



# RETENTION!

How to plug  
**THE #1 PROFIT LEAK**  
in your dental practice

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# WOULD YOU STAND ME UP?

Life moves pretty fast.  
If you don't stop and  
look around once in a while,  
you could miss it.

—

**Ferris Bueller - 1986**

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## WOULD YOU STAND ME UP?

Cancellations and no-shows represent a major loss of productivity in a dental practice. Furthermore, they adversely affect our ability to provide patients with the treatment that they need to maintain their dental health. Moreover, cancellations and no shows are often the precursor to the ultimate loss of a patient from the practice.

Clearly, eliminating cancellations and no shows from your practice would have a positive effect on patient retention, the profitability and stability of earnings of the practice as well as the delivery of patient care.

Many years ago, a mentor taught me that the reason for an appointment was to book another appointment. In other words, our patients always leave with an appointment or at the very least, an agreed-upon way for us to initiate contact with them.

It struck me then as it still does now, that this single concept has the power to transform a practice from mediocre to great, by ensuring the retention of patients.

### **Why Do People Cancel or Not Show Up?**

There are many reasons patients give when trying to cancel or failing to attend their appointments. Some of the reasons are perfectly legitimate – sickness, family emergency and so on. I accept that these events happen from time-to-time. By and large however, most cancellations and no-shows are not the result of an unexpected, calamitous event. There are three main circumstances that contribute to cancellations, however the common thread is that the appointment is not perceived as being valuable enough to remain the patient's top priority and most no-shows occur simply because of that fact: the appointment was not the patient's number one priority at that time.

Secondly, if a patient has cancelled or not shown up in the past without a consequence, the practice has, in effect, given its tacit approval for this behaviour. The lack of consequences for no-shows and cancellations sends a powerful message to patients that such behaviour is acceptable.

The third reason that patients don't attend their appointments is because they have not been asked to commit to the appointed time. When a commitment is first sought by the practice and then given by the patient, the likelihood of a last minute cancellation or no-show is greatly reduced.

## **Eliminating Cancellations and No Shows**

Because most cancellations occur as a result of competing priorities, it is important that the practice takes the time to communicate the value patients are receiving when making appointments. As we discussed in Chapter 4, value should be built and communicated to the patient before, during and after the appointment.

In this instance, we use language to link the patient's attendance to their emotional motivators and concerns or "hot buttons". In essence, we're showing how attending the appointment will meet an emotional need of the patient thereby ensuring it remains a priority in their life. When dental treatment is perceived as being of as high a priority as their emotional needs, patients will typically find a way to attend their appointments.

In Chapter 4, I mentioned I'd had a conversation with some women about the attachment they felt to their hairdressers. I learned that these particular women would do almost anything to avoid having to reschedule a hairdressing appointment. During our conversation they mentioned to me that there were several reasons for this. The primary reason was that they'd have to wait a long time for another appointment due to the busyness of the salon. The women expressed concerns about not looking and feeling their best, whether it be as a result of a hairstyle getting too long, or from the re-growth of dyed hair. Because the hairdressing appointment met the emotional motivators and concerns of the women at a certain level, they placed a high value on the appointment and the consequences of missing it were too much to bear.

Interestingly, some of the women in the group also said they felt that by not keeping their appointment they'd be letting their hairdresser down. These women had a strong connection with their hairdresser and as a result of their relationship, felt a sense of responsibility and obligation to the salon to attend.

As I mentioned in the introduction of this book, the importance of forming personal connections with patients is a recurring theme because they are so critical to the delivery of dental care, including the prevention of cancellations and no-shows. When the relationship between the patient and the dentist transcends the transactional level and moves to a more personal relationship,

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patients feel an obligation to the practice just as the practice feels an obligation to them. Furthermore, patients begin to care about the well-being of you and your practice in a way that they would not have done previously.

For the women I spoke to, the combined effect of valuing the appointment, having a relationship with the hairdresser and an understanding of the consequences of missing the appointment, meant that they would rearrange just about anything to ensure that they could attend their hairdressing appointment.

In his book, *Influence – The Psychology of Persuasion*, Robert Cialdini discusses six psychological principles that are involved in the ability to be influential. One of these is the principle of Commitment and Consistency. Cialdini states, *“Once we have made a choice or taken a stand, we will encounter personal and interpersonal pressures to behave consistently with that commitment.”* (P57)<sup>18</sup>

The premise of Cialdini’s argument is that when a declaration is made publicly, it is far more difficult to renege from. He also makes the point that the more effort it takes to make that declaration, the more internal pressure there is to behave in a manner that is consistent with the commitment. We know this to be true from our own experience.

