



MGE management experts

CARE ENOUGH TO SHARE

P R O G R A M

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CARE ENOUGH TO SHARE PROGRAM

Name: _____ Date Started: _____

Company Name: _____ Date Completed: _____

The “Care Enough to Share” program is a great marketing tool which has been used successfully in many practices to increase the numbers of new patients coming on. When done properly it can bring in five new patients a day with no other marketing in place!

OVERVIEW

The premise behind the program is simple: You make up a card that is given to your patients. They should be handled out both at the operatory when the patient is waiting for the next step in their treatment, and at the front desk after any payments, scheduling of next appointments, or any time it can be talked about directly with the patient. They should also be handed out by staff to people they know or meet to encourage them to come into the office. This card offers a discount for new patients coming in. Your patient then gives this card to family and friends to induce them to come in to your office. Specialists may even wish to give these cards to referring doctors.

The biggest pitfall in this program is a lack of willingness to give the cards out in the first place. This is addressed in the program below with steps you take to drill your staff and make them more comfortable in doing it.

Another factor that comes up in this area is the factor of CHOOSING the correct patients to talk to about this. About 80% of your patients (minimum) are conducive to this type of program. The remaining 20% are generally more negative and don't respond well. Unfortunately, this 20% will make you and your staff wrong for attempting to bring in more patients. Make sure your staff knows that any backlash or difficulty they run into when trying to do this program will come from these types. So, choose the people that you would want to refer in patients.

How do you choose which patients to give cards to? First off, look at how they act in your practice: Do they express gratitude for the work done? Do they pay their bills? Are they the type of patient you enjoy having in the practice? It is usually better to be on the side of talking to too many people, than to become over-selective and not talk to enough. That is one of the reasons this program will not work as well as it should! Remember that outflow is the key, the more cards you hand out the more new patients you will get in. But there will always be those patients/clients that you won't want to talk to about this for various reasons.

To implement this program into your practice, follow the steps on the following pages:

TO IMPLEMENT THIS PROGRAM INTO YOUR PRACTICE. FOLLOW THE STEPS ON THE FOLLOWING PAGES:

1. Using the attached sample card as a guide, draw up a similar card with your office information on it. _____
2. Have your printer (if possible, the same printer who did your business cards) lay the card out. _____
3. Fax a copy of it to the Quality Control Director at MGE for final approval before giving a final OK for printing. _____
4. Have a minimum of 2000 cards made. _____
5. Have 8 ½ X 11” signs made up for each operatory and the front desk. The signs should be placed in plastic holders and say “Ask Us About Our New Care Enough to Share Program!” _____
6. Have a staff meeting and brief the staff on the use of these cards in the office. Talk this up with excitement. It is a great deal for the patient, and a great way to get patients in front of the doctor to find what dental needs they have and get them to take care of their dental health! Let the staff know that the success of this program depends on them helping you. This can be accomplished by having them hand them out to patients in the office as well as outside the office. _____
7. At this same meeting, twin your staff up and drill them. During the drills you should gradually get into the more difficult examples of patients saying things that are hard to deal with and handle. Notice that we are saying to do this on a gradient, start off easily and then gradually get to the tougher types, or the uncomfortable ones, etc. Offer the staff \$5.00 or \$10.00 for every patient that comes in on a card they handed out. This can be monitored by having them put their name or initials unobtrusively on the cards they hand out. _____
8. Place your signs in each operatory and at the front desk. _____
9. Place stacks at the front desk and in each operatory to be handed out to everyone who comes into the office. (Do not be afraid to talk to people more than once in the office about this.) _____
10. **CONDITIONAL:** If you would like to add an extra boost to your program, print up some more cards and mail at least one or more out to all patients who have been in this past year with a letter explaining what the cards are for. _____

11. Place a form at the front desk or staff lounge where you can keep track of how many cards are being handed out. Each person can write down on this form how many they hand out each day. This will help you keep track of how many are going out and how many are coming back in.
12. After six weeks, review your progress on this program with the Quality Control Director at MGE and make any changes as needed.

END OF PROGRAM

SAMPLE "CARE ENOUGH TO SHARE" CARD

Front (Outside) of card. Logo can be used, emboss or foil stamp, but not necessary. It doesn't need to be top notch paper, something nice, but keep in mind that you want to get this going quickly.

<h2>Map & Phone Number</h2>
<h3>Logo</h3> <p>John Doe, D.D.S., General Dentistry</p> <p>CARE ENOUGH TO SHARE New Patient Referral Card</p>

← **Fold Line**

<h2>Gift Certificate</h2> <p>Your referral of a friend or family member to our office is one of the finest compliments you can give us. We welcome your friends and family members to become part of our practice.</p> <p>This certificate entitles bearer to: Complete Examination & Consultation & Necessary X-rays</p> <p>For _____ (usual charge \$ _____)</p>
<p>Presented to: _____ (Recipients name)</p> <p>Compliments of: _____</p> <p>Good Until: _____</p> <p style="text-align: center;">123 Oak Street, Anywhere, FL. 20004 (727) 555-3600</p>

← **Fold Line**

MAKING THE CARE ENOUGH TO SHARE PROGRAM WORK

TROUBLESHOOTING THE CARE ENOUGH TO SHARE PROGRAM

Generally speaking unless the idea is horrible, most referral programs don't work **due to lack of execution**. In other words, the program is fine, just no one is doing it (or doing it *right*).

It usually goes like this: you print out some referral cards and hand them out to patients with a comment like "If you know of anyone who could benefit from seeing the dentist, give them this"...but of course, the patients never get around to it and just throw it away when they get home. Since you don't see results within a week or so, you and the staff forget about it and the leftover cards just sit gathering dust.

