

## The seven habits of highly ineffective practices

Want to reduce your patient base and have more time for golf? Here are some foolproof tips to drive away patients.

**A**re your patients getting too demanding and too difficult to deal with? Would you like to decrease that pesky patient load and dismiss some staff at the same time? Then have I got a solution for you. Below are seven steps guaranteed to drive away patients.

These concepts come directly from patients and are the top seven service issues identified in a 2002 national poll conducted by Suzanne Boswell Presentations. More than 400 adult patients were polled to determine their attitudes about quality and service in medical and dental practices. Follow them and you'll have patients flocking out the door in no time!

(Of course, if that's not your goal and you want to maintain or increase your patient base, consider these common patient complaints as issues to investigate for practice improvement.)

**1** Keep the patient waiting at least four weeks to get an appointment. Patients complain heartily about the difficulty of getting an appointment within a reasonable time frame. Some polled stated that it was six to seven weeks before there were any openings in the schedule

for maintenance appointments. This is tantamount to encouraging the patients to go elsewhere.

If you really want to turn away patients, try this: First, tell the patient on the phone that it will be seven weeks before there is an opening for a prophylaxis. Second, put the patient on hold so he or she can hear depressing news stories on the radio station your phone system is patched into. If you're really lucky they'll hear an advertisement for another dentist who is eager for new patients. By the time you return to the line, they may have hung up to call the other office!

**2** Avoid any form of acknowledgment when a patient enters the office. Ignoring the patient, especially through lack of eye contact, is like saying "you're really not valued here and we're attending to more important matters." Carry this attitude through from the front to the back of the practice for added punch.

In clinical areas, behave as if the patient is not even in the chair. Patients should feel that you view them as teeth only and that you are in a business of science, not a business of people. Avoid eye contact during verbal interaction. This step

alone will have patients questioning why they would want to return to your practice. It will also earn you negative word of mouth with the patient's friends and family.

**3** Keep patients waiting in the reception area at least 20 minutes after start of their appointment time. Actually, 15 minutes was the longest tolerable wait time cited by patients, so start off with at least 20 minutes to make this step really effective. Don't communicate with the patient during this time. Certainly do not give the patient any idea of how long the wait might be or why there is a delay.

For this step to have greatest impact, it's important to avoid eye contact (see No. 2 above) and to chat and laugh with teammates or conduct personal phone calls within earshot of the patient (see No. 4 below). The patient should understand the wait is Standard Operating Procedure, so it is important not to apologize. To add insult to injury, act happy-go-lucky toward patients who have waited the longest and are most upset.



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4 Discuss financial matters in earshot of other patients. Let patients overhear confidential information about other patients' cases or financial matters. Let them think that you will be discussing their issues in front of others. This is particularly potent when patient financial difficulties are discussed and the practice is in a community where everyone knows each other.

Offices where there are partitions or half-walls between treatment areas provide great opportunities. The patient should think you don't know you are being overheard. It causes him or her to imagine the worst. At these times, the topics can be juicy, like which patient had bounced checks or which patient's husband called the doctor at home to ask for a discounted fee.

5 Conduct personal conversations or gossip with teammates in earshot of patients. Encourage teammates to join in. Be sure the discussion is unrelated to patients or to work. Topics could include mother-

in-law problems, digestive tract difficulties (sound effects may be included) or the sad state of customer service at local stores. Or staff can make personal phone calls within earshot of patients. If a patient approaches the counter during one of these phone calls, staff should avoid eye contact, turn away from the patient and continue the conversation.

Better yet, have two or three team members carrying on a catty conversation about another team member. Then have that team member enter the room, causing the conversation to stop and the room to fill with a chilling silence. Be sure that the name of the team member is clearly heard so those patients grasp the situation quickly. This can be very effective in clinical areas and hallways. As you turn back to the patient, add impact by rolling your eyes upward.

6 Focus on what's good for you at the expense of what's good for the patient. Patients want to think that you are looking out for their best interests. Dispel that thinking as foolishness. Jump on the coat-tails of the big corporations that are making headlines lately because of underhanded maneuvering. The public is already concerned about ethics. Why not

have them question yours? Start out with phone call interruptions during your time with the patient. Let them know that it was your daughter calling to let you know she'd received acceptance to Radcliffe College. Then smile and add, "I've got three more at home ... it'll be a long time before I get to retire! OK, let's get back to that full-mouth reconstruction we're discussing." Don't apologize for the interruption.

Pad your bill. Do not itemize the statement, but do ensure it is at least 10 percent higher than the fee initially quoted. If you opt to itemize, add a line item that is unrecognizable to the patient. Have some fun: Make up a treatment and code that doesn't exist. Not only will patients balk, but they might pursue a legal investigation that can earn you a lot of free time.

7 Don't assist the patient with insurance matters. The first ones to jump ship will likely be young families with children. Overwrought parents with numerous children who are juggling financial challenges may find this to be the proverbial straw that broke the camel's back, particularly when it follows the six preceding steps.

You'll get the most mileage by taking the "cold turkey" approach. If you are presently accepting assignment of benefit and you file claims for patients, don't forewarn patients of any impending change. At the end of the appointment, tell the patient that you now require payment in full and that patients must complete their own paperwork for claims. If patients ask for assistance with the paperwork, give them a pre-printed note that explains this change was made because the paperwork was taking too much staff time. This will make it clear to the patient that numerous others are presented with the same challenge. And the note is particularly effective if the team has seemingly frittered away time in personal conversation within earshot of the patient.

If you are concerned that these seven steps won't achieve your goals of a reduced client base quickly enough, here's one additional idea: Put signage in your reception area or provide staff with buttons to wear that say, "We can transfer your records. Just ask us how!" That will certainly get their attention.

If you've gotten to this point, you either think I have baked my brains in the North Carolina sun or you understand that I am being facetious. Still, these seven issues led the complaint list in our 2002 national poll of patients. And, as a mystery patient in dental practices, I have experienced each at one time or another. Review this list with your team and ensure that none of these exists in your practice. □

## These seven issues led the complaint list in our 2002 national poll, which looked at patient attitudes on dental services.