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The Power of the More Efficient Exam/Cleaning Combination:

4-18-23 *Hello!* The concept of giving patients what THEY want...as well as promoting cleanings as an easy way to enter your practice...with a NEVER MENTIONED low-key exam...is NOT new. It has been at the heart of our client's successes for decades. For any practice to in ANY way suggest to the patient that an **exam is a prerequisite for a cleaning has been long documented to be increasingly FATAL to the practice.**

To suggest in office or over the phone that an exam is required WITH or before a cleaning quietly decimates new/returning patient flows, referral & overall demand for your services. If a patient asks for "A," we can't say, "You must have 'B' first!!!" **However**, for marketing, clinical & legal reasons, every patient must be examined.

During the early 1980s, I was **horrified** to discover that many practices were simply NOT giving the fragile new patient what they asked for. If they asked for a cleaning, they were told that they **must** first come in for an exam...**then** "we'll determine what type of cleaning you should have" or similar.

The **fragile** new patient tended to want to enter the practice with a non-threatening, non-invasive & **cosmetically beneficial** CLEANING by which they could get their **feet wet** & see if the practice was **ok** for them...or **not**. In the 1980s, patients **trusted** dentists FAR MORE than they do now...but even then, we were concerned the slightest **roadblock** would scare the already VERY fragile & anxious patient away.

Clinical Superiority Is Valueless...If Only a Few Benefit From It.

Our earliest clues came in the early 1980s...in a **very wealthy & highly educated** suburb of Washington D.C., where a client practice was growing at an unusually slow pace after marketing. We were puzzled until the fairly astute receptionist suggested that the vast majority of these well-educated, **upper income new & returning patient callers** asked to be scheduled for cleanings...but were told they would need to ALSO have an exam...or an exam FIRST before they could get the cleaning that they asked for!

The receptionist suggested that **as these patients DID NOT get what they asked for...most NEVER made it in!** She tracked the number of new patient calls that she received, tallied the number that asked for cleanings...& counted how many didn't appoint or canceled/no showed. In this early, very primitive study, out of nearly 100 calls during the month, **around 80 either did not appoint, later cancelled or no showed**.

If patients valued an exam, wouldn't they ask for one in the first place? Isn't an approach that essentially ejects masses of patients from preventative exams UNETHICAL from a community dental health perspective? Many offices in the 1980s blocked off 1–2 hours for a doctor's exam. We still occasionally find these! Many patients canceled or NO SHOWED ahead of time...or after the WAY too extensive & aggressive exam, **did not accept.** Couldn't the doctor's valuable time be allocated more wisely? TODAY, we STILL find practices with similar approaches! While very few are even moderately successful, all practices perform FAR better after they adopt the approach outlined below!

First Give Them What They Want...Then *Later* What They Need!

While we "opened the flow" to allow patients in the door for the cleaning that they wanted...we felt that it was also **ethically & legally correct**...as well as in the **practice & patient's best interests**...for the new & returning patient to **ALWAYS** at least be briefly visited by the doctor for a brief exam. **EVERY cleaning!**

In the early 1990s, many clients were experiencing **massive cancellation/no-show rates** (corroborating the D.C. study) tied to the traditional "exam 1st" or "exam with cleaning" approach. Working together with our clients, we experimented with & developed an efficient **hybrid approach** whereby patients were given what they asked for over the phone...but ALSO received what they NEEDED in the chair! Everyone was happy.

Patients Won't Take Off for Hygiene...But WILL for Restorative!

Over the decades of digitally monitoring thousands of client practice offices....combined with dozens of patient/consumer studies...it has become CRYSTAL CLEAR that your BEST PATIENTS will ABSOLUTELY **not take off work or school** for just a cleaning...but WILL (assuming they are properly managed) take off for the restorative care diagnosed DURING the hygiene exam. Chicken or the EGG?

So the PRIME TIME cleaning MUST HAVE A HIGHER PRIORITY than the restorative procedure. With the comparatively rare exception of emergencies, practices cannot perform restorative unless it is FIRST diagnosed during the cleaning. **Restorative comes FROM hygiene...not the other way around!**

Get 'Em Back Mid-Day, Mid-Week For Restorative!

"Thank goodness you made it here in time! We need to get this tooth taken care of RIGHT away!"

"Please be careful not to chew on that side...& stay away from hot & cold fluids until we can get this taken care of!"

"Judy, when is the soonest time that we can get Mrs. Jones back for this procedure? Perfect! Tuesday at 2:00 PM it is..."

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So the optimal approach is to configure all chairs...all hygiene...with no restorative...weekends & evenings. Only hygiene checks. However, many wonder how do you persuade patients to come back (for example) MONDAY MORNING at 10:30am for the restorative procedure diagnosed on Saturday afternoon???

First of all, this must be communicated with a sense of urgency & importance...almost as if it were an emergency (if it was not!). Moreover, your tone must be that this is a major surgical procedure, the procedure is URGENT...& the patient needs to come back as soon as possible during the time that these procedures are being performed.

Weekend or evening RESTORATIVE appointments are NEVER offered or allowed...unless there is a cancellation in today's Prime Time hygiene. Nothing can interfere with the hygiene appointment thru which the restorative was diagnosed in the first place. The patient must be confidently & assertively DIRECTED (no options) to the mid-day, mid-week appointment **using the above language.**

Here's the MATH: For example, if a DDS performs a crown prep that takes 1 HOUR...& during that SAME time this DDS could have checked 5 hygiene patients (on average in the U.S.) worth $880 each, he would have generated $4,440. Instead the DDS generated only $1,000. **This represents a LOSS of $3,440.**

While our databases cannot exactingly verify, as the patients are persuaded (per above), properly appointed mid-day, mid-week...& **deposit paid**...we have been told by hundreds of practices that "show rate" & completion level is near 100%.

