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BEFORE YOU IMPLEMENT ANY MARKETING CAMPAIGN, REVIEW THIS BRIEF SUCCESS CHECKLIST!

by Jerry A. Jones[1]

It's easy to spend money. It's fairly easy to make money. But, there's much to be done before investing a single penny on marketing, to prepare for and ensure the odds of a great return on your investment remain in your favor.

Here are a couple areas to consider, review, focus on and "clean up" before you embark on any marketing to generate new patients:

1. *Is your team "trained up?"*
2. *Do you have optimum phone coverage?*
3. *Do you and your team understand the cost of an empty chair?*
4. *How much does an average new patient cost you to acquire?*
5. *Do your have buy-in from your team?*

Failure to understand or pay attention to these five areas can make or break your marketing campaign. Non-performance or failure in any one of them in fact, has the ability to tank your investment like the stock market on bad earnings news.

TEAM BUY-IN:

Let's address each of these from the bottom up. First, and most important, number 5, team buy-in. Enrolling your team in and helping them understand the reason why you're needing new patients is critical. It all starts with sharing your financial story, as it is now (your current status), and where you'd like to go (your goals) and the role you'd like each to play (delegation). For this, I'd suggest one of the best books ever written about full disclosure in business: *The Great Game of Business*, by Jack Stack. This book could well change your life.

You see, unless you honestly share your financial story with your team, they will have no idea why new patients are critical, as a key component to your success is having a team behind you that supports and understands your mission. Ideally, you want them pushing you. Because, if you are the only Motivator-in-Chief, you'll soon burn-out and fail to achieve your goals and objectives; sharing also enables delegating. Your team must understand your overhead expense, the cost of marketing and the amount of work required to get your phone to ring with someone interested in scheduling an appointment. This bridges nicely into number 4.

THE AVERAGE COST OF A NEW PATIENT:

From a number of sources, (to include my own 20+ years helping dentists with patient attraction and retention), I've determined the average cost of a new patient across all media, considering all states, cities, and factoring in dental demand (high or low), costs associated with advertising, etc., the average practice pays roughly $250 for a new patient. Some are far higher and some are well below.

If you want a place to start, to determine a budget for generating new patients, that's a number you can use. Be pleased if your own results are lower, and, if they are higher, it gives you a benchmark to shoot for to lower your expenses if possible.

THE COST OF AN EMPTY CHAIR:

Here's the thing: When you're investing $250 per new patient that schedules, theoretically, each and every phone call from a prospective new patient who does not schedule or fails to have their call answered, could be costing you $250 or more!

Continued on page 2

Success Checklist ..... (1, 2)
Medical Billing ..... (3)
Anaphylaxis - Part II ..... (4)

SUCCESS CHECKLIST!... CONTINUED FROM PAGE 1

You and I cannot afford to miss calls from new patients. It's not only expensive, when you consider the cost associated with a lost opportunity and, our next category, it's particularly hard on the wallet. I'm talking of course about number 3, the cost of an empty chair.

I was speaking to a really great group of Dentists in Parsippany, NJ recently, Members and Guests of the American Academy of Dental Practice, the AADPA (aadpa.org), and the subject of "free or discounted exams" was brought up during Q&A. I love that topic. Conventional wisdom (which is oddly almost always wrong) holds that all free or discounted exam patients are shoppers and will never schedule or get any treatment completed. So, one doctor asked the question, "Do I really want those kind of patients in my practice?"

My answer was simple: "Doctor, once you consider the cost of an empty chair, minute-by-minute, hour-by-hour and the lost opportunity cost, I believe you'd rather have a rear-end in the seat so you can potentially diagnose some treatment and potentially sell some treatment. It beats the alternative: no butt in the op and no one to diagnose or treat."

Aside from the fact I personally know of numerous practices which have been successfully built and operated for decades using the free or discounted exam marketing model (to include my own 14+ years and counting), the above remains a simple, valid question to ask yourself: Do you prefer an empty chair to a patient who's scheduled for a no-cost or discounted exam?

If you had a board of directors running or advising your company, what would they want? What do your shareholders want? Maximum attainable ROI, right?

