



MGE management experts

# REACTIVATION

P R O G R A M

# THE MGE REACTIVATION PROGRAM

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A program is defined as a list of tasks or events, set down in the order they are to be done. Most importantly, each step or task is broken down into something very specific and easy to accomplish.

By following the steps in the sequence they are laid out in this program, you should be able to increase the patient flow in your office, using your existing charts (resources).

Some steps may not be applicable to your office. Before implementing it into your practice, review the program fully to determine which steps would and would not be applicable to your individual situation.

## OVERVIEW

You will notice that having “inactive” patients called in for hygiene appointments is what drives this program. If you are looking to increase case acceptance and production, this starts potentially with having more patients in your office. The primary mission(s) of filling the hygiene schedule would usually be to see your patients regularly and boost hygiene productivity. It follows that secondary benefits of a full hygiene schedule would include more opportunities to present and/or follow up on incomplete treatment plans, potentially filling the doctor’s schedule.

If your primary problem is having patients ACCEPT treatment, this is another matter entirely and should be addressed as such. This is handled in the MGE Communication and Sales seminars and the MGE Sales Internship.

If at any time during this program you have any questions, or need any help, contact us here at MGE.

## BEFORE GETTING STARTED

### **1. NEVER, NEVER, NEVER “purge” or deactivate a chart, unless:**

- The patient is deceased.
- Asks you to (is not coming back, moving to another office, state, etc.)
- The Doctor decides to do so.

“Deactivating” a patient simply because they haven’t been in for awhile is potentially a waste. Let’s face it, people get busy, they forget to schedule, or some other type of life challenge arises in which they find themselves embroiled. How many times have you had a patient who you haven’t seen in five years call in all of a sudden and schedule? It happens doesn’t it? Now, imagine how many people this might happen with if you followed up with them regularly. Keep in mind as well, a change of address notification only lasts for a limited time. If you fail to mail to a patient for awhile, you might find that when you get around to it, the mail comes back “Address Unknown.” So, some degree of regular communication is advisable, which is covered in this program.

- 2. This program does not address current recall.** If you do not already schedule patients in advance for their next check-up and send a reminder card the month of their appointment — start doing so RIGHT away — this is not covered in the program that follows.

## PROGRAM TIPS

Each step has before it a position title. This indicates who is RESPONSIBLE for ensuring that step gets done. It does NOT ALWAYS mean that they have to do it personally — it is an assignment of accountability — i.e., whose job it is to make sure it gets done. When a step is completed, it should be signed off. The steps are written so as to make it easy for you to hire a new staff member to execute this program. In smaller offices, it is likely that the office manager will end up executing a majority of the program. In these cases, he or she may find some of the “training” steps unnecessary.

Overall, it is most important that whoever makes the calls, etc. remains VERY upbeat. The key to success with anything is PERSISTENCE. By issuing a continuous stream of communication from your office, most patients will respond and schedule. When you run into a “bad seed” — a mean or nasty patient, realize that these are the exception rather than the rule. Most patients will appreciate your persistence and come back in.

## PROGRAM STEPS

- 1.** (DOCTOR) Make three copies of this program.
- 2.** (DOCTOR) Read and fully understand this program.
- 3.** (DOCTOR) Have your Office Manager read and understand this program. Review it with him or her.
- 4.** (DOCTOR) Get your Office Manager to agree to be fully responsible for the successful execution of this program.
- 5.** (DOCTOR) Take your copy of the program and staple it to the inside left of a letter sized manila folder. This will be your “program file.” As your staff completes the steps, you will keep any notes, communication, etc. regarding the program in this file. You will also sign off each target as it is done.



6. (OFFICE MANAGER) Work out who will actually do the reactivation steps called for in this program. They will be responsible for carrying out the targets labeled “Reactivation Program In-Charge.” (ABBREVIATED IN THIS PROGRAM AS “RP I/C”) Work out the days and hours that this will be done. Send a confirmation of this to the doctor in writing for his or her program file.



7. (OFFICE MANAGER) Have the staff member you have selected to be the “Reactivation Project I/C” study this program. Review it with him or her to ensure they fully understand it.

8. (OFFICE MANAGER) Establish exactly where in the practice this will be done. Desk, telephone, etc.

