Are new patients tripping over your phone line?

By Sally McKenzie, CMC

It’s the usual busy day in the dental practice. The phone is ringing. Patients are flowing in and things are moving along smoothly. Sure there’s a cancellation or two and maybe an emergency. As the dentist passes the front desk, he hears Linda, the business assistant, wrapping up a conversation.

“No, I’m sorry, we don’t.” We don’t what? What don’t we do that someone wants to know about? The dentist makes a mental note to follow-up with Linda. He’s overheard her give similar replies in the past and meant to ask her about it before.

Here’s what the dentist didn’t hear …

Linda: Good morning, Dr. Stanton’s office, Linda speaking.
Carolyn: Hello Linda, my name is Carolyn Samson. I recently moved to town and I was just calling to find out if the doctor is accepting new patients.
Linda: Yes, he is, although the schedule is pretty full right now.

(Without even realizing it, Linda is sending a message to this prospective patient that she might not be welcome in the practice. It’s already a busy place and Linda doesn’t know how the office is keeping up with the patients it has, let alone encouraging any new patients to join. That comes through loud and clear to the caller.)

Carolyn: Do you offer any Friday afternoon appointments?
Linda: No, I’m sorry, we don’t.
(Silence ensues for a few moments while Carolyn waits for another option from Linda, but none is offered.)
Carolyn: OK, thank you. Goodbye.

To Linda, this is just a routine inquiry — nothing special, and she doesn’t think much about it. After all, there’s no established protocol. She’s just answering questions as they come in.

No, the practice doesn’t offer Friday afternoon appointments because the office is closed, but perhaps the practice offers Wednesday evening appointments or Saturday morning appointments because the office is closed, but perhaps the practice offers Wednesday evening appointments or Saturday morning appointments.

Alternatively, perhaps the practice sees new patients at a specific time of day so that the dentist can spend quality time with the patient and is less likely to be interrupted with emergencies or oral hygiene exams.

Yet, Linda makes no effort to offer possible alternatives or to educate the patient on the options and why they would be worth considering. She simply answers the questions the prospective patient asks and feels she’s done her job. It’s a common scenario because few practice employees are trained to properly handle phone communication.

Meanwhile, dentists go about performing dentistry and seldom give those perfunctory phone duties a second thought. In fact, only 12 percent of dentists believe the telephone has a major impact on their practice even though it is typically the only point of entry for new patients. In addition, only 5 percent of practice staff is trained to properly handle phone communication.

The vast majority simply wing it.

The irony is that while dentists typically place little importance on the telephone, this is the make it or break it point of contact in the opinion of most patients. It is through the telephone conversations with your office that prospective patients begin to assess the competency of the dentist and team and whether this practice deserves their business and that of their families.

In today’s consumer-driven dental marketplace, the old cliché that you only get one chance to make a first impression couldn’t be truer. If your practice doesn’t measure up, chances are very good that prospective new patients will be moving on to the next office on their list, and this loss is yours.

In fact, if poor telephone protocol causes your practice to lose just 20 new patients a month and each would spend an average of $1,000 on dental care a year, that’s 240 patients and nearly a quarter of a million dollars.

But it’s usually not until dentists start feeling the effects of poor phone communication in the form of scheduling problems, fewer new patients, no shows, financial strain, etc., do they begin to question just how those perfunctory phone duties are handled.

Have you been disconnected?
How well does your team manage phone calls from current and prospective patients? The truth is you don’t know until you hear both sides of the conversation.

In the medical community, “mystery shoppers” have been used for several years. Dentistry is embracing the concept as more practices have come to realize the benefits. “Mystery shoppers” have been used for several years. McKenzie Management has developed a telephone assessment protocol in which a professionally trained and certified “mystery shopper” makes multiple calls to a dental practice and assesses the effectiveness of the team’s telephone skills.

The calls are recorded and the dentist has the opportunity to hear firsthand what is transpiring between his/her staff members and prospective patients. What we are finding is that dentists are often very surprised by what they hear and, unfortunately, not in a pleasant way.

Dentists really cannot judge how well their staffs handle telephone communication until they hear it firsthand. Does the business team use proper phone etiquette and correct grammar? Do patients have to wait too long on hold or for someone to answer?

How does the staff handle questions and requests for information? What are the staff’s tone, attitude and demeanor? Do staff members come across as welcoming and helpful or annoyed and rushed? Most importantly, how many new patients might be lost month after month because of inadequate telephone protocols?

While the reality of how phone calls are commonly handled can be an unpleasant shock, we also find that it tends to be a major incentive for dental teams to identify exactly where protocols can be established so that the practice can make improvements right away.

Oftentimes, very capable dental employees unwittingly drive new patients away because they simply haven’t been trained, and educating staff on effective telephone communication can significantly improve their approach. Moreover, it can prevent the loss of hundreds of patients and tens of thousands of dollars a year. However, it doesn’t stop there.

Callers expect follow-through

Another element of effective telephone commu-
Welcome to a new topic area among the pages of Dental Tribune! The thanks for this new topic area go to a number of oral pathologists who seek to expand their role in the dental community by writing for Dental Tribune.

These authors will provide us with selected case studies to help educate our readers about the various oral pathology situations they might encounter in daily practice.

We hope you enjoy this new topic area and welcome your feedback at feedback@dentaltribune.com.

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Diagnose this ...

The patient presents with an ulcer on the left lateral border of the tongue. The patient noticed the ulcer — which causes pain and a burning sensation when eating — about three months ago. The patient has smoked five cigarettes a day for the past seven years.

Clinical examination of the lesion shows that the ulcer is reddish-grey in color with slight sloughing, inflamed margins, a firm and indurated base and about 2 x 2 cm in size.

**Which type of ulcer is this?**

- a) Tuberculosis associated ulcer
- b) Traumatic ulcer
- c) Squamous cell carcinoma
- d) Aphthous ulcer
- e) Herpetic ulcer

**Identify the ulcer**

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(See page 6 for the answer)

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**About the author**

Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide. She is also editor of The Dentist’s Network Newsletter at www.thedentistnetwork.net; the e-Manage ment Newsletter from www.mckenzie mgmt.com; and The New Dentist™ magazine, www.thenew dentist.net. She can be reached at (877) 777-6151 or sallymckenze@mckenziemgmt.com.