To help you through this question and put some dollars and cents to it, let's consider an office with $80,000 a month in collections with 65% overhead. That means at that level of collections, that practice requires a total bank deposit of $52,000 per month to cover expenses. And, if this theoretical practice had 4-ops, each op has $13,000 of overhead/month associated with it. Or, $3,250/week, or, $928/day on a 3-1/2 day work week. If you're open 8 hours/day, that's an overhead expense of $116/ hour, or $1.93/minute.

When you have an empty chair, you're spending $116 an hour with no potential to get that money back once the hour is gone. So, would you rather have a butt in the chair or have an empty op? Most, sadly, end up accepting an empty chair. And, you and I both know there is no dentistry to be done on an empty chair no matter how great of a clinician you are. It really boils down to making a sound business decision, not a philosophical or one ensconced in theory.

OPTIMAL PHONE COVERAGE AND TRAINING:

This leads me to my final two points, where I find most offices fail miserably. And, the thing is, it just doesn't have to be that way. As you've perhaps read and learned before: phone coverage and scheduling training to schedule for maximum effectiveness can almost immediately change that four letter word "fail" to that all important word, "success!"

This isn't new. In- fact, nearly 20 years ago, we were conducting mystery calls and phone training to help the front office team be more effective and schedule more new patients. Yet, 20 years later, the problem is just as bad if not worse and it's all easily revealed through the use of call tracking numbers on specific ads, where inbound calls can be recorded, scored and then used for training to help the front office team improve. There are a number of resources that provide call tracking numbers. For the last 5 years, we've used MessageMetric.com and I'd encourage you to check them out. Their systems has some advanced features your front office team will really enjoy and you'll profit from. (I'd also encourage you to check out their ReviewWave.com service, too. It can easily boost new patient numbers by encouraging online feedback.)

Another spot that, more often then not, has room for improvement is live coverage of phones during off or expanded hours. At my Wellness Springs Dental® office in Salem, we answer calls 7:30am until 7pm, live, Monday-Friday and on Saturday, 9am until 3pm and Sunday, 10am until 2pm. And, even when phones aren't answered "live" for some reason with a person from our office, we are actively calling back missed calls. A surprising amount of texting also takes place between our person handling the phone and our Guests (patients).

If you and your team are not engaged in this basic level of Guest/Patient service, and you're about to invest a large amount of hard-earned cash in marketing your practice, please be sure these areas are covered and understood by you and your team. Skimp or be stubborn at your own peril.

Being a good steward of your money and making sure any investment in marketing returns an acceptable ROI (2:1 or better in the first 90 days at a minimum), will ensure you can grow your practice at the rate you wish.

Mr. Jerry A. Jones is a two-plus decade industry veteran, practice marketer, speaker, author and dental office owner. His dental office franchise, Wellness Springs Dental®, offers solo and small groups a solution to commoditization. Information is available at www.WSDFranchise.com. Reach Mr. Jones via email: jerry@jerryjonesdirect.com or call: 503-339-6000.

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Medical Billing for Dental Procedures

by Christine Taxin[2]

Dental care is expensive, and many of your patients may only have minimal dental coverage. This can cause big problems when they need extensive treatments due to medical conditions. Too many people avoid getting adequate treatment for conditions like TMD, sleep apnea, and even oral conditions related to diabetes because they worry about affording the treatments. They're suffering, and putting their health at risk because they worry about the cost.

There is a way that you can help your patients afford care plans and improve their overall oral health. You can bill medical insurance for certain covered conditions. When you learn the ins and outs of medical billing for qualifying dental treatments, you can save your patients money and help them accept the care that they need.

Dentists are Doctors Too:

Some dental offices avoid billing medical insurance for covered dental procedures because they fear that they'll be accused of fraud. However, most states have laws recognizing both DDS and DMD providers as capable of billing medical insurance for conditions that fall under their specialties. The American Dental Association has put together an overview of some of these state laws. In most states, if an insurer covers a procedure when it's performed by a physician or nurse practitioner, it must also cover the same procedure when it's performed by a dentist.

For instance, in Wisconsin, the law states that "insurance companies are required to provide coverage for diagnosis or treatment of a condition or complaint performed by a licensed dentist if the policy covers diagnosis and treatment of the condition if performed by any other health care provider."

