven't lost any teeth, and I certainly can use the money elsewhere.

Which brings us to another very important point. If they don't encounter anything I described above, life happens all the time. They could get in a car wreck on the way home or have a catastrophe at the house. Recently I went on a lovely cruise with my wife. Right before we left, a colleague sent us an email saying that a vendor we had used one and a half years ago failed to collect what we owed them, and they were now asking us to pay $2,000. Aside from the first invoice, which never got to us, they never sent another bill in eighteen months until just then. To add insult to injury, the IRS also sent us a notice that we owed back taxes from two years prior in the amount of $950, and while we were on the cruise, I got another surprise invoice from another small business who services our pool telling us we owed $150 extra from nine months prior (again no other bills were sent), and on top of that our mechanic texted to say that they failed to charge us in our last visit for the oil change and inspection for our car. Has any of this ever happened to you? Even once? I guarantee it's happening to your patients as well.

When it comes to major work, time is NOT on your side, unless you have a good plan. When you have time blocked in your schedule, your conversation with your patient changes. If your patient comes in needing a four unit bridge on the uppers and two crowns on the lowers, you can then tell them, "Mrs. Jones, I'm glad you came in today. It's really important that we get this treatment done because we don't want the decay to get into the nerve. In fact (you can say to the assistant or hygienist), please tell Judy at the front that I need

to see Mrs. Jones back in the next three to five days even if you have to rearrange my schedule."

Do you see the difference? When something is major, it makes sense to the patient that it gets done quickly. They don't care about how popular you are or how much demand there is for your time. All they really care about — is themselves. Just like everyone else. Left to their own devices, patients will usually do nothing. Why? Because the confused mind does nothing. That's why we set the time frame.

The most important piece to this plan is the doctor telling the patient the time frame that is best for their treatment. I hear most doctors tell patients something like this. "This is major work, and it does need to be done sooner than later, but I'll let you talk to Judy at the front and find a time." On the one hand, this sounds good, but here's the problem. Even if Judy has the wherewithal to schedule the patient in the next three to five days, the doctor did not make it important enough to the patient to act that quickly. Similarly, the phrase, "as soon as possible" is extremely nebulous and means something different to everyone. Remember, you are about number twenty-five on their list of priorities and if you don't claim a top spot, you won't get one.

When the doctor gives the time frame, the patient has a definitive deadline and when they talk with their spouse or significant other(s) they can say with confidence that "the doctor said I need it done in the next three to five days."

If you do this one thing, you will turn your production around and you will see more major case work than you have likely seen in your career. The goal in our offices for Case Acceptance is between 65% to 85% of all major case work that has been treatment planned. Now that the doctor has given the time frame, it is then on the hygienist or the assistant to share this time frame with "Judy", your scheduling coordinator. Even though Judy will already know the time frame by the nature of the treatment needed they are not saying it for Judy. They are saying it so that the patient hears it again. "Judy, Dr. Awesome has a few areas that he wants to take care of for Mrs. Jones, and because it is major work, he

asked that you schedule her back within the next three to five days even if you have to rearrange his schedule (of course follow HIPPA guidelines especially in the case of the front desk being open to other patients). I guarantee you that if the doctor gives the patient definitive time frames *and* your team hands off that information at the front, your case acceptance will rise significantly.

So, what about the minor work? You guessed it. Giving time frames for this is essential too. We tell patients that they need to be back in the next five to ten days to have their minor work done. While it is entirely possible for them to wait longer, here is the reality. If we don't make it important, they won't either. While it is a little less urgent, we know what happens if we wait. And while I'm on the topic — what are we waiting for?

Some offices are in the habit of putting a "watch" on teeth. This is mainly a tactic used by a provider who is not altogether confident in their treatment planning. They are usually the type that is non-confrontational, and they are afraid that if they push too hard, the patient won't come back, won't like them, and so on. So, I ask again, what are we waiting for? We know that waiting only produces more treatment. Even if their tooth remained the same and the problem didn't worsen, prices will rise, and they will have to pay more for their treatment over time. I have had the privilege of walking along side dozens of doctors making the commitment for the first time to become more assertive in their diagnosis and inviting patients back in the next five to ten days to get their minor work done, and I am happy to say we haven't lost anyone yet. In fact, their production has increased, their confidence has gone way up and the fact that their patients schedule back and leave very satisfied is every reason to work this new plan.

In short, this is what it looks like.

Step 1 - When the doctor diagnosis, he/she gives a specific time frame for the patient to return.

Step 2 - The hygienist/assistant finishes up with the patient and walks them to the front desk.

Step 3 - The hygienist/assistant tells the front desk what the patient needs and the time frame the doctor has asked for them to return.

Step 4 - The front desk executes on the time frame.

Handoffs are key in any office. If step 2 and 3 don't happen, there is very little chance that step 4 will happen. If step 1 doesn't happen, then steps 2, 3, and 4 likely won't happen. Everyone is involved. When the patient hears the same information from multiple team members, the patient has confidence that what they are getting is valuable.

Now we use the blocks. If it is major treatment, we schedule them in the next three to five days inside one of the blocks, or if we can, we move the block to accommodate the patient. If it is minor treatment, we schedule them back in five to ten days around the blocks that are already being held. To that end, if anyone has treatment they are scheduled back in the next two weeks. If they do not have any treatment, they are scheduled back for their regular hygiene visit. Everyone leaves with a future appointment.

The worst question you can ask a patient when scheduling is this: "What day and time works best for you?" This gives the patient the idea in their head that you are going to move your schedule to accommodate them. However, with the blocks you have created and the plan you have, there is plenty of time that can work. We don't need the best time ever; we just need a good time. The patient knows this, but if you give them an inch...well you know. Think about this. You don't call your doctor's office and say, "I'm coming at 3 PM on Wednesday — be ready." No, you are bound by the same rules of scheduling you have in your office. Let's agree to do our best to make it mutually beneficial for all parties.

Using a dual alternative close gives you control while giving them two options in each step to determine an acceptable time for them to return. One key here is to only

offer them times that you want them to take. In other words, you wouldn't offer them a Thursday secretly hoping they say "no" because you don't really have the time. Slow down for a moment and find a time that works.