That's NOT the right way to execute a referral program—and even if it was the right way, you didn't give it enough time to start seeing the rewards. It's something that gains momentum and snowballs over time if you're doing it day in and day out. You may need to ask five patients for referrals before you get one scheduled. That's the nature of the game. You need to keep the volume up and keep talking to every patient every day. It's important to keep at it daily to see results. This is truly a case where consistency wins.

HOW TO MAKE YOUR REFERRAL PROGRAM WORK

The first place to start with any referral program, has to do with the subject of responsibility. There **MUST** be one person who is in charge of referrals. This person is responsible for the number of referrals you get every week and every month. If nobody is accountable for it, it'll slip by the wayside because it's nobody's problem.

Now having said that, referral programs work best if everyone participates. Yes one person needs to be ultimately accountable and coordinate the referral program, but everybody in the practice should be on board with contributing to it.

As far as who actually hands the patient their Care-to-Share card and speaks with them about it, almost everyone in the practice can do this. Even the doctor can if they have the time. Often times the assistant is in the room when the doctor isn't and will have time to talk with patients about it. Or the hygienist may have the most uninterrupted time with the patient.

The best way to determine who will talk with each individual patient is to coordinate it at your morning meeting (more on this below).

And as a last resort I would have whichever front desk employee checks the patient out ask them if anyone gave them a referral card yet. If not (this patient got missed for whatever reason) then this front desk person can have the conversation with them before they leave.

COORDINATING REFERRALS IN THE MORNING MEETING

If you aren't already holding morning coordination meetings, you should start now.

As you go through each patient on the schedule for the day you should know pretty easily who has one or more family members that are not already patients. During the meeting, coordinate which staff member will speak with them about referring these family members. Perhaps the hygienist has the best relationship with the patient or the assistant will have the most time with them or if their schedule is really busy in the back, then the receptionist or scheduler can talk with them while they wait.

Again, consistency is the key. You want to continue to do this every day without fail. It's a bit like a PR or advertising message. The more it's repeated, the more people become accustomed to it. For that matter if you were to do this every day for one or two years and decided to omit it at a meeting, people would notice! Why? Because it's become a part of the everyday routine. And that is what you want, referrals are part of the everyday routine.

THE MOST IMPORTANT PART: NAME THE PERSON TO BE REFERRED

The crux of making this program work is naming who the patient will refer to the practice. As I mentioned earlier, if you just give a patient a card and expect them to figure out who they're going to give it to...nothing will happen. You need to speak with them about who specifically they're going to help get scheduled and get the patient's agreement to make that happen.

You may have already named which person in the morning meeting. "Mary's husband hasn't been into the practice yet. Let's talk with her today and get her husband scheduled." Simple.

Or if you haven't named anyone ahead of time, you'll have to ask the patient who they know that could benefit from coming in to the office. Again, don't let them go and figure it out on their own. Ask them right then and there, and once they've named someone (their mother, brother, friend Joe, etc.) then figure out together how you're going to get them scheduled. This is generally a very easy conversation. It doesn't have to be some strange, awkward high pressure discussion. Just ask them who they would like to refer. You'll find they come up with a name pretty quick.

Which brings me to the actual conversation...

THE CONVERSATION: HOW TO BRING IT UP TO A PATIENT

The first thing to remember is that this starts with caring, just like anything we teach at MGE. Forget about the new patient statistic and be clear that you want to help the patient's loved one get healthy. If the patient has just had dental work that they're very happy with and has helped them get healthy or be more confident, enlist their help to do the same thing for the ones they love.

The conversation has to be real. Not some strange prefabricated conversation. It needs to be

communication from the heart between the staff member and patient. So while I'm not going to give you a script, I will however provide an example of how the conversation might go:

Staff: "Joe you've been a great patient for us and we want to thank you for that."

Patient: "Oh yeah I love Dr. Smith!"

Staff: "I have a question for you: why don't we see your wife here? I noticed she hasn't been into the office."

Patient: "Oh she's a big chicken about needles..." or "She's just so busy on her new job..." (You'll get some kind of excuse here. It's unusual that one family would have separate providers. It can happen but it is unusual).

Staff: "Let's get her scheduled so we can see what's going on in her mouth and make sure she gets healthy. Here's is a card for a free exam for her (or whatever your special offer is) so the first visit won't cost her anything."

Patient: "Sure, I'll talk to her when I get home tonight."

Staff: "Well, you mentioned that she has a fear of needles, and I'm concerned she'll blow it off. I would hate for her to go more time without at least a checkup. What if we give her a call now and see if we can get her scheduled?"

If the patient does not want to call her or if you can't get ahold of her, you could say something like this at the very least:

"Okay give her the card tonight and let her know we'd love to see this week. And then when's your lunch tomorrow? Great. I'll give you a ring then to set an appointment and answer any questions."

The idea here is to be proactive, in good communication and able to think on your feet. Let's say for example this patient doesn't feel comfortable calling his or her spouse or it looks like they're not saying something. You might ask: "Are you going to tell your spouse about this and, as they're so afraid of needles, they'll just tell you to forget about it?" Well in a case like this maybe the doctor would be willing to do a free consultation (no needles) to see if they can help the patient overcome this fear and proceed with dental care. Ideally, you have a solution for things like this as they arise. My suggestion, go over anything you run into like this at staff meeting. Between everybody present you should be able to figure out a solution for the more common objections.

Continuing on, let's say that you don't have a particular person to suggest that your patient refers. Well then get them to name someone and get their agreement to give that person the card.

If you do this daily you should be able to add at least ten new patients a month to your practice from referrals. For a low cost program, I'd say that's not too shabby! And I hope this was helpful.