

# Cashing In On The Hard Work.

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Over the past six months, I have been sharing my thoughts through a series of articles on the relevance and importance of Internet Marketing as a sound strategy for attracting new patients to your dental practice. The ultimate goal of these articles was to help you create a state of the art, easy to navigate, web site that positions well. If you in fact have been able to achieve this, you should now be ready to welcome lots of telephone calls from prospective patients.

Unfortunately, without proper training and preparation, the staff members at your front desk who answer the telephone calls are not going to be able to convert these inquiries into scheduled appointments. And the investment of time, effort and money you have made to create the well positioned web site is not going to generate the expected and hoped for returns. I make this statement based on my experience of listening to hundreds and hundreds of telephone calls between office personnel and prospective patients. I have literally been astounded at how poorly and unprofessionally these calls are handled. Frankly, this has come as a huge surprise to me. When I point this out to clients – who of course never listen to these conversations – they are horrified as well.

Let's start with the greeting. My preferred greeting is "Thanks for calling (or thanks for choosing) Dr. Levitt's office – this is Joan." And you say "this is Joan" with a lilt that translates into "how may I help you?" The last word that I want the caller to hear is the name of the person answering the phone – because people want to know your name. It makes for an easier conversation, and is the first indication of a friendly office. What do I often hear?

1. "Dental office." No name – just a statement. No emotion. No effort to connect. How's that as a way of starting a conversation or a relationship!
2. "Jackson Family Dental – Susan speakin". The lack of proper pronunciation ("speakin" instead of "speaking") sounds so low class. Definitely not the image we want to portray to the world.
3. "Jacksa Fuma Denta" – that's right. The greeting is said so quickly and so garbled– that it is virtually impossible to understand. I've listened to these greetings over and over – obviously knowing the name of the practice – and have still not been able to understand what is being said.

I have a rule that you never put a new patient on hold. That person should receive your undivided attention. At most you are maybe getting two or three of these calls a day – so it should not be that big a deal to follow this rule. Yet I hear this happening all the time. One strategy – especially if there is only one person at the front - is to use an inter-day message on your telephone system. This message says "Thanks for calling Dr. Levitt's office. We are in the office but currently assisting another patient. Your call is very important to us. So please leave your contact information and we promise to return your call within 30 minutes." You can put that message on your system as soon as you begin a conversation with that new potential patient.

You need to own a relatively new (five years or less) phone system in order to have the capability of three separate messages: an end of the day message for after business hours; the inter-day message; and a special recording for specific situations like vacations or out of the office for a day of continuing education. When dentists are spending 50K+ for digital radiology and computer hardware and software upgrades, why not spend another 4K for a state of the art telephone system.

What is really awful is when the front desk person – feeling overwhelmed with call volume or other front desk activity – out of desperation puts the end of the day message on during regular business hours. Someone calls at 11 AM on a Monday morning and they hear “Our office hours are 8 to 5 Monday through Thursday, etc...if this is an emergency call etc...” What kind of an impression does that make? Pretty awful if you ask me.

There is a big difference between a new patient calling on a direct referral from an existing patient vs. a potential new patient calling from an Internet search. The former is a much more solid referral – a satisfied patient has given your name to someone looking for a dentist. The Internet caller doesn’t have that strong referral as an endorsement. That is why the telephone greeting and the relationship building skills of the people working at your front desk is SO critical to converting the call into an appointment.

When a potential new patient calls, one of the first questions to ask is “whom may we thank for referring you to our practice?” When that person says they found you from your web site, the response should be “we have met so many wonderful patients from our web site”. This response gives credibility to a person who has found you from the web i.e. they are one of the many intelligent people who have sought out your office.

Unfortunately many web contacts are shopping for price, and many times one of their first questions might be “how much is your fee for a crown?” Front desk staff usually have been instructed not to quote fees over the phone. “Our policy is that we can’t give out fees without seeing you” might be a typical response that I hear. I think that “policy” is a word that should be reserved for the postal service or the IRS – not the dental office. So often that reply about “our policy” leads to confrontation and frustration on the part of the caller. To avoid this happening, I suggest a different approach which is to give a clinical reason for not quoting a fee. It would go something like this: “Mrs. Jones, I would be happy to quote a fee – do you know if the crown is sub-gingival – do you know if it involves the disto-lingual cusp – are you aware of the width of the free way space?” Obviously nobody is going to know the answers to those clinical questions, so it is OK to say to the patient “Mrs. Jones – why don’t we schedule you for a complimentary exam with the doctor. He will then be able to quote you a fee for your individual situation.”

Another fact of dental life is that Internet callers – since they have no relationship with your office or anyone who is a patient at your office – are more apt than ‘referred’ patients to not show up for their initial appointment. I recommend anticipating this possible behavior with the following script. “Mrs. Jones – although we are a very very busy practice, we still save specific time blocks for each of our patients. So we are happy to save this time for you – but I want to be sure that it is a time that works well for you. Because if for some reason you are not able to be

here for that appointment, it is unlikely I can arrange another appointment for quite a long time.” This may seem like tough love – but I have found this to work well.

As a point of information, you can reduce the focus on price and make it more on quality by adding patient video testimonials to your web site. When potential patients are calling for the perception of high quality rather than an offer of a discounted price, they are more likely to show up.

In closing, I would respectfully suggest that any new patient telephone interaction needs to be a minimum of ten minutes of dialogue. You need to create a major WOW experience in the mind of that patient based on the care you took to understand their individual needs and requests, and by the great customer service that was extended. That patient needs to feel when the call is over, that they have never had such a positive experience from any professional office. When a dental practice understands the enormous lifetime dollar value of any new patient – both from dental treatment for that patient now and going forward – and the potential of other referrals – they will understand why they have to be exquisitely good at converting calls to appointments.

~Mayer

Dr. Levitt has been a great friend of The Madow Group for many years, and is one of the best resources for practice management efficiency tips in dentistry. He is the president of Jodena Consulting, offering personalized advice for business and practice management since 1989.

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