Dual Alternative Close Example *- giving them two options in each step that helps determine an acceptable time for them to return.*

Step 1 *- "Do you prefer a morning or afternoon appointment?"*

Step 2 *- Pick Two Days based on the answer they gave in Step 1; "Would a Tuesday or Thursday work best?"*

Step 3 *- Pick Two Times on the day they chose; "I have a 9 AM or 11 AM, which works best?"*

Of course there are bound to be objections usually around time and money. If the handoff is done well at the front, the patient has heard from the doctor firsthand, and she has heard it twice more (at least) in the handoff, and while Judy is offering times for treatment. Another objection could sound like, "I need to go home and talk to my spouse about this." This is very common of course, but instead of just letting them wait, I like to say, "I totally understand that. What do you think they will say?" The reason I ask this is sometimes, they tell me, "They would say to go for it." If this is the case, I offer again to schedule them and let them call me today if for some reason they are wrong. Of course, if they are tentative, or they are unsure what their spouse will say, there is no need to force an appointment only to have to reschedule it later.

Ultimately, not everyone will schedule, and it will be on us to follow up. If someone leaves without scheduling their major treatment because they want to think about it or talk it over with a relative, we will then call them in two days to offer times for them to complete their treatment. And when we do, we call and say:

"Hi Mrs. Jones, this is Judy from Dr. Awesome's office. He asked me to give you a call because he is concerned about the bridge you need on your uppers as well as the two crowns you need below. He has asked me to call and make time for you. Do you prefer a morning or afternoon appointment…" and then proceed with the Dual Alternative

Close. We don't ask, "Do you want to do it?" Or "Have you thought about…" We model confidence on the call. If there is a specific time you are looking to fill, offer that time this way. "Dr. Awesome asked me to open up some time for you to come in for your treatment. Would you be able to come in on Thursday at 9 AM?" When you tell someone that you have "opened" time for them, it seems more appealing because it is all about them.

Here's the question: Why call two days after they visit? Isn't that too soon. Think about it for a moment. If you tell someone they need to be back in the next three to five days, and they say they have to "think about it", then what does it tell the patient if we don't call for seven, or worse, fourteen days later? We tell them it's major work and it's urgent and then we don't call for two weeks? That makes no sense. By following up in two days, you model for them the importance of doing it. Secondly, you have a system. If you follow up on all unscheduled treatment in two days (major and minor), then everyone gets a follow up call and fewer people fall through the cracks.

This is Plan A for the doctor's schedule. We have blocks saved for major work. We work to fill them three to five days ahead of time. So, what do we do if the blocks are still open two days ahead of time? I'm so glad you asked.

If any Doctor's Blocks are still open two days ahead of time, you can do one of a couple of things. If you have been using this strategy for a long time, then you will fill the blocks in with any productive work. Ideally you wouldn't schedule a ton of deliveries in this time. The goal is for this time to be as productive as possible. If you are just now starting on this strategy, then you likely have some major work that is scheduled weeks from now that needs to be moved up. I would call them and say like I did above: "Hi Mrs. Jones, this is Judy from Dr. Awesome's Office. Dr. Awesome asked me to give you a call because he is concerned about your pending treatment, and he asked me to open up time for you to come in sooner. I have a Wednesday at 9 or 11 AM. Would either of those times work for you?" The point is that we want to tell them the doctor asked. This will make it all the more

important. I am always looking to see if there is major treatment that needs to be moved up. This is a good practice no matter how long you have been executing this strategy, but over time, you will likely have less major treatment scheduled far off into the future that can be moved up.

Great! All good if they answer the phone, but what if you have to leave a message. Would you like to know how to inspire patients to return your phone calls whether it is to schedule them for an appointment or even to collect from them? Here's what you do. Simply tell them, "Hello Mrs. Jones, this is Judy from Dr. Awesome's office. He asked me to give you a call. Please call me back at ###-###-####." That's it. No explanation, no long voice mail. Short and sweet. You're welcome in advance. They WILL call you back.

So, what about the hygiene blocks? How do we use those? Remember you have two blocks per day per hygienist some of which (if not most) are in peak-demand times. These are saved for New Patients, SRPs, Sealants and Whitening. We want to use these in a similar manner as the doctor's major case blocks, but remember, we want to save time for New Patients to visit the practice within one to two days. Now some may ask, "Why is my hygienists seeing new patients and not the doctor?" The reason is that when a patient calls a practice, if they are trying to establish themselves as a long-term patient, they normally ask for a cleaning. We never promise a cleaning on the first visit, but we do tell them we will do everything we can to do a cleaning same day to make it most convenient for them. And if for some reason we can't because they have too much recession and deep pockets, we have a backup plan. They can come in the next few days using one of our blocks. Again, if they are scheduled back in the next few days versus the next couple or few weeks, they are much more likely to show up for their SRP.

Schedule Sealants in a similar manner. I see a lot of offices that try to fit sealants in at the end of an already crammed appointment. If you really can place sealants without making the next patient wait, great. But if it will make you run behind, have them come back and schedule them in one of the blocks.

Let me address another question I commonly get. “Who gets the production if there is a New Patient in a hygiene chair? Does it go to the doctor or to the hygienists?” Here is the answer. If the hygienists is performing a diagnostic exam, meaning she is taking clear x-rays and clear intra-oral pictures, she is talking about what she thinks the doctor will recommend, and then presenting it to the doctor, she then would receive credit for the exam. If this is not the experience, then the doctor would get credit for the exam. Ultimately, we want the hygienists to see New Patients because New Patients want a cleaning on the first visit. If you see that your hygienist can’t or won’t do the exam like you ask, it is not a time to change the strategy, it’s time to have a conversation with your hygienist, or look for a new one. (See Appendix A for a list of tasks for hygienists in a New Patient Exam)

If a hygienist has open blocks 24 hours ahead of time, they may be filled with cleanings and other work. Same day slots can be filled with Emergencies if they still exist, but the idea is that they get filled for sure 24 hours ahead of time. Just like having one person to fill the doctor’s schedule, there is one person that will be best at filling the hygiene schedule; that is the hygienist. They have a relationship with their patients and many times they have an idea of you who needs an appointment, and beyond that, it will be harder for the patient to say “no” to the hygienist than it will be to say “no” to anyone else calling on their behalf. This doesn’t mean that there is no one at the front desk to help with this, but it does mean that if there is down time in the hygiene schedule, it’s not time to run the bank or go to lunch early. It’s time to get out your list and see who hasn’t scheduled back for SRPs or who is behind on cleanings and give them a call.

To recap, Plan A is as follows:

-Fill all doctor blocks three to five days ahead of time and fill all minor treatment around them; fill all hygiene blocks one to two days ahead of time and hygiene fills all recalls around blocks.