9. (OFFICE MANAGER) Ensure that the person who is doing this can read one of your charts and understands what is needed. Some of the things they should be aware of are:

- What type of checkup appointment the patient must be called in for - i.e., if they haven't been in for awhile they may need an initial exam all over again, etc.
- How to fill a person in on the schedule (i.e., what information is needed, etc.).
- Ensure that they review previous notes for information on previous scheduling attempts.
- The staff member should be able to tell if any other family members are patients and call all of them at once (some family members have different last names, etc.).
- How to document telephone notes in a chart.
- A simple yet overlooked point. Your reactivation program I/C does not always know all of the patients. If they are calling a patient, they should find out how old the patient is and make sure they call the parent/guardian if applicable. We have often seen this missed and a three-year old gets called and asked to come to the phone (believe it or not).
- As there are quite a few variables concerning which computer system you may be using, how you record next visit dates, etc., you may be able to accomplish some of the steps easier than they have been laid out in this program. For instance, you may have your schedule and chart notes completely computerized, which may eliminate the need for lists, writing in the book, etc. One key factor however: As patients are scheduled (and how you do this step really depends on what software you use), their next visit date MUST be entered into the computer system to ensure their name does not keep popping up as an “unscheduled patient.” This eliminates sending a letter to a patient telling them to call and make an appointment when they already have one! This is particularly important with regards to the series of reactivation letters that you send out, as the patient's last visit date will determine which letter they will receive.
- Inevitably, the RP I/C will run into inactive patients whose next visit would have been some form of periodontal treatment. The RP I/C needs to know what to do with these patients.

Most likely it would involve some form of re-exam or a new initial. In any case, ensure they know what to do based on your office policy.

- 10.** (OFFICE MANAGER) Drill a few telephone calls with the Reactivation Program I/C. Ensure they are confident about how to address patients and feel comfortable making scheduling calls. A key point here when calling is to be “assumptive.” For Example: Rather than asking the patient if they would like to schedule an appointment — by doing this you offer them the opportunity NOT to schedule — ask them instead when they would like to come in, or what day is most convenient for them to schedule, etc. Always assume that the patient will schedule.
- 11.** (OFFICE MANAGER) Give your RP I/C the statistics tracking forms and tell him or her to get started. They should be informed that you will be tracking their performance by the statistics reported. Ensure that these statistics are turned in daily.
- 12.** (RP I/C) In coordination with your office manager, set up a regular computer generated series of letters to go out to patients. These would be reactivation letters I-IV. For reference on how and when to send these out, refer to the “Reactivation Letter Chart.” Get Letter #1 out right away (mail and email), before starting any phone calls to patients who have not been in for nine months and over.
- 13.** (OFFICE MANAGER) Print out a list of all “inactive patients” — nine plus months since last visit, including addresses and telephone numbers. Give this to the RP I/C.
- 14.** (RP I/C) Starting with A, go down the list (pulling the chart each time you make a call for proper documentation, etc.) and call them to schedule their applicable hygiene appointment. If you reach a patient and schedule them, send them a confirmation card or the “Confirmation Letter.” If you do not reach the patient, send them a reminder card or “Reminder Letter.” If you reach the patient, but they will not schedule, determine when you are supposed to call them back and do so. Send them a “Will Call Back” Letter. If the patient will not schedule and says they are not coming back, etc., route the chart to the office manager for handling.
- 15.** (DOCTOR & OFFICE MANAGER) If you haven’t done so already, determine the office policy and procedure to address a patient who says they don’t want to return to the office. Ideally, if a patient expresses a desire not to come back due to some kind of upset with the office or office staff, this should be addressed by the Doctor or Office Manager as appropriate.
- 16.** (RP I/C) Do the same with patients whose last name begin with the letter B
- 17.** (RP I/C) Letter C
- 18.** (RP I/C) Letter D
- 19.** (RP I/C) Letter E
- 20.** (RP I/C) Letter F