At the beginning of 2014, I set a goal to run a half-marathon. So that I could invoke the principle of commitment and consistency on myself, I announced my intention to run the Canberra half-marathon on social media, and also sought to raise money for charity by encouraging family and friends to sponsor me. There were plenty of times I didn’t want to train and if I hadn’t committed so publicly, I might well have been tempted to pull out. By invoking commitment and consistency within myself, I achieved that goal.

The same holds true for dental appointments. We need to seek a commitment from the patient that they will attend. If we can extract that commitment, then the law of commitment and consistency will be invoked and the likelihood of the patient cancelling is considerably diminished.

How is this accomplished in a practical sense? There are several ways to invoke the law of commitment and consistency and the first is to have the receptionist simply ask for the commitment once the appointment has been made and accepted. For instance, our receptionist says something like *“Mrs. Jones, we have you booked in to see Dr Green at 2pm next Wednesday. Will you be here?”* She says it with a smile and in a light tone that is inquisitive rather than confrontational. The patient invariably replies “yes” because they have just negotiated an appointment that suits them. By making the public declaration to come to the appointment they agreed to in the first place, the law of Commitment and Consistency has been invoked and the likelihood of the patient cancelling is significantly reduced.

## What to Do If a Patient Cancels

As much as we aim to prevent cancellations and no-shows, we don't yet live in a utopian world and last minute cancellations can occasionally occur. So when they do happen we need to know how to handle them so that they don't happen repeatedly.

The most common "offender" in any practice is a patient who is new to the practice: the reason is that there is not yet an established relationship between the patient and the practice.

In the event of a cancellation or no-show, it is important to avoid resorting to quoting the practice policy. When the practice recites some draconian policy chapter and verse, the opportunity to educate the patient about the impact that the cancellation has on the practice and the patient themselves is lost. Not only that, the "It's our policy" conversation can come across as being patronising and condescending. If the patient is made to feel like a naughty child, they can easily take offence and leave the practice altogether.

A cancellation is an opportunity to revisit what motivates the patient from an emotional perspective. By that, I mean the motivators and concerns or "hot buttons" a patient has around their dental treatment. If the dentist has spent time developing a relationship with the patient during the examination process, then these should be recorded on the patient's file.

When the phone call comes, the receptionist should open the patient's file and look for the patient's "hot buttons" as well as checking for a past history of broken appointments. The "hot buttons" are used to gently remind the patient why they wanted to have treatment in the first instance and see if they can be persuaded to keep the appointment.

*"Mrs. Jones, I see from your file that you've had some pain on the upper left-hand side. In order to avoid another episode like that Dr Green really needs to attend to the cavities on the right hand side. Is there any way you can make today's appointment?"*  
It is important to then pause.

The purpose of the pause is to create a little bit of dramatic tension. Pauses can be uncomfortable. You will know yourself that when there is a pause in conversation there is a natural tendency to fill the void. The first person to speak is usually the one to acquiesce.

This is not some smooth sales technique or manipulation. The purpose of motivating the patient to keep the appointment they agreed to, is to ensure that they receive the best possible dental care and that the practice is not left with a hole in its production.

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If the patient really cannot keep the appointment, then it is important a new one is made and the patient is asked to commit to the new time. As a general rule, I like to play a little “hard to get” and not be too available for the new appointment.

As we all remember from our days of dating, being too available is not necessarily an attractive quality. If you let the patient feel you’re at their complete disposal, you can be treated as a convenience rather than a trusted advisor. Obviously, each practice must meet its own scheduling needs but I like to ensure that if a patient cancels, they wait at least a week before coming in – even if there is time available the next day. For me, it is about educating the patient in that cancelling at short notice comes with consequences.

However it is really important not to become too punitive in this approach. The receptionist needs to be emotionally intelligent enough to determine which cancellations are genuine emergencies as opposed to those that occur because the patient didn’t prioritise their dental care. If in doubt, my default position is to remember our purpose – to create a practice of happy patients who pay, stay and refer. So, I look to accommodate them, but if they cancel a second time, I certainly make them wait.

If the patient is not in a position to make a new appointment, then a time should be agreed upon for the practice to contact them with a view to booking a new one.

On the odd occasion I have a recalcitrant patient who doesn’t respect our time, I have a conversation around our philosophy – not our policy.