Plan B is as follows:

-Fill in Major Case blocks in Doctor's schedule 48 hours ahead of time with anything productive; fill in all hygiene blocks 24 hours ahead of time; all holes in schedule are filled each day

Now I need to say a thing or two about moving people in the schedule. We should always make a note when you move a patient's appointment and as much as possible, we should endeavor never to move them again unless they ask for it. If we are in the habit of moving people all the time, patients may develop the idea that the appointment time really doesn't matter; that you can always find someone else last minute if they are not able to show up to their appointments. Furthermore, we should only ever move patients up in the schedule, never back. Moving patients can be a good way to fill holes but must not be the only way.

4.

MAKING APPOINTMENTS

Now we have a solid plan for scheduling. Our schedule is organized according to the amount of production we want to create. We have a plan for the "who" and the "what" we want to schedule. Now let's talk briefly about making appointments so that we have the greatest control of our ability to produce and track our progress.

The way your scheduling will work best is if you always, always make a financial arrangement with the patient before you schedule. What do I mean by a "financial arrangement?" This is just an agreement with every patient about how they will pay for their treatment. We always offer a 5% discount for prepayment on the date they schedule. This ensures patients will come to their appointments and we know that money today is always better than money tomorrow. If patients don't pay ahead of time, then they are asked to pay on the date of service, and of course we have other options for outside financing and payment over time only for the patients who have the best payment history in our records. That said a Financial Arrangement is first. To illustrate the importance of this, let me tell you a little story.

Years ago, I visited a client in Milwaukee. During one of my first visits, an older couple, husband and wife, came to the office. The wife had been experiencing some pain and the office had fit them in so that she could have a root canal. The husband sat in the waiting room and I could see visible relief on his face now knowing that his wife would no longer be in

pain and that everything would be okay. As she was brought to the front you could see a great smile on her face which also brought a smile to his. They made a short stop at the front desk, where the team member explained to them that for today's treatment, they would need to pay $850. The smile immediately left both of their faces and a look of fear came over both of them. The gentleman explained, "We weren't aware we were going to have to pay $850 today." You can imagine the awkward conversation that followed as the team member tried to make it right and still make arrangements to collect *after* the fact. This, my friends, is exactly what we don't want to happen in our office. This is why making an arrangement first is always best.

Believe it or not, I have been to many offices where patients are on the schedule, but we aren't exactly sure what treatment we are doing when they come back. Do you know what I mean? I suppose too many of you do. Maybe it is not every appointment for you, but here are a few steps we can take so that the wheels of progress keep on turning. You may have heard the saying, "The enemy of progress is reworking." I have observed that scheduling can be one of the greatest playgrounds in reworking in all of the office. Let's explore more about it.

One of the best ways that you can assist your team in controlling production is attaching all the treatment to each of the appointments so that when you run a report for pending treatment or your schedule automatically calculates the day's production, you are looking at a real number that means something. This of course requires you to know exactly what treatment will be executed at the time of the appointment. Too many times I have seen doctors get into the habit of always writing their notes in the evening and therefore deciding on treatment long after the patient has left the office. And in a very small percentage of appointments, this could be permissible, but about 80% to 90% of patients ought to walk out of the door with a solid plan and the treatment can be attached to the appointment. This helps the front desk to know how much to collect on the date of service and will assist them if a patient calls ahead of time and asked to be reminded how much the treatment will be. The Financial

Arrangement will help with this too, but there will likely not be an arrangement if treatment is not settled before they leave.

Most dental software allows you to put all important information right onto the appointment. Some information that can be really handy to have is the patient's full name, treatment, amount for treatment, tooth number and the patient's phone number[1]. Of course, this is for computers that are not in full display of patients.

Next, be sure that you follow the plan. We have spent valuable time discovering how long it takes for every doctor's appointment. We've blocked out the time and laid out the groundwork. Now work the plan.

Do you remember the cards you made for every appointment that you normally perform in your office? Now it's time to bring it to life. Most dental software allows you to preprogram the flow of appointments. With that in mind, you or one of your team members will need to program by unit the provider time for each of those appointments.

Remember the "X" indicates doctor time and the "/" indicates assistant time. In a one doctor practice, the "X" in the doctor's columns should never overlap on the same unit of time. This means that the doctor is expected in more than one room at once and as you know, it is physically impossible. Therefore, when you schedule, you can be sure that there is a constant flow in the ops.

Now for some of you, you can say that "My office manager knows how to do this without the "X's" and "/'s". We don't need to do this part." And I have seen a lot of offices avoid doing this, and it worked out okay — until it didn't. You see we never know when our office manager is going to take a break, a vacation, or decide it's time to retire or worse become ill or have a family emergency. If your scheduling is dependent on the expertise of one individual, you are one

[1] I have seen many offices lose their dental software; if you screenshot your schedule for the next 2 weeks every day, you will have the patient's appointments and phone numbers to reach them while you piece your software back together

Time	DR 1 MAJOR	DR MINOR	EMERG
12:00 PM	- Jon Rutty		
12:10 PM	X CrnPrep		
12:20 PM	X D2740 (19)		
12:30 PM	X 972-679-7282		
12:40 PM	X 01499		
12:50 PM	/		
1:00 PM			
1:10 PM			
1:20 PM			
1:30 PM			
1:40 PM			
1:50 PM			
2:00 PM	X Mike Abby		
2:10 PM	X MOD (21)		
2:20 PM	X D2993	Kaely Todd	
2:30 PM	X 972-555-5551	X DO	<== DANGER
2:40 PM	/ 0349	X D2992	
2:50 PM		X 0276	
3:00 PM			
3:10 PM			
3:20 PM			
3:30 PM			
3:40 PM			
3:50 PM			

bad day away from losing total control. Using the cards you created the way I described above is duplicable. Anyone can do it. It doesn't take 15 years of experience to see that two "X's" overlap. The offices I have seen do this have experienced a freedom that the others never have. It makes it super simple for anyone to schedule as needed and it limits the amount of reworking that needs to be done after the fact to fix a mistake in the schedule.

In all our offices, it is the job of the hygienist to reappoint their patients. And when they do, they always say, "Let's go ahead and schedule you for your next visit," versus, "Would you like to go ahead and schedule for your next visit?" You will very seldom win when you ask the patient if they want to schedule. All my offices tell me that when they suggest rather than ask, the patient schedules. And when they schedule, they typically schedule a patient for six months and two weeks out so that there is some flexibility if the patient needs to move up and they have an insurance with a waiting period or a frequency restriction.

Be wise about how you schedule family members. It is not uncommon that a large family will want appointments all at once to limit the number of times they come to the office. That said, when little Timmy gets sick, no one shows up. I recommend you only schedule two family members per day. Make exceptions at your own risk.

The best way to utilize your schedule is in ten-minute units because it helps you to limit wasted time. None of my offices who have gone from fifteen-minute units to ten-minute units have ever regretted it. Make the switch! There will be some mess, but it is all worth it.