The odds are that your own state has a similar law. After all, the dentist is an expert on the mouth, jaw, and teeth. It makes sense for patients to receive care from someone who has a deep understanding of their conditions. Some of the most common medicallycovered procedures that occur in dental offices include certain kinds of medical imaging, sedation and anesthesia, special treatments related to cancer or diabetes, and appliances to help patients suffering from TMD or sleep apnea.

When you propose a treatment plan to a patient, take the time to ask about their medical insurance. In many cases a quick phone call to the insurer can put your patients on the path to big savings on the cost of treatment.

Medical Billing, Not as Difficult as You Fear:

Since medical billing is legal and helps patients get needed care, why do so many dental offices avoid it? Many practice managers and billing professionals fear that medical billing for covered dental procedures is difficult. They believe they won't be able to do it correctly, so they don't do it at all.

Basically, these offices are letting irrational fear stand in the way of helping patients. With training, most billing staff members can learn to bill medical insurance companies as easily as they currently bill dental insurance companies. They just need to learn how to cross-code dental procedures as medical procedures. In addition, they have to learn how to include ICD-10 codes, that is diagnostic codes, along with the treatment codes. Medical insurers want to be sure the treatment your office provided is aligned with a covered diagnosis. Some offices are already adept at using ICD-10 codes. For instance, dental offices that accept Medicaid patients have already had to use ICD-10 (and before that, ICD-9) codes for quite some time. In addition, certain providers who work with Medicare use the codes to help their patients achieve reimbursement for claims.

Taking the Opportunity to Help Your Patients:

In my work with Links2Success, I've helped many dental billing teams learn how to code for medical billing. While the initial learning curve can be steep, medical billing reaps huge rewards for dental practices and dental patients. With medical billing, your patients are more likely to accept the need for diagnostic imaging, oral appliances, and treatments related to chronic, systemic diseases that affect the whole body, including the mouth. They're also more likely to be pleased with their treatment and to recommend you practice to family and friends. After all, you didn't just diagnose and treat their medical condition. You also went out of your way to ensure that their treatment would be affordable.

Oral health is an important component of long-term health and aging well. You owe it to your patients to provide the support they need to accept treatment. It's time to overcome your fear of billing medical insurance for covered procedures. It's legal, it's a helpful service, and for many of your patients, it is absolutely necessary.

Christine Taxin is a vision driven person finding strength and direction from her inner convictions. Her energetic, thought provoking and successful program development shines a bright light for others to preview the future and find their place in it. She is the founder and president of Links2Success, who delivers continuing education seminars for dental and medical professionals and serves as an adjunct professor at the New York University (NYU) Dental School and Resident Programs for New York City Programs. Christine will be a featured speaker at the 2017 Destin Spring Break Seminar and is also hosting a number of two day courses across the country. You may reach Christine at ctaxin@links2success.biz

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Dealing with Anaphylaxis in the Dental Office – Part II

Signs and Symptoms:

1. Usually follows administration of a medication with a known or unknown history of the patient being allergic to it; also delayed response to contact with latex in latex-allergic patients.
2. Respiratory.
   a. Apparent upper airway obstruction with breathing difficulty due to swelling in the throat.
   b. Difficulty breathing with wheezing in the lungs, much like an asthma attack.
3. Circulatory.
   a. Decreased blood pressure. (hypotension)
   b. Increased heart rate. (tachycardia)
4. Cutaneous. (Skin)
   a. Hives and welts on skin.
   b. Swelling around the tongue, mouth and eyes. (angioedema)

Treatment:

1. Exposure to Allergen Terminated, if known.
2. Activate **EMS**.
3. Maintain airway, breathing and circulation, monitor vital signs.
4. Epinephrine.
   a. Children: EpiPen Jr. is 0.15mg/ dose, every 20 minutes, not to exceed 3 doses. (Child 0.01 mg/kg of 1:1000, Intramuscular, every 20 minutes not to exceed 0.5 mg)
   b. Adults: EpiPen is 0.3 mg / dose, every 20 minutes, not to exceed 3 doses. (Adult 0.2-0.5 mg, Intramuscular, every 20 minutes not to exceed 1 mg)
5. Albuterol 0.5% Inhaler.
   a. Two to three puffs by mouth.
6. Benadryl 50 mg adult or 25mg child; Intramuscular if equipped.
7. Decadron 8mg adult; 4mg child—administered via IM (intramuscular) injection.