- 21.** (RP I/C) Letter G
- 22.** (RP I/C) Letter H
- 23.** (RP I/C) Letter I
- 24.** (RP I/C) Letter J
- 25.** (RP I/C) Letter K
- 26.** (RP I/C) Letter L
- 27.** (RP I/C) Letter M
- 28.** (RP I/C) Letter N
- 29.** (RP I/C) Letter O
- 30.** (RP I/C) Letter P
- 31.** (RP I/C) Letter Q
- 32.** (RP I/C) Letter R
- 33.** (RP I/C) Letter S
- 34.** (RP I/C) Letter T
- 35.** (RP I/C) Letter U
- 36.** (RP I/C) Letter V
- 37.** (RP I/C) Letter W
- 38.** (RP I/C) Letter X
- 39.** (RP I/C) Letter Y
- 40.** (RP I/C) Letter Z
- 41.** (RP I/C) Once this is complete, review your statistics and results with the OM and make any needed changes.

## **ESTIMATED LENGTH OF PROGRAM:**

**One year to fifteen months.**

## **ESTIMATED RESULTS:**

**40%-50% in patient compliance (recall and hygiene schedule).**

Production increase should be a minimum of 20%. *This may vary depending on the doctor's skill with regards to treatment presentation.*

Office Manager <-----  
Reactivation Program I/C

NOTE: THIS FORM IS TO BE TURNED IN DAILY BY PLACING THE FILLED OUT FORM IN THE OFFICE MANAGER'S COMMUNICATION BASKET.

Re: Daily Statistic and progress report

Name: \_\_\_\_\_ Date \_\_\_\_\_

STAT NAME	TOTAL FOR DAY
CALLS	
CONTACTS	
APPTS MADE	
CONFIRMATION LETTERS SENT	
REMINDER LETTERS SENT	
"WILL CALL BACK" LETTERS SENT	

THIS IS TRUE AND CORRECT: \_\_\_\_\_

## REACTIVATION LETTER CHART

The reactivation letters are designed to be used in sequence. Initially you would mail/email Letter I to all patients who have not been in within the past nine months. From that point forward, you would wait three months and then mail Letter II, etc. The key here is to mail the appropriate letter to each patient in sequence.

**Example:** Mr. Smith has not been in for eleven months, so Mr. Smith is sent Letter I. Follow up phone calls are made over the next three months go but he does not schedule for an appointment. Now Mr. Smith is sent Letter II. This goes on as listed below. If you get all the way to the end of the program and Mr. Smith still has not scheduled, you may start the program again.

Most software programs will track and give you a report of “last visit” date, so producing the appropriate list for each letter should not be a problem. If you run into any questions on this, contact the MGE Practical Application Consultant at (800) 640-1140.

NOTE: It is important that a patient receives each letter in sequence, three months apart — if a patient has not been in for three years, they would still receive Letter I first, then II, etc.

	Jan. 1, 2017	April 1, 2017	July 1, 2017	October 1, 2017
9-12 Months since last visit	Letter I	Letter I ↓	Letter I ↓	Letter I ↓
13-15 Months since last visit			Letter II ↓	Letter II ↓
16-18 Months since last visit		Letter II	Letter III	Letter III ↓
19-21+ Months since last visit				Letter IV ↓



# John Doe, D.D.S.

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123 Oak Street, Suite 2 Anywhere, CA 90000  
(555) 555-5555

## REACTIVATION LETTER #1

Date

Dear <PATIENT NAME>,

It has been brought to my attention that an appointment has not been set for your next dental checkup (by checkup is meant a cleaning appointment).

Getting regular checkups has proven successful in saving patients from unnecessary expense and pain. When we see you regularly, we can prevent problems from developing — such as cavities & gum disease — or detect them in their early stages

I urge you to call immediately to set an appointment for this. By calling and setting up the appointment now, you will have a better opportunity to select the time most convenient for your schedule.

Yours in the Interest of Better Dental Health,

Jane Doe  
Appointment Secretary

# John Doe, D.D.S.

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123 Oak Street, Suite 2 Anywhere, CA 90000  
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## REACTIVATION LETTER #2

Date

Dear <PATIENT NAME>,

Our office is currently having a dental awareness campaign to further introduce and educate people in our community about dental health. Our staff is excited to reach out and tell people about dental health maintenance.

As you may know, it is very important for your dental health to have your teeth cleaned and examined at least every six months, and follow through with any treatment recommended.