We give fifty minutes for all *normal, adult* prophies. This is not because our hygienists are superhuman or super speedy. The reality is that *normal, adult* prophies only need fifty minutes. Notice I add emphasis to "normal, adult". This is because I often have pushback from hygienists who are worried about people who do not fit into this category. Let's look at what the characteristics are of a person who fits into this bucket.

- **They have good hygiene** - They truly need a prophy and not a more advanced cleaning.

- **They are low maintenance** - They don't talk too much or have a sensitive gag reflex.

Where many offices go wrong is when a hygienist is not recommending proper treatment or in fewer cases where a doctor is not diagnosing perio when perio is treatable. Sometimes a patient insists that they only want a prophy and because the office wants to appease them, they schedule them back for "bloody prophies." This is sabotaging your schedule, limiting your production and it is a recipe for a nice little lawsuit as you know. We can do better. When a patient is scheduled back for their SRPs and Perio Maintenance like they should be, they get the treatment they most need, the production goes up and the schedule flows better because we are planning for the treatment we are doing. Then, all other recalls ought to be *normal, adult* prophies. And for those who talk a lot or have a sensitive gag reflex you can add more time.

"NONE OF MY OFFICES WHO HAVE GONE FROM FIFTEEN-MINUTE UNITS TO TEN-MINUTE UNITS HAVE EVER REGRETTED IT. MAKE THE SWITCH!"

Another advantage of the fifty-minute prophy is that when you save ten minutes per appointment across an eight hour day, it all adds up and you have the ability to see another person if you choose. It also spreads out the flow of patients coming to the front desk. When every appointment ends on

the hour, it can be hard for the front desk to check everyone out and reschedule them for treatment in a timely manner. Managing the flow of patients by varying the end times for appointments can help with all of this.

At the end of the day, your schedule should look as follows. It should be a blend of major and minor work on the doctor's side that should be visually apparent when you look at the schedule. I recommend using specific colors for major and minor work as well as for new patients in hygiene. Some offices even use three columns to schedule the doctor's time: one for major work, one for minor work and one for emergencies. Regardless of how you do it, you ought to be able to look at your schedule at a glance and see how productive your day is going to be. You should be able to see who is coming in, what you are doing and how productive the case will be.

The hygiene schedule should have a blend of prophies, SRPs, sealants and whitening along with New Patients every day, and most of the prophies should be scheduled for fifty minutes, thereby maximizing their productivity.

Using your schedule in this manner should reduce stress for all your team members because there are no mysteries. Any missing information should be very apparent and ought to be filled in immediately. As you can see, making appointments in your office is not just about being busy, but about being busy with productive work that helps you to achieve your goals.

5.

CANCELLATIONS AND NO SHOWS

This has got to be one of my favorite topics. While I also love making a good plan, I love to be in the thick of things. Many times, Cancellations and No Shows seem to be some sort of blue whale that is swallowing you up, but it doesn't have to be, and following this simple plan will help you to regain control of your schedule and accommodate the people who actually show up to their appointments.

First things first, though. If you feel like this is a heavy weight battle that you are losing, it's time to track it. Give a printed schedule to a team member (probably someone at the front desk) and tell them to track all appointments that fall off the schedule that day. Do this every day for two weeks. I would also track how many appointments were scheduled in place of those no shows. Do this for two weeks. If your C/NS ratio is higher than 10% you have a problem. If it is closer to 20%, congratulations you're normal. There is a way to get it closer to 10%, and that is a good goal for any practice.

When you arrive at your C/NS Ratio, write it here: _____%
Divide the number of cancellations and no shows by the amount of appointments that were scheduled at the start of the day.

Now I'm going to try and resist the urge to nerd out on you, but your patients exhibit behaviors in your office that we might see as one offs, but in reality, some of these behaviors are how they interact with MOST people. Their timing is less about you and ALL about them. If they are late for you, they are likely late to church, to work, to school, to dinner and so much more. So, the question is, how can we encourage behavior that is positive and that leads them to be on time for all other appointments, or lead them to take responsibility to call the office with proper notice?

Here is the first step. In the last couple of chapters, we talked about making the appointment and using the dual alternative close. After you have agreed on an appointment time, ask this question:

"Will you please give our office a call 24 hours ahead of time if you cannot make this appointment?" And then you have to make them say "yes!"

How do you do that? You simply ask the question and stop talking. And then you wait for them to agree. This is the first step in making sure that patients don't cancel or no show.

It seems simple, but here is an interesting fact[2]. Years ago, when restaurants regularly accepted reservations, they found that their no show ratio was about 30%, until they asked this question at the end of making the reservation. "Will you please call us an hour ahead of time if you cannot make this reservation?" And then they waited for an answer. Using this strategy, they lowered their no-show rate from 30% to 10%.

To be clear, it is a question and not a statement. Simply telling someone that they need to call 24 hours ahead of time does not warrant any sort of social responsibility. Think about

[2] Data compiled by Robert Lencioni in his book *Influence, Science and Nature*

it for a moment. They just signed all your forms, many of which they didn't understand. In fact, most if not all of them agree to all the Terms and Conditions of any of their favorite apps or devices without even reading them. This is not unique to the dental world, it's habit. So, what do we do? We have to awaken them from their habit by asking the questions: "Will you please give our office a call 24 hours ahead of time if you cannot make this appointment?" If you want to go pro, try this out instead, "Mrs. Jones we've reserved time for you in the doctor's schedule for Thursday at 9 AM. Would you please call us 24 hours ahead of time if you cannot keep this reservation?"

Two things are happening here that are important to note. It's not just words here. Number one, people don't like to be liars. Let me say that again. People don't like to be liars. They will claim until the cows come home that they didn't hear you tell them they had to call 24 hours ahead of time, but because you asked a question that they said "yes" to, now they remember, "Shoot, I made an agreement with that woman in the office to call if I could not come." And because they said they would, they are way more likely to do it.

Number two is this. Appointments can be moved. Think about it. How many appointments get moved all the time? Hair appointments, lunch appointments, nail appointments — they all get moved. Why? Because something more important (or more appealing) comes up, and they think, "I'll just move it." Reservations on the other hand are more difficult to move. One of the definitions of the word "Reservation" in Webster's Dictionary is, "An arrangement to have something (such as a hotel room) held for one's use also: a promise, guarantee, or record of such an engagement." Ergo, this type of agreement carries more weight in the brain. How you talk about things matters and the way you are talking to your patients right now is yielding the exact results you're getting.

