

# Get Patients to Keep Their Appointments

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Picture this: Your office is scheduling appointments 6, 8, and 12 months in advance. One month before their appointments, you mail patients postcards to remind them of their upcoming visits. Two days before the appointment, you call to confirm, informing them that there is a fee for patients who fail to show up. And yet, you still have missed appointments and last-minute cancellations plaguing your schedule.

This problem is a common one in dental practices. But do not worry; all hope is not lost! Here are some easy steps your office can take to decrease your no-show rate and help prevent cancellations:

## 1. Diagnose these people as A, B, or C patients

"A" patients are those people who are a pleasure to work with. They show up on time for their appointments, they refer their friends, and they pay promptly for your services. These patients constitute 10 to 15% of your patient base.

"B" patients are the standard patients who make up the bulk of your practice. They usually keep their appointments and pay for the work they have received. These patients constitute 70 to 80% of your patient base.

"C" patients are the people who cancel at the last minute or fail to show up for their appointments; they do not pay their bills, and they call upon your services only in emergency situations. These patients constitute 10 to 15% of your patient base.

The short-notice cancellations tend to be the same few people, typically, your "C" patients. It is also important to determine if this is a pattern (as it is with "C" patients) or a one-time occurrence (such as an emergency or unusual circumstance with an "A" or "B" patient).

## 2. Determine the cause of the problem

Chances are, if your office operates with the mentality that "everyone will get an appointment before they leave," even when a patient tells you that they do not know what their schedule will be like in 6 months, you are probably seeing more cancellations than you would like. By changing this mentality and placing the responsibility of setting that next appointment on the patient, you will avoid scheduling people who do not take their dental care seriously and who should not be on your schedule.

We can create these unfavorable situations by using our schedule as a "tickler file" instead of using it as a confirmed appointment. If patients do not know their schedule, do not set the appointment.

## 3. Have an honest conversation

If you have determined that this is a pattern of cancellation with a "B" patient (because "A's" would not fit this category, and "C's" simply do not show for appointments), the next step is to have an honest and understanding conversation with the patient.

"Ms. Patient, thank you for taking time out of your day to let us know that you are unable to keep this appointment. As I review your chart, I have noticed you have made this appointment "x" number of times. Are you sure this is the right time for you?"

This approaches the subject with care, and it also lets the patient know that when you set the appointment, you are reserving a specific time for him/her to receive the doctor's services.

## 4. Remember to give patients the opportunity to say "no thank you"

Oftentimes, we may force a patient into an appointment by saying, "Let us get that appointment scheduled; then, if you need to change it once you get back to the office or once we get closer to the date, just call me, and we will reschedule you."

Do not schedule until the patient knows they can keep the appointment. This way you are not calling to confirm to see if they will be coming. Instead, you can use a "call of concern" format, such as, "We know you are coming, and this is a call in preparation for your appointment. The last time you were in, x, y, and z went on; has that changed? Great! I will let our hygienist/assistant know. We look forward to seeing you on [blank] day and [blank] time."

Make sure to give that information you obtained from your "call of concern" to your hygienist or assistant, who can then mention the discussion with the patient during the medical/dental history review. This creates value and helps patients feel that their treatment is individualized.

Changing the language you use to schedule the appointments and the way you approach appointment confirmation activities can make the difference between a full schedule and an empty one. Remember that the dental care responsibility lies with the

patient. Focus on scheduling those “A” patients and converting your “B’s” into “A’s.”

My very best to you and your family,

Kirk Behrendt

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“stop TRYING. . .and start TRAINING!”

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