

# **A Reactivation Strategy That Works**

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**Excerpted from The Madow Brothers Monthly e-Newsletter April 2010 Issue**

Last month, in my article titled “How to Create a Growth Budget,” I talked about the large profit potential of reactivating patients in your practice who are past due for their continuing care appointments. I actually received a number of phone calls requesting the details on how to carry out the reactivation – so here goes.

You will remember that the first step that I suggested was for you to divide the patient charts into two groups – those with and those without appointments. The larger the group without appointments, the bigger the indictment of your current continuing care (recall) system. Dental practices that are currently chartless would obviously have to devise another way to separate their patients.

Once the charts have been separated, the next step is to do an audit of the unappointed patient charts. Unlike the separation project, which had to be done on a weekend or after business hours, this exercise can be done during normal business hours by any staff member who has some available time. The audit is done alphabetically, starting with the A’s and going through to the Z’s. Just put in a bookmark to show where the last person finished. Set a reasonable target date for the completion of this project, certainly within two weeks.

We need six columns of information from the audit: name, address, telephone number, the number of months since the last continuing care appointment, any treatment that had been diagnosed but not completed, and finally, a column for comments. You can probably get ten names horizontally on an 8x11 sheet of paper. Once the audit is completed, you will need a set of colored pencils. You will then design a color code for column four – the one that tells the number of months since the last appointment. For example, for patients not due yet (someone might have been seen two months ago and didn’t make an appointment), you will circle the number of months in red.

For those patients who are overdue (past six months), we will bracket in two-month increments. So seven to eight months could be blue; nine to ten months, yellow; eleven to twelve months, green, etc. Once the color coding has been completed, we can begin our reactivation calls.

Once we begin the calls, it is not done alphabetically, but it is based on when someone was last seen. The first patients to be called are those not due yet. These patients comprise what I call the religious core of the practice – they come in regularly, they accept treatment recommendations, they pay their bills, and refer other patients. And I want to be sure that there is, in fact, a space for these people when they are supposed to be seen. The calls to these patients can be made during normal business hours. Here is the script: “Hi, Mrs. Jones, this is Julie from Dr. Wonderful’s office. Hope all is well. I know that you were seen for your cleaning two months ago, but for whatever reason, your continuing care appointment was not made. Normally we would call you or send you a card to alert you about that appointment as it got closer. But a crazy

thing is happening around here – we are getting so busy that I am afraid if I wait until a month before, my hygiene schedule is going to be full. So I'd love it if we could get that appointment in our schedule now. I know you like Thursday afternoons, late in the day, and I want to be able to have a time slot available for you."

If someone says they are not sure of their availability and don't want to schedule, the comeback is: "Not to worry – let's go ahead and get that appointment scheduled anyway. We will still send you a card a month before and we will call you a week before just to be sure that appointment still works for you." Never say "Let's make the appointment because you can always change it." That gives patients permission to do what you don't want them to do. The scripting I am suggesting is subtle, but the results will be very different. Once the appointment is made, the chart goes from the un-appointed section to the appointed section. It is my recommendation that you always keep your charts organized in this fashion, and hopefully the group of patients without appointments is a very small group.

After the not-yet-due group is appointed, we start calling the overdue patients, beginning with those seen most recently. We call the seven to eight months first, then the nine to ten, etc., because it is much easier to get these people appointed than patients who are seventeen to eighteen months overdue. These reactivation calls are made in the evening between 6 to 8 PM. I recommend we pay staff at a rate of time and a half their normal salary, plus you give them a four dollar bonus as an incentive for every patient they schedule. Here is the script for these calls: "Hi, Mrs. Jones, I hope I am not disturbing your dinner, and I hope that the family is well. Dr. Wonderful routinely and continuously reviews the treatment records of every patient in our practice, and he is concerned because it has been [number of months] since you were in for your continuing care visit with our hygienist. So you are obviously overdue, and I would love to be able to get that appointment scheduled for you." If you do not reach the patient by voice, this message is delivered the same way on a message machine, and you ask the patient to return your call. Notate that you left a message with the date of the call in column 6 on the audit form.

Wait four to six weeks before the second attempt. Anything sooner would be considered harassment. Repeat the process again, starting with the patients who were most recently seen to the patients most seriously overdue. Once you have left two messages, it is time to mail what I call the "X-ray letter." This letter comes from the office manager, and it goes something like this: "Dear Mrs. Jones: We have tried on a number of occasions to reach you by telephone to inform you that you are overdue for your continuing care appointment with our hygienist, but we have not been successful. I can only assume that you are seeking your dental treatment elsewhere, and I want to wish you the very best. I also want you to know that if that doesn't work out for you, you will always be welcome back to our practice with open arms. But in the meantime, please let me know where I should send your X-rays because we are running out of room to store them. Sincerely..."

Obviously, this is a very tongue-in-cheek letter. These people haven't gone anywhere else; they just have their priorities a little messed up. For some reason, patients think that their X-rays are worth a lot of money. It has been my experience that this letter following the two documented attempts to reach a patient by telephone message stimulates a lot of patients to call the office and schedule an appointment.

This is a lot of work, a significant project. But I often see 30 to 40% of the patient base without an appointment. If you are successful in reactivation, it is very probable that you will need to add hygiene hours or additional hygiene days. So get to work – the potential rewards are enormous.

~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.**

**Dr. Levitt also trains successful dentists who are at, or near the end of their clinical careers to become consultants in their area of the country. For more information, call him at (401) 421-3615, email him at [jodena@cox.net](mailto:jodena@cox.net).**