This is why I tell all our team members, "We do not have cancellations." I usually get some raised eyebrows from this one, but the point is that we NEVER ever tell a patient that they could cancel or that it is common that we have cancellations. I cannot tell you how many offices I have

visited where the person making the appointments for future treatment says, “Oh yeah, we have cancellations all the time. If we can move you up, we will.” I usually hear this in offices where they are booked solid for weeks. Let me say it again for the people in the back. The offices that are booked solid for weeks are usually the ones who have cancellations all the time. And saying this to patients breeds more cancellations. That’s why in our offices, according to the patients, we “don’t have” cancellations and we never tell them we do.

To that end, our outgoing message when we are out of office suggests the same thing. To make any changes to an appointment, we require the patient to call during normal business hours and talk to a living human being. We do this by stating the following as a part of our outgoing message on our voice mail: “If you are calling to make any changes to your appointment, please call us during normal business hours and talk to one of our front desk team members.” Notice we are NOT saying, “If you’d like to cancel or move your appointment.” We are simply using the word “changes” so we don’t put into any patient’s head that if they need to cancel or move their appointment, they should just call. It’s subtle, but effective.

So, what if it is a massive case; three hours long and pretty much the whole day’s production? I would recommend requiring a 72-hour notice. You can play with the terms depending on the person or the appointment. Better yet, require a down payment or take prepayment. The first option for payment in all of our offices is prepayment where they get a 5% discount for paying on the date they schedule the appointment (not the day of the appointment). When you have collected a payment, your patents will call. They will give you notice and most of them instead will just show up for their appointments. Some of my offices take prepayments for all major treatment. Some take down payments for all major treatment. Some of the best take prepayments for all minor and major work. There is no wrong way to do it, but if you want to protect your schedule, taking a prepayment is one of the best ways.

If you do these few things, you will be on your way to significantly reducing the number of cancellations and no shows in your office. But wait, there's more. Let's talk about what we do when a person calls to cancel. Remember, this is habit. The person who cancels on you is cancelling on everyone. It's not personal, it's just their life. That said, their emergency doesn't have to be yours. So, when they call and say they need to cancel their appointment, the first thing out of our mouths is:

"Mrs. Jones *(she's always the problem, lol),* What can I do to help you keep this appointment?"

Now this will likely stop her in her tracks. Mrs. Jones has not even considered how she could make it work. You may have to ask it again, but keeping silent will begin to allow her to answer what she can do to make it. She may be running a few minutes behind, she may have the appointment time wrong in her calendar, who knows? However, the first and most important thing you have done without saying it like this is you have told her, "This is not okay. We need to work something out." So, what do we do?

If you have flexibility that will resolve the situation, then utilize it. This could be moving the appointment back or forward to accommodate her schedule. Only do this if you HAVE time on the schedule. It may be that she can show up late and you can only do part of the treatment before the end of the appointment. Some treatment is better than no treatment, and it prevents you from having to find someone else to fill the spot. Tardiness is never a good excuse to turn patients away if you can complete even some of their treatment that day. When they show up late, remember Option 3. Seat them as quickly as possible and tell them, "Come on back. We'll get started as quickly as possible and do all that we can before the end of your appointment." And here is the moment of truth. As I said before, ending your appointments on time is just as important as starting them on time. You have to end the appointment on time unless you have extra time in the schedule.

I want to camp on this for just a moment because so many offices have some sort of fifteen-minute policy that if a patient doesn't show within fifteen minutes of their appointment time, the office just won't see them. I'm just curious though. After you turn the patient away, does your staff still get paid to wait 45 minutes for the next patient?

"TARDINESS IS NEVER A GOOD EXCUSE TO TURN PATIENTS AWAY IF YOU CAN COMPLETE EVEN SOME OF THEIR TREATMENT THAT DAY."

At the heart of this, turning them away after fifteen minutes could really be so that you don't run behind. But the reality is this, you will never run behind again so long as you always end your appointments on time. This may take time to fine tune. Be ready to take responsibility for your poor planning in this process. Some of the timeframes you have written on your cards may not be right, but we are going to find out which ones need to be altered over the next few months. Be ready to make the change. But here is something many teams are not aware of. Many patients value the ending time of their appointment just as much as they do the start time. Sometimes we take life-saving measures to finish up and complete treatment, but we never stop long enough to ask the patient if they would like to stay longer or if we need to reschedule them back for more time.

Let's wander back to our question. "What can I do to help you keep your appointment?" Short of moving their appointment time or doing what I've mentioned above, there won't be a lot more to do. So, let's say they can't make it at all, let's talk about what to do next.

One very effective tactic is to tell her, “Mrs. Jones, we have reserved an hour and a half in the doctor’s schedule. I know he’ll want to hear this from you. Let me get him so that you can tell him.” If there is a way they can make it, they will. If the doctor simply has to hear from the patient they can’t come in, it will feel uncomfortable enough to never fail again.

The first step if they are going to cancel and if they no show is to Break the Appointment. In my time traveling to offices, I have seen many offices that don’t perform this crucial step. Instead, they simply move or delete the appointment. If you do that, there will be no record of who has failed on you or how many times they have failed. This will be important in our next step. Be sure to break the appointment so that you have a record.

Chances are you are charging some sort of no-show fee that you very rarely collect. The balances you don’t collect are kept on an AR, and when you run the report, you justify the total balance a little because of all the unpaid no show fees. First off, I’d discover just how many there are. That is a representation of the people who cancel on you and don’t ever come back. So instead of making work for someone down the road who has to cull through these fees to write most of them off, let’s talk about a real plan that can give you better results.

Here it is: **Any patient who no shows or cancels twice in your office will have to prepay for all future appointments.**

They still get the 5% discount, but anyone who has more than two missed appointments will then have to pay ahead of time for treatment.

Now let’s talk about the nuts and bolts of this because I know there are a lot of questions, such as:

- **Do we do this with patients who have already missed two appointments?**

- **Do they prepay forever?**

- **What about hygiene patients? Especially those with insurance?**

- **Won't some of them just leave because they don't want to prepay?**

Did I miss any? It's okay if I did, but these are some of the most common questions. So, let's start from the beginning. "Do we do this with patients who have already missed 2 appointments? No. Start now. You have created the mess you have in your schedule currently. It is going to take time to unkink the hose. For anyone who calls to cancel, and who cannot make it in despite our best effort to keep the appointment, we will tell them, "Mrs. Jones, I'm sorry to hear you can't keep your reservation today. I know this will never happen again, but I do need to let you know that if for some reason it does happen again, we'll have to ask you to pay for all your future treatment before scheduling." And you can tell them about the discount too. As you can see, we are not beating them over the head, and we are not charging a fee. We are simply telling them what to expect next. From here, you need to make a note in their account about your conversation and then you will look to reschedule them no sooner than three weeks out. That's right, three weeks out. You don't have a lot of recourse with people, but you can make them wait and only give them the most undesirable times on the schedule. Sometimes, this will inspire them to make it work today. But in the case it does not, schedule them accordingly.

