

Creating a More Successful Practice

I get inquiries, comments and questions all year long. Most of them come down to, "How can I make my practice more successful and/or profitable?" I believe the following things are true in every practice.

I'm a great believer in the saying, "When life gives you lemons, make lemonade." If there is a common denominator among all the successful people I know, they are basically positive, upbeat people.

Life is not all happiness and fun. It's how you respond to it that counts. One of my favorite "attitude" stories is a true one involving Tom Morgan, DC. I may have the details wrong (please forgive me Tom), but the message is there. Tom had a valuable horse, and he was very attached to the animal. The horse unexpectedly died, causing him real sadness and a financial loss. After a short time, Tom made the observation that while he hated to lose the horse, "I've been needing a new horse!" I've always loved that story and the positive its forward-looking attitude.

Hard times and hard luck visit us all. The trick to success is in how we choose to view it! Enthusiasm is the yeast that raises the dough. Almost without exception, successful doctors have an enthusiasm and love for what they do. They look forward to going into the office. They like their staff and their patients, and the "like" is returned directly and indirectly. When a patient is treated with genuine care and respect by a professional who likes what he/she does, the patient wants to show that they like you, too. They speak well of you and refer new patients to you.

Don't confuse enthusiasm with a phony kind of "rah-rah" attitude that some affect, hoping for a result. Find reasons to like what you do. If you can't, maybe you need to change what you do! If you don't like your patients, figure out why. Is it you or is it them? If you have allowed patients to use and abuse you, stop doing it. If you are a "yuppie-type" person in a strong blue-collar area, ask yourself, "Why?" You may need to relocate.

I'm always amazed when doctors tell me, "I want patients who can afford me," and then settle in marginal-income areas and/or do things that attract just the opposite kind of patients. People, even in marginal areas, will figure out how to afford what they want. Some practitioners are able to do well in less than premium neighborhoods, so you have the choice of changing your attitude or location. It's only fair to tell you that without an attitude change, things may be just the same in a new location!

Be persistent. I see many doctors who give up too easily. They get a good idea, implement it and then give in at the first resistance. Change is hard, even when we want it! If you are convinced the idea is good, tweak it, rearrange it, restage it, restaff it and try again. Look at what happens objectively and factually. If a couple of good tries fail, give it up or postpone it until a "better time."

Look at facts and feelings. I work with clients who tell me that a procedural change that has been working successfully suddenly isn't working. They have no ideas why. A little "detective" work uncovers a staff change, an isolated but vivid "bad" experience, or inaccurate information. The new staff person didn't understand or agree with the change, and as a result has trouble with it.

The "bad experience" shakes the staff's confidence so that they expect it from every one. The inaccurate information leads you to the wrong conclusion. Keep accurate statistics and review them when assessing the success or failure of new policies and procedures. Keep additional statistics specific to the procedure/policy during the "try out" period.

Adopt money attitudes that reflect today's situations and your actual cost per visit (CPV). Some of the fees I see and hear about baffle me. Where do they come from? On what are they based? As a profession, we have not been forward thinking in this area. When you correlate "yesterday's" fees and cost of living to today's fees, we are slipping backwards. I believe a key factor is the inability to do a motivating report of findings (MROF) that "sells" the patient on the needs (and wants) for care. I know doctors today do a more technically, more scientifically correct report of findings. But for most patients, a motivating report of findings (MROF) is what makes them want what you have to offer.

We have a new year before us. Talk with your patients about things that matter to them. Continue to educate patients beyond their early visits. Give them value for their money by being efficient, effective and making each visit a totally positive experience. Don't just see patients as a referral source. Look at them as possible lifelong check-up patients. Don't aim to be the cheapest. Aim to be the best value for your fee.

I wish all of you a healthy and prosperous 1999!

JANUARY 1999