Dental problems are not usually obvious to a person until they reach a stage where the problems become acute (serious). This can then lead to more time, pain and expense at a later date. Preventative dentistry has come a long way in recent years in helping people extend the use of their own teeth, and have more comfort and better health in their later years.

We would like to help you with your dental health, but can't if we don't see you!

It is important to see if conditions have changed in your mouth. The doctor would like you to come in for your checkup, and of course, to say hello!

Please call the office to set an appointment.

We look forward to seeing you soon!

Yours in the Interest of Better Dental Health,

Jane Doe  
Appointment Secretary

# John Doe, D.D.S.

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123 Oak Street, Suite 2 Anywhere, CA 90000  
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## REACTIVATION LETTER #3

Date

Dear <PATIENT NAME>,

One of the leading causes of tooth loss is gum disease. Gum disease is easily detected and prevented through regular visits to the dentist. The tartar and calculus build-up around your teeth which cause gum disease cannot be fully removed or controlled through home care alone. This can only be accomplished by trained professionals in the dental office.

Our records show that you have not been in to see us for over a year. Our concern is that your dental health can be worsening. We can be instrumental in helping you to keep your teeth for your entire life, but only if we see you!

Please take a minute to call the office and set up an appointment.

We look forward to hearing from you soon!

Yours in the Interest of Better Dental Health,

Jane Doe  
Appointment Secretary

# John Doe, D.D.S.

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123 Oak Street, Suite 2 Anywhere, CA 90000  
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## REACTIVATION LETTER #4

Date

Dear <PATIENT NAME>,

We have not seen you for awhile.

As a dentist, my mission has been to practice “preventative dentistry.” This means I see problems early and treat them in the least painful and least expensive manner possible. I find this approach to be the best for my patients and the most fulfilling for me.

In order to do this, I need to see you on a regular basis, in most cases at least once every six months. Dental problems do not “hurt” until something is really wrong. Most patients who come to see me in pain could have saved themselves a lot of grief had they seen me months or years earlier.

I am not sure why you have not been in. If you feel you need to discuss this with me, feel free to call me at my office. I try to establish a special relationship with all of my patients, built on trust and a genuine care for their health and welfare. The one thing I am sure of is the longer you don’t come in, the worse off you can get.

The idea of your dental health getting worse bothers me — I want to help. Please call my office and schedule your next checkup appointment.

I look forward to seeing you again!

Yours in the Interest of Better Dental Health,

John Doe, D.D.S.

(HAVE PERSONALLY SIGNED BY DOCTOR)

# John Doe, D.D.S.

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123 Oak Street, Suite 2 Anywhere, CA 90000  
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## REMINDER LETTER

Date

Dear <PATIENT NAME>,

Earlier today I tried reaching you to schedule a checkup and cleaning appointment. It has been \_\_\_\_year(s) and \_\_\_\_\_ months since your last checkup and cleaning.

Getting regular checkups has proven successful in saving patients from unnecessary expense and pain. When we see you regularly, we can prevent problems from developing — such as cavities & gum disease — or detect them in their early stages

Please call me as soon as possible to set an appointment. By calling now, you will have a better opportunity to select the time most convenient for your schedule.

I look forward to hearing from you!

Yours in the Interest of Better Dental Health,

Jane Doe  
Appointment Secretary

# John Doe, D.D.S.

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(555) 555-5555

## CONFIRMATION LETTER

DATE

Dear <PATIENT NAME>,

Thank you for taking the time to speak with me and schedule your next checkup!

We have you scheduled for:

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We look forward to seeing you then!

Yours in the Interest of Better Dental Health,

Jane Doe  
Appointment Secretary

# John Doe, D.D.S.

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123 Oak Street, Suite 2 Anywhere, CA 90000  
(555) 555-5555

## “WILL CALL BACK” LETTER

DATE

Dear <PATIENT NAME>,

Thank you for taking the time to speak with me today. I understand that you are unable to set an appointment right now, and as we discussed, I will call you back on\_\_ (date)\_\_\_ to do this

Getting regular checkups has proven successful in saving patients from unnecessary expense and pain. When we see you regularly, we can prevent problems from developing such as cavities & gum disease — or detect them in their early stages.

If you are able to work it out to come in before my scheduled time to call you back, please give us a call.

Yours in the Interest of Better Dental Health,

Jane Doe  
Appointment Secretary