I can remember when I was first on the road visiting clients. I got a frantic call from a family member. She told me that she had forgotten about her dental appointment, and she was on the way almost an hour late. Of course, they told her they could not see her that day and she told me something I'll never forget. "They told me they can't see me for three weeks! Three weeks! I can't believe that they don't have an appointment for three weeks." To which I assured her, "They absolutely have time between now and then, but you just

messed up their schedule, so now they are going to make you wait."

The goal in using this strategy is not to make people mad, but if they get a little upset or inconvenienced that is okay. We want them to remember. My family member has never been late to another dental appointment.

But what if you are wide open tomorrow? Why can't they just fit there. Remember, this is a habit. If they immediately get what they want, they will never change their behavior in your office. And besides, what if they cancel again tomorrow. It happens all the time. Make them wait. In fact, I would only try to move them up in the schedule after they have already waited a week. And you can tell them, "Mrs. Jones, if I can find a way to open up space for you earlier I will."

If they no show or cancel a second time, execute the plan. They now have to prepay to get on the schedule.

Years ago, I visited an office in St. Louis. The team told me they had a lot of no shows and cancellations, but I had to see for myself. To my horror I saw something I had never seen before and have never seen since. In one day, they had patients scheduled who had already missed over 150 visits. One hundred and fifty missed appointments. And one gentleman had twenty-four all by himself. So, if you have one of these, which I hope you don't, go ahead and have them prepay now. There is no need to give them two more chances.

As for how long you enforce the new plan for each person, it is up to you. I would do it for at least two years. Some of them will fall in love with it because they are going to pay you anyway and now, they are saving money. If you feel like taking a chance on someone after two years, go for it, but we want the new behavior to settle in before we go back.

So, what about the hygiene patients? Yes, execute the plan. No, it's not convenient. Have them prepay and assign payment back to the patient for their visit. I know. They won't like it either and that's why they will leave and go mess up

someone else's schedule. I bet you could recommend a few doctors for them to see.

At some point, all of these patients who no show or cancel will have to make an important decision as to whether or not they want to accept prepayment and stay, or decide to leave. Ultimately, we want the patients who want us. If a patient does not respect your time, you are better off having them leave on their own than continue to endure the hardships they impose on your practice.

As for patients with good excuses, i.e. a death in the family, or car accident, I would not go through the steps of telling them they have to prepay if it happens again. Use your brain and your heart.

New patients who no show or cancel are a little different and it's because this is their first impression in your office. If they can't make it to their first appointment, there is little hope they will make future appointments. If they fail on you and want to get back on the schedule, only give them time four weeks out, and do not try to work them in sooner. If they show up, proceed as normal, but most of them will find another dentist.

So here is the million-dollar question, when is a patient late? Years ago I visited an office in Idaho. They were a small ski town, and everyone knew everyone. I had just completed this very presentation with them and wouldn't you know it, the first person of the day was late.

Now my definition of late is, the moment the clock strikes the appointment time, if they are not standing in the office or being brought to the back, they are late. So, if the appointment time is 8 AM and they are not there at 8 AM, they are late.

Well, my friend in Idaho did not like my definition. "Things aren't like that around her," she insisted. "We are on Mountain Time. Nobody is hurrying to appointments here."

Now she said all of this because I had told them just a few minutes earlier that if a patient is late, you call them immediately. Not five minutes after, or ten, call them immediately. Why, you ask? Because if you wait five to ten minutes every time you call a person who is late, you train them to believe they are not late until five to ten minutes after.

"I bet you want me to call her, don't you?" She asked, to which I replied, "Try it out."

Now there is a nuance to calling someone who is late. No one wants to get into a confrontation with someone who is about to walk through the door. So, when you call someone who is late, simply say:

"Hi Mrs. Jones, this is Jon from Dr. Awesome's Office. We have you on the schedule at 8 AM today and we noticed you weren't here. Please call us when you get this to let us know you are okay."

Short and sweet. If they answer just change the last part to, "We were just calling to make sure you are okay." They will feel compelled to tell you about what happened and when they will be there. Then you will know what to do next based on what we have already been told.

Wouldn't you know it though, my friend in Idaho picked up the phone and left that exact message above. After hanging up the phone she said, "Well that wasn't so bad." She had not even interacted with the patient yet, and she thought to herself, "That's not such a bad message to leave for someone." Before we knew it the patient was coming through the door, "I'm here," she exclaimed with a smile. "I always think I can get out on time, but the dogs just had to go out right when I was heading out the door." The day was looking up. She had made good on the plan and the plan produced the outcome we were looking for. The very next month I was in that same office, and I happened to be there when this very patient had her follow up visit...and guess who was there five minutes early. You guessed it!

Addressing cancellations and no shows does not have to be an “us versus them” thing. When we align ourselves with the patient and assist them to be flexible and show them what is possible, ultimately, they will thank us and join us in arriving for their appointments on time, or they will decide that changing their own behavior is not worth the fuss and they will move on and take their bad habits somewhere else.

6.

REPORTS AND OTHER THINGS

While technology can be great, it is not always your friend. One of the silliest movies I ever watched was Zoolander with Ben Stiller and Owen Wilson. They play some of the most idiotic characters in recent cinematic history. In one crucial moment in the movie, they have tracked down information that is very vital to them and they are dumbfounded to learn that the information is "inside the computer." In their ignorance they throw the computer out the office window to try and retrieve the information that was "inside." I am always reminded of this movie when we give technology too much credit for tracking numbers and patients. While it does all of that, the information only matters if you "get it out" of the computer. Let's look at some disciplines and a few reports that will support you in your journey to revolutionize your schedule.

The first important discipline is keeping a relevant call list. While this can be done in the computer, this is very rarely generated from a report in your dental software. Most of the time, the list you print off from dental software will include many patients who you don't need to or want to call, and it sadly excludes the people that are most in need of someone to reach out. Let me assure you, your brain is the best computer for the job.

Every patient who leaves without an appointment ought to go on a list, and they need to be followed up within two days, just like I mentioned before. Running the unscheduled treatment list on a weekly basis can assist you so that patients don't fall through the cracks. We've already talked about the importance of following up on major work after two days, but when you treat everyone else the same, it becomes an easy system. I suppose you could follow up with everyone in a different way, but why create more work or a need for more mental energy. Write their name down if they don't schedule and call them in two days to invite them back into the practice. It is good for hygiene to have a list like this as well of patients who have not shown up to their recall appointments or who are MIA. This way they can make phone calls when they don't have patients, or they can suggest names of people that the front desk can call to support them in filling their schedule.

