



NEW PATIENT MANAGEMENT

Action Checklist

NOTE: This checklist is being provided as suggestions and ideas from which to improve your office. This is not to be taken as a guarantee that the information provided is appropriate to your practice. Each practice is individually responsible for ensuring that any system implemented complies with the applicable federal, state and local laws, rules and regulations governing the place in which your practice is located. These suggestions do NOT constitute legal advice. You should seek advice from your own legal advisors as to what is appropriate to implement in your practice, prior to implementation. MGE: Management Experts, Inc. is not responsible for any claims, real or otherwise, associated with this document or any part thereof.

START OF CHECKLIST

This checklist is designed to provide structure for your new patient acquisition efforts. By checking each point against your practice, you can see where things might be lacking and need improvement as well as what points are “in” and functioning. We suggest that you, in addition to using this checklist on a regular basis (e.g., monthly), that you also customize it as needed to fit your practice.

I. BASIC REQUIREMENTS:

1. **SOMEONE RESPONSIBLE:** We have someone who’s in-charge, trained on and fully responsible for the New Patient statistic.
2. **TARGETTING:** We quota/set a goal for New Patients every:
 - Month
 - Week
3. **AWARENESS:** The entire team is:
 - Aware of our weekly and monthly new patient quota/goals.
 - HOW we are marketing, along with what offers/specials we extend to new patients.

II. EXTERNAL MARKETING:

1. **MARKETING CHANNELS:** I have *multiple* External Marketing channels for the practice.
2. **COST:** I know the monthly cost for each of these.
3. **TRACKING:** I regularly track the number of calls/reaches from each of these channels.
4. **ACQUISITION:** I know our acquisition cost for each marketing channel.
5. **NP OFFER:** The new patient offer on our external marketing is identical (if for the same service).
6. **ROI:** I track ROI for each External Marketing channel using realized revenue by the practice.
7. **PERFORMANCE:** When I see a marketing channel underperforming, I take corrective action.

8. **PILOTS:** I pilot different methods of marketing and offers to determine which performs the best.
9. **PLANNING:** My external marketing is planned well in advance.

III. INTERNAL MARKETING:

1. **PROGRAM:** We have an established Internal Marketing Program in our practice.
2. **TRAINING:** The staff have been trained on this program and I regularly “ding” in the importance of using it.
3. **DRILLING:** We regularly drill/practice how to execute steps of this program with the team (e.g., how to give out a Care to Share Card, etc.).
4. **SURVEYS:** I do regular quality control surveys on my patient base to ensure customer service is excellent.
5. **CORRECTION:** I take corrective action immediately (internally and externally) when a customer service problem arises.
6. **ASKING FOR REFERRALS:** At some point during their visit, we check with every new patient (and patient of record) about bringing other members of their household into the practice as New Patients.
7. **PROMOTING TO PATIENTS OF RECORD:** We send out regular correspondence, including a patient newsletter to our patients of record. We regularly promote in it that we’re accepting new patients in this correspondence/newsletter. This might include some type of friends and family special as used in the Care to Share program.

IV. INQUIRIES/PHONE SKILLS:

1. **THE SCHEDULE:** My schedule is set up so that:
 - I have available or blocked time to get a new patient’s initial exam into the practice within 24-48 hours.
 - Second opinions or consults can be seen within 24-48 hours.
 - Emergencies (new patients and patients of record) can be seen the same day.
 - New patient inquiries (via email, social media, or our website) are handled the same day, or if during open office hours, within 10 minutes.
2. **PHONE SKILLS:** Anyone who answers the phone in my practice:
 - Has been thoroughly trained on how to handle new patient calls.
 - Is regularly drilled (2-4X a month) on handling new patient calls.
3. **MONITORING:** I regularly listen to random samplings of incoming new patient calls, even if my personnel are trained on the subject (assuming it’s legal to record these calls in your locality).

4. **NEW EMPLOYEES:** If someone is newer at handling these calls, I listen to EACH new patient call to ensure core competence.
5. **CORRECTION:** I quickly correct any errors made in handling new patient (or other) calls.
6. **NP LOG:** I have a new patient log at the Front Desk and it is filled out properly every time we get a call.
7. **TRACKING:** I track the conversion rate for all new patient calls and can break them down by marketing channel.
8. **AFTER HOURS:** My phones are answered after hours by someone who can schedule patients in my practice. (May or may not be applicable).

V. ARRIVAL IN THE PRACTICE:

1. **PUBLIC AREAS:** Public areas of my practice are **always** extremely clean, neat, and tidy.
2. **GENERAL AREAS:** If shared space in my building (e.g., a restroom) is used by my practice, I insist upon and ensure that these spaces are as clean and presentable as my office.
3. **DEMEANOR:** Patients and new patients coming into my office are always immediately acknowledged and handled in a friendly, polite, and caring manner.
4. **RECEPTION AREA:** If I have a TV or monitor in my reception area, it's playing educational videos or non-upsetting programs (e.g., no news channels, etc.).
5. **WAIT TIME:** My patients don't wait longer than 10 minutes past their appointment time to be seated, if they wait at all.
6. **PROVIDER DEMEANOR:** The providers and assistants in my practice have a friendly, polite, and professional chairside manner.
7. **TEAM RELATIONS:** I immediately handle upsets amongst my team so that they don't bleed into patient hours.
8. **ATMOSPHERE:** Patients would find the atmosphere in my practice friendly, polite, and helpful.
9. **EMERGENCIES:** EVERY Emergency new patient is scheduled for a NP initial after their emergency treatment is completed.
10. **CONSULTS/SECOND OPINIONS:** NP Consults and Second Opinions are also scheduled for a NP initial after treatment completed or as a part of the treatment planning process.
11. **NEXT RECALL VISIT:** Patients coming for an NP initial are scheduled for their next recall visit after completing their initial cleaning or any needed treatment.
12. **WELCOME AND THANK YOU:** We acknowledge every new patient with a follow up "Welcome to the Practice" letter (or something similar). We also acknowledge all

referral sources with a “Thank You for your Referral,” letter (or something similar) each time they refer a patient.

VI. TEAM

1. **DRILLING:** We regularly drill and “dummy-run” processes in our office that have to do with patient management.
2. **CORRECTION:** Any issues that arise during this process are handled *quickly*.

END OF CHECKLIST