*“Mr. Smith, when you first came to our practice, I indicated that our philosophy is to be as comprehensive in our approach to dental treatment as possible. When you keep cancelling your appointment at short notice, I am not able to provide the level of care our patients have come to enjoy and expect. I really need you to attend the appointments that you schedule with our practice. Can you help me with that?”*

On nearly every occasion the patient will agree and attend their appointments thereafter. If I have a patient who cancels or misses the appointments again (first checking the legitimacy of the reason), I am then in the position of asking them to seek treatment elsewhere. This might sound a little harsh but if a patient repeatedly refuses to prioritise their treatment and does not respect our time, then I am not the person to best treat them.

It is important that the practice nips in the bud cancellations and no-shows. As I mentioned earlier, by not taking action you are implicitly training patients to believe that cancellations are acceptable.



## Power of Language

There is little doubt about the power of language. Words have the ability to excite, inspire, spark action, soothe and comfort. However, they also have the ability to cause offence, create mistrust and destroy confidence.

Language first informs our thoughts, then actions, and ultimately our habits. It is our habits that create the results, both positive and negative, in our lives. Despite this power, many people give little thought as to how we use language in our daily lives and the profound effect it can have on others.

Because language carries such meaning and power, it's important we use words with specific intent. If we use them carelessly or without thought, we can inadvertently confer a meaning or significance that is neither appropriate nor desirable.

For this reason we strive to use language that reinforces positive outcomes. Parents of young children will see this principle in action every day. A friend of mine tells the story of her young daughter who enjoyed playing with the sliding door. My friend, aware of her language, would say, "Remember to keep your fingers safe," which her daughter did. When a relative came to visit, he too was concerned for her safety. However, his language was more negative and he said, "Don't do that. You'll slam your fingers in the door." And for the first time, she did just that. Even with the same intent, different words produce different outcomes, hence we need to choose them carefully.

In terms of patient flow, we prefer to use the phrase "change of schedule" instead of the word "cancellation" in our practice. I have long believed that by removing this word from our vocabulary it conveys the message that we just don't get cancellations.

Equally, when patients request an earlier appointment than is currently available, we place them on a "priority list" rather than a cancellation list. The term "priority list" leaves the patient feeling important without implying that cancellations are part of our daily practice routine.

Some may think that we're dealing in semantics here but I have had many patients over the years comment about how they had tried to get an earlier appointment but could not because "You guys just don't get cancellations." I can tell you that the patients who made those comments to me never cancelled or failed to attend their appointment.

Another simple example of the use of positive language is seen when establishing a date for recall examinations. We have learned to replace the phrase "six month

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recall" with an indication of exactly when we'd like them to return for their recall examination. A client of mine has taken it a step further by preferring to use the term "preventive maintenance appointment" instead of recall examination. So in this instance, the patient would be invited to return for their preventive maintenance appointment in March (or whatever month represents a six month time period). By using positive and specific language, we are creating a positive connotation for the appointment and setting an expectation of their return visit.

We work hard to reduce the impact of cancellations and no-shows and I'm mindful about the message we communicate directly or indirectly to our patients. Being aware of the power of language and consciously choosing the type of language we use has had an enormously positive impact on patient flow and patient retention in our practice.

## **Setting and Respecting Boundaries**

Building a practice that is patient-centric doesn't mean we have to cater to patients' every whim or be treated purely as a convenience. The relationship between the practice and the patient must be a two-way street, based on mutual respect and obligations.

However, like all relationships, there will be boundaries that need to be set and respected. Dental practices will have all sorts of boundaries – verbal and non-verbal – around areas such as failing to attend appointments, cancellations and the payment of accounts. The problem for many dental practices is that they don't articulate their boundaries, so that when those boundaries are violated, the practitioner may end up feeling upset while the patient remains oblivious to the situation.

If boundaries haven't been set in the past, then when a violation occurs it really boils down to having a conversation with the patient about them. This conversation is best had from the point-of-view of a philosophy and how these boundaries improve patient care rather than from the point-of-view of a practice policy. Although the difference is subtle, the end result of each conversation is vastly different. When you approach the conversation with a genuine concern for delivering optimal care, patients will typically respond more favourably than if they feel scolded for not adhering to a practice policy.

Conversations in which boundaries are communicated to patients require a degree of skill, sensitivity and emotional intelligence. It is important that whoever has these conversations possesses these attributes. Many times dentists will delegate this role to the receptionist or practice manager. On occasion they may

be the most appropriate person to have the conversation but more often, the task is delegated because the dentist is afraid of a potential confrontation. The first point I'd make is that when the conversation is had from a philosophical, rather than a policy standpoint, the risk of confrontation is significantly reduced. The second point I'd make is that delegating uncomfortable tasks is not management but a lack of leadership.