Optimal Green Lights, Pre-Selling & Corroborative Approaches:

Over the phone, we must ALWAYS give patients 100% **Green Light** Secret Shopper grades & what they want...& get them in (while pre-selling the practice)...then build a relationship of **trust** so that they

will later accept what they need! **Propel them into the office!** Remove points of friction! When patients ask, "I want to make an appointment for a cleaning," build an expectation of excellence!

In practice, the impact is not far removed from the placebo effect seen in medical pharmaceutical trials. "**You are going to love our hygienist Judy! She's amazing!** One of the best hygienists I've seen in my 20 years here! Are evenings or weekends more convenient for you?" There is **never** a mention of an exam, as it may be perceived as a money-focused up-sell. Plus, it is not what the patient asked for!!! If there is a vague request, such as asking for a check-up, or an exam, only *then* schedule an exam.

Scheduled as a typical cleaning, the assistant or hygienist takes x-rays…without regard to if they were asked for…or paid for. X-rays **cost the practice mere pennies**…but provides the doctor/hygienist with **definitive data** by which they can diagnose potentially dangerous conditions…*&* **persuade** the patient to **comply**! With x-rays in hand, the assistant *&*/or hygienist specifically suggests to the patient any areas of concern. They mark what was mentioned on the "horseshoe chart" (or similar) *&* then say, **"We'll have Dr. Smith come in here *&* have a look. You're going to love her, she's great…*&* you can really trust her."**

3rd Party Pre-Sell…*&* Corroboration of Doctor's Credibility *&* Diagnosis:

As the doctor casually strolls into the operatory, the doctor *&* patient spend a few minutes engaging in non-dental, **patient-interest focused** small talk. Later, after glancing at the previously annotated horseshoe chart (there are no patient perceived communications between doctor *&* hygienist/assistant) the doctor **corroborates** *&* expands on areas of clinical concern the hygienist/assistant had EARLIER suggested. 5–10 minutes MAX!

To the patient, this is a clinical recommendation that is seemingly **independently** echoed, reinforced *&* corroborated by the hygienist, assistant…*&* later the dentist. Recent chrisad studies suggest that the hygienist *&* assistant may be more trusted than the DDS. In any event, all as all three opinions converge, acceptance levels soar.

A recent chrisad study suggested patients grow MORE IRRITATED by the minute…beyond **56 minutes**…in office for an exam *&* cleaning…*&* 13.9 minutes MAX in the reception room! So this not only helps you get patients in *&* out within 1 hour…but also **CHECK MORE PATIENTS PER DAY!**

In most circumstances diagnosis *&* financial presentation takes place right on the spot. If it is an EXTREMELY RARE **Big Case** situation, even if the patient is given a **compelling *&* urgent reason why** they need to return for a more thorough examination *&* discussion of treatment option…only a few patents will return for the big exam…*&* 1–2 hours of appointment time are wasted. **It is much wiser to just do it while they are in-office *&* strike while the iron is hot!**

As a note, some DDS still perform hygiene THEMSELVES…without an assistant. This appears to be penny wise…but pound foolish! In addition to the eventual DANGEROUS *&* inevitable hygiene appointment availability constraints, it appears that that uncorroborated, one-person case presentation approach is **less trusted**…*&* thus FAR less successful.

The Basis of the Past Failed Recommendations: Innocent Intuition

We traced the genesis of these recommendations to a number of **well meaning *&* clinically superior**…but from a marketing perspective **dangerously deficient**…post-graduate dental "institutes" *&* "academies" that apparently innocently *&* intuitively assumed that what they (as DENTISTS!) knew *&* wanted from a dentist…was also what the patient consumer wanted! However, this violated marketing's **Golden Rule: Gotta give the consumer what THEY want…*&* on their terms!**

Decades ago, these statistically erroneous *&* baseless ASSUMPTIONS were legitimized by short-term successes in a very few, very **artificially *&* ILLEGALLY advantaged marketplaces**. Competitive dentists were kept out! The local ratio of DDS to patients was outrageously advantaged. Virtually **any** approach would work in 1990s **Las Vegas**, '80s **Arizona**…or '60–70s **Florida**. In these areas…with temporary ratios of **1 dentist per 20,000+** folks (the U.S. norm is around 1 DDS per 1,500 people)…local patients essentially had **no choice**! Not a valid precedent!

As the **U.S. Federal Trade Commission** (thankfully) eventually shut down these restrictive state dental board policies…*&* these marketplace ratios evolved to a more normal levels…these "institutes" *&* their practices **IMMEDIATELY *&* DRASTICALLY suffered**. THESE idealistic APROACHES FAILED…*&* many "academies" *&* "institutes" eventually (quietly) called chrisad for help WITH THEIR PRACTICES!!!

Listen to the patient! REMOVE POINTS OF FRICTION! Give them what THEY WANT so that you can later give them what they NEED! Make it easy on them…*&* they will make it GREAT for you! This approach gives the consumer patient both what they initially ask for…*&* later what they **need**. It is at the heart of chrisad's **fastest growing *&* most successful practices worldwide**. **Far from a compromise**, it is a means by which America's finest dentists can build a stronger relationship with their communities…while **MORE ETHICALLY caring** for **more BETTER patients**! jc