"LET ME ASSURE YOU, YOUR BRAIN IS THE BEST COMPUTER FOR THE JOB."

Someone else who goes on the list is the person who frequently no shows. Let's say you used the strategy in the last chapter, and someone still has a hard time coming to appointments. If you want, put them on a list and offer to call them on the same day for an appointment that could work for them. If they are able, they can come in that day. However, if you call them once and they can't come, then tell them, "Why don't you call us on a day that works for you, and we will see if we can work you in." Take them off your list and move on.

It is important in every office to keep track of New Patients. A growing office will have between 30-50 New Patients a month, and while sometimes you can run a report

that tells you just how many people you have entered into your system, sometimes those reports include patients who have not yet scheduled in your office. For the clearest picture of how many people have joined your office, run a report for patients who have a First Visit Date during the time period you are searching for. This is the true list of how many new patients you are seeing each month.

Another good number to keep a handle on is your Total Patient number. Dentrix always made me laugh when I would pull up the Practice Statistics Report. While there is a lot of good data on there, the number of total patients was the total of patients you had ever seen in your career, which is NOT how many patients who are active in your practice. To find this number you want to run a report that gives you every patient with a Last Visit date in the last two years. If they haven't been to your practice in the last two years, they are NOT active.

You want to have at least 2,000 patients per doctor in your practice. When we began, I told you there were several different types of practices with varying combinations of doctors to hygienists. A practice with 2,000 patients needs to have one doctor and two hygienists. That's:

1 Doctor per 2,000 patients
1 Hygienist per 1,000 Patients

If you have 3000 patients, you may have 1.5 doctors and 2.5 hygienists and so on. Be smart about how you organize your office and keep an eye on your new patients and total patients. Use this as a metric for how many people you need on your team. Another good metric is that you should produce $25,000 (gross) per team member you employ. Do the math. If you have thought that you are heavy on staff and the numbers say the same, then you are heavy on staff. Whether or not you make changes is up to you, but not knowing can be crippling as you make important decisions moving forward.

According to the formula, how many doctors and hygienists do you need?

Number of Total Patients (TP): _____

TP/2000 = _____ doctors needed

TP/1000 = _____ hygienists needed

Total Gross Production per Month (GP) _____

GP/$25,000 = _____ number of employees needed

For Hygiene, I would run the Unscheduled Hygiene report and as a part of their list they are keeping themselves, it is important to keep track of patients who need SRPs, sealants or who have expressed interest in Whitening and be sure to follow up in two days.

Every dental software company in the world tells you that they are the best. Most of the newest ones tout the ability to generate fancy reports that you ask them for. Many of the developers have never worked a day in a dental office and the ones who have, have not spent enough time building dental software. For my money EagleSoft and Dentrix have all the functions you want in dental software. There are also very helpful tools like Practice by Numbers, Weave (which performs a different function) as well as other data mining softwares. Having these programs is not nearly as important as using them. If they run in the background on your computer and you never look at them, then get rid of them. They are a waste of your money. Otherwise, get into the numbers and start making decisions on real data instead of fear or instinct.

Ultimately you want a 30,000-foot view of your practice to understand what your schedule needs. If you are lacking in production, it likely means that you are not scheduling enough major cases. If you don't have enough major cases, it likely means that you are not seeing enough new patients. If you're not seeing enough new patients, it could mean a few things, like you may not be available when they want to come in, or they have to wait too long. My highest recommendation is to hire a good coach that can help you to interpret the data.

Having a solid view of where you want to go, and then using the plan I have outlined in this book is a powerful tool to achieve the next step in your practice. I have seen these strategies revolutionize offices nationwide. When you begin with the end in mind to schedule your day and when you combine that with a plan to address human behavior, you have the opportunity to train your patients to interact in your office in a way that is most beneficial to them and most beneficial to you. I encourage you to take the first steps. Share this with your team and make a commitment to this plan for the next three to six months. Revisit this book as you will likely not be able to start everything all at once and as you do, you will see your days become more productive and you'll be on your way to creating the business you've always wanted.

List of Reports:
Unscheduled Treatment
Unscheduled Recall
First Visit Date
Last Visit Date

EXTRA CREDIT

GOING PRO

Okay, now you know all the steps, but I can hear it now. "Jon, I did everything you wrote in this book, but I am still not producing what I want to be producing in my office..."

If you are completely satisfied with all your results you can stop reading right now, but if you want to Go Pro in your office, let's have a conversation.

I have had this conversation with hundreds of doctors over the years and I have found two different positions on the subject. On the one hand, you have doctors who are determined they don't need to take this step and I watch as their stubbornness limits what they are able to produce and collect, and on the other hand I see doctors who are all systems go and they wield this strategy like a sword to cut down their competition and gain the loyalty of the majority of patients. So, if you're ready, let's dive in. I'm curious to know which one of the above two doctors you are.

Let me start with a question. How dedicated are you to the days and hours you are open right now? Many times, this is the one thing holding you back from doing more than you ever dreamed. Most dentists are open Monday through Thursday 8 AM to 5 PM with a lunch between 1 and 2 PM...sorry, I just threw up in my mouth.

Now I get the desire to have hours just like everyone else, plus a Friday off so that you can recharge. What you do

causes a lot of stress on your body, but I want to invite you to think outside the box for a moment. If most of your competitors are open Monday to Thursday, who is helping people on Friday? I'm going to hold off on Saturday for a moment because that is a different conversation.

Think about this for a second. Most people are looking for excuses to get out of the office on a Friday. If there is a day of school that is most flexible, it is going to be a Friday. People are generally in a good mood on Friday because it starts the weekend for them. So, if these elements already exist on a Friday, then why don't we give patients the perfect excuse to start their weekend. It's what they are looking for. In fact, do a quick google search and it won't take long to find that people are searching for excuses to leave work early, and because it is the start to their weekend, they are generally more happy and generous.

What if you still worked four days and you worked on Friday. My friend and mentor Dr. Mike Abernathy used to tell his colleagues all the time that his favorite flow of work was working Monday, Tuesday, off on Wednesday, back on Thursday and Friday. He started this many years ago because of some research he had found about energy management for doctors. All the doctors I have worked with who have taken on this schedule have reported that they come back with more energy on Thursday and Friday to complete the work week and Wednesdays become way more productive in other ways. They also find that Fridays become one of the busiest days of the week, and in our offices, if a person misses a Friday appointment, they NEVER get one again, so the attendance rate is very high.