Once boundaries have been set, consistency is necessary for patients. If you flip-flop, you will appear indecisive and the whole process has been undone.

One of the most common boundaries that needs to be communicated is the need for payment. While electronic payment methods have reduced the overall level of bad debts, it can sometimes be the case that payments are not made in a timely fashion. We experienced this situation when we purchased our first practice, for the previous owner had run an "accounts" system. After we took over, there was an expectation that accounts would continue to be issued and subsequently, payments were slow to arrive. These arrangements meant our cash-flow was lumpy and we needed to move to a system where patients paid on the day of treatment.

In the first instance, our boundaries were communicated in general terms by outlining fresh payment terms in literature, such as a practice brochure or "new patient" letter. In this way, patients new to the practice were unaware of the previous payment system.

We also communicated our boundaries with a waiting room sign. However, rather than an abrupt "payment is required on the day of treatment" kind of sign, it said "Thank you for helping us continue to provide the highest level of care by paying your account on the day of treatment". As you can see, the underlying message is the same but by using positive language to thank the patients and by explaining a little of our philosophy, the message was more subtle, and certainly pointed to a gentler approach.

Most patients moved across to the new system without any fuss. However there were two patients reluctant to switch. In the end, I had a conversation with them to try and understand their concerns. Both patients were gainfully employed and were not in any particular financial stress. It seemed they wanted to manage their own cash-flow by deferring payments for as long as possible. After explaining our position in an amicable fashion, I asked if they would be comfortable with the new arrangements. One patient was and remained loyal to the practice while the other patient indicated he would not make the transition to the new system. Consequently, I explained that we were not a good fit for one another and had the unenviable task of asking him to seek treatment elsewhere. We made every aspect of the transfer as easy as possible and parted company on good terms.

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Are there ever exceptions? Are there times we consciously choose to relax our boundaries? Yes there are. For instance, when a patient embarks on a substantial treatment plan and doesn't have the whole amount up front, we do allow them, on some occasions, to pay it off. Here's the point though. Boundaries are still set and respected. Under these circumstances, the practice and the patient negotiate mutually acceptable terms and communicate these boundaries by having a signed financial agreement in place. The idea in this instance, is to structure an agreement that allows the patient to have the treatment they need and remain at our practice which maintains the financial well-being of the practice.

The terms surrounding payment of fees is just one example of setting boundaries. There are of course, many other situations where this can and should occur in a practice. It has been my experience and the experience of many other dentists that once boundaries are set, communicated and adhered to, practice life becomes much easier for all parties.

## **Consequences**

There will be some patients who despite a conversation around boundaries, will continue to test them. For example, last minute cancellations have a direct impact on my ability to provide ideal care, not only for that particular patient but also for other patients who could have used that appointment time.

There have been times when despite my best efforts to communicate my boundaries regarding these cancellations, the behaviour still persisted. I came to realise that unless there was a consequence for these patients, there was no way they'd respect my boundaries in the future. Everyone will determine what works best for their own practice but in my practice, we make a patient wait a few weeks before we're available to see them again. Some practices that I know of have asked "offending" patients to prepay a non-refundable deposit before the next appointment is made. Other practices choose to impose a cancellation fee for missed appointments. I prefer not to use the latter method because to me, it's punitive and can inadvertently communicate the message that cancellations are acceptable if the fine is paid. I prefer to encourage the patient to attend through positive reinforcement and other positive and appropriate means.

As I have previously discussed, at our practice I prefer to initially motivate the patients to keep the appointment. However, if cancellations persist, I prefer that patient to move on, enabling me to dedicate my time and energy to the patients who are loyal and who do keep their appointments.

Of course, there is no right or wrong in these circumstances and what works for one practice may not work for another. What's important is to know how you'll handle such situations before they arise.

## **But I Need Patients**

When the discussion of no-shows and cancellations turns to consequences, some dentists break out in a sweat. "But I need patients. I can't afford to lose them!" is a typical comment that I hear because they're worried about patient flow in competitive times.

My response is simple: you don't want patients who don't respect your time. You're better off focusing on other marketing initiatives and tightening systems in order to really look after and retain your existing A-grade patients and thereby attracting more of them.

As dentists, we often try to be all things to all people. However as I discussed in Chapter 3, the aim isn't to do business with everyone, but rather to attract and retain ideal patients – those who believe what we believe. By setting and maintaining boundaries we can create a core group of patients who buy into why we do what we do and value us as trusted advisors. Failure to set boundaries or to have consequences for missed appointments results in a lack of structure, sporadic patient flow, diminished profitability and reduced professional satisfaction.