So why hasn't it worked before? Maybe you opened up on a Friday. Why were your results not as glamorous? In most cases it is because the team is not behind it, and because they are not behind it, they don't even offer Fridays. Or if they do, they offer it just enough when they can't fit people into the other days. But let's be honest, your team is a lot like the people I mentioned above. But what if they had a Wednesday off as well? I would gamble to say they would be energized to come back and work Thursday and Friday.

In most cases, the phones are being answered on Wednesday regardless and appointments are being made, but the number of calls on a Wednesday is usually not as high as they are on Monday and Tuesday. But wait there's more.

Accepting patients into your practice can be as simple as removing barriers for them to come in. What are the most common barriers? Time and Money, right? Many people will make the excuse that they do not have the time to come in. If they are working, they will make the excuse that they cannot take off work, they may not have transportation, but the business of life can be the excuse. That is why Saturdays can be one of the busiest days in the office. Here you remove the barrier of time because you are open on a day they are available. Combine that with an offer that is hard to pass up, and then you have a winning combination. We have even seen in some areas where Saturday is a religious day for doctors and their staff, that opening up on Sunday has been a good idea for their office. The point is patients want to be seen at a time that is most convenient to them. And of course, a good practice is if they miss these weekend days, they never get a Saturday (or Sunday) appointment again.

That is also why confronting your current hours of operation is a good idea to gain the most flexibility with patients. What if there were days you opened up at 7 AM or a day or two that you offered appointments until 7 PM? Going Pro in this area really is all about maximizing your practices time and effectiveness by meeting the patients where they are at. I do not have a single dental practice that is open Monday through Thursday between 8 AM and 5 PM that outproduces the offices I have that show flexibility in their schedule.

I had the privilege of beginning my dental consulting career in the middle of 2007 and just when I began to get my footing beneath me, 2008 hit. As those of you in the dental world know, 2008 was a game changer for offices across the United States because of the downturn in the economy. What I found, is that offices that hired a coach and dedicated themselves to the best practices in dentistry saw some of the

most successful years in their practice while many of their colleagues were closing their doors. The economy will always change.

As we see inflation go up in our current climate, we are seeing more team members needing to work five days/week to cover their expenses. The pay scales for front desk and assistants are too low for them to make it on four days/week. For this reason, you will likely have team members who want to work extra hours or days. Also, you should expect as layoffs start to occur, patients will not be willing to take a week day off to go to the dentist for fear of losing their jobs. Some bosses will even go so far as to tell them that they can't take a weekday off, factory workers especially.

"I DO NOT HAVE A SINGLE PRACTICE THAT IS OPEN MONDAY THROUGH THURSDAY BETWEEN 8 AM AND 5 PM THAT OUTPRODUCES THE OFFICES I HAVE THAT SHOW FLEXIBILITY IN THEIR SCHEDULE."

Now let's go up to 30,000 feet for a moment. How much do you need to make in order to pay off your debt and then to retire? How long do you want to be working to do it? If you could cut time in half, would you want to? If you could maximize peak-demand hours to buy back time with your family down the road and create the wealth you really want, would it be worth it to exercise the flexibility you need to help your office produce at a higher level?

One of my favorite values that I have learned over the past few years is this. “The person with the most flexibility in thinking and behavior stands the best chance of success.” When you come to an area of your practice that you don’t want to budge on, challenge yourself. “Am I digging in because there is no other way to do it, or am I committed to this way because it is this leading me to my goals?” A person with only one option is stuck. A person with two options has a dilemma, but a person with three options has opportunity. Being flexible in pursuit of reaching your target market is your best chance for success. Take a moment and dream up what time could look for you if you were just a little more flexible.

Your Goal-Oriented Office Hours

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Saturday _____ to _____

Sunday _____ to _____

APPENDIX A

NEW PATIENT APPOINTMENT WITH HYGIENIST

Use this as a launching point to develop your new patient appointment in hygiene.

- Greet the patient and seat the patient on time!
- As soon as you have them seated, mention to the patient their chief complaint (which was recorded by the front desk team) and ask them to clarify what is going on.
- Ask the patient, “If we could fix that for you, would you be interested in that?” Take note of their answer.
- Be sure that their name is written down in plain sight of the doctor so the doctor can call them by name.
- Assure them you are going to take care of them today and give them “The best exam they’ve ever had.”
- Before you do anything, explain to the patient what you are doing
- Start with x-rays and at least six intra-oral pictures; be sure to focus on problem areas.
- Begin marking in the treatment plan.
- Begin to tell the patient what you think the doctor will recommend based on what you see.

- Perio charting - tell the patient what you are doing before you start; let them know that four and higher are areas of concern and say the numbers out loud.
- Alert the doctor when all diagnostics are complete; you will likely find more during the cleaning.
- Begin their cleaning.
- At any time when the doctor arrives, sit the patient up and introduce the patient to the doctor.
- Begin to tell the doctor the treatment you have talked to the patient about starting with their chief complaint; tell the doctor if the patient said they were ready to take care of it.
- As the doctor gets settles in, get into a position to chart and enter treatment on the treatment plan.
- Doctor will ask permission, “Mrs. Jones, it’s my job to give you the best dentistry I can give you, it’s your job to decide how much you want to do; some, all, or none of it. Does that sound okay?”
- Doctor will give the diagnosis to the hygienist
- Doctor will prioritize the work starting with the chief complaint.
- Doctor will then tell the patient in laymen’s terms his diagnosis starting with the chief complaint.
- Doctor will give the time frame for when they need to be back (3-5 days for major work, 5-10 days for minor work).
- Doctor will allow patient to ask questions; upon leaving doctor will tell patient they are in great hands with the hygienist.
- Hygienist will finish the cleaning.
- Offer fluoride.
- Ask if the patient has heard about your referral program; tell them about it.

- Schedule their next recall appointment for 6 months and 2 weeks.
- Bring the patient to the front desk and tell the financial coordinator about the patient's treatment needs and give them the time frame the doctor relayed to the patient.
- Return to op, sterilize, make notes, and prepare for the next appointment.



ABOUT THE AUTHOR

Jon Rutty — Jon has been a consultant in the dentistry field for 15 years. He's traveled to 41 states and worked with over 150 doctors and 1,000s of team members. He delivers comprehensive strategies that touch all areas of the practice, and he has been instrumental in the growth of dozens of practices nationwide. He lives in Dallas with his wife and four kids. For more information on his program or to have a FREE Practice Analysis, call 972-679-7282.