

New Patient Management -- Do It Yourself!

Kiki Herfert brings over 30 years of worldwide chiropractic experience to her columns, convention presentations, and management work.

"I need an outside opinion on a problem with a new associate. I've assigned him to do all new patient reports for me and have given him the responsibility for increasing referrals. He doesn't seem to be doing very well. The percentage of new patients that commit to begin care has dropped noticeably. I've called some of those that decided not to get started and have been able to convert some, but most just aren't interested. As far as getting referrals we've dropped down there too. Do I have to do everything myself?" -- A confused doctor

It scares me when I hear that doctors have turned critical areas of six (and even seven) figure businesses over to unskilled, inexperienced and occasionally minimum wage personnel! What on earth possessed you to decided to delegate these two critical areas. You've turned over two of the most important areas of your practice to a novice! There are many things an associate can take over, but I'd put these two at the bottom of the list. Let me calm down a minute.

I'd need to know why you made these decisions to give you a more exact answer, but I'm going to make some educated guesses and hope I hit close to the mark. The reason for turning over new patient reports (NPR), I'm assuming this is your report of findings, is probably a combination of: being too time consuming; too repetitive; wrecks the schedule; patients don't understand; or, "I'm tired of doing it," etc. I hear these reasons all the time and I don't think they are reasons for turning over the future of your practice to someone else.

I'm not saying it can't be done. There are some new graduates with excellent communication skills. But, and this is a big BUT, there are very few new graduates who have a genuine, deep, proven confidence in chiropractic and your ability to delivers the goods. With this in mind, it's hard to imagine them selling the need for care anywhere near as well as you. Spend some time looking at your reasons/excuses for not doing them yourself.

Too Time Consuming -- You could spread out the information you want the new patient to have over several planned presentations on their first few visits, OR, you could take a hard look at what you cover during your NPR and decide if it's all really necessary. You could even begin doing group reports, and say what has to be said to everyone in the group once, with each patient getting a personalized, private x-ray report after. There are many variations on this. Never lose track of the fact that when people are hurting, they don't listen very well!!

Too Repetitive -- Group reports will help solve this. When was the last time you made a change in your NPR? While the core must of necessity remain the same, do you freshen it up with topical examples that make your point? The change is as much for you as it is to make it relevant to the patient. Do you try to cover too much? Do you beat the thing to death? Remember, these are sick, hurting people you're talking to. Brevity is brilliance. Make your examples and graphics (you do use some, don't you?) so clear and memorable that you don't have to drone on.

Wrecks the Schedule -- There's no logical reason for giving a NPR right in the middle of your busiest times. A new patient is going to be willing to wait for you correlate your findings and set a time aside for them. You run your practice, not the other way around. Whether you adjust the new patient on visit one, next day or whenever, you can give the report at times that don't wreck the schedule while still meeting the need of the "crisis" patient. If you have accommodated your schedule to fit in an "emergency" patient, there's no reason you can't do what has to be done and, with the patient's agreement, do the NPR when its convenient for you (and the rest of the patients!).

They Don't Understand -- Shame on you. No one expects them to understand neurophysiology, but they need to know, for legal reasons as well as your reasons, what's wrong, how it happened, how it can be fixed, how long it will take, and the cost. I don't think there's anything real tough there. There are all sorts of visuals and props that you can use to make your points. There are videos that are beautifully done. But remember, you're dealing with someone who doesn't feel well. Get to the point as quickly as possible. They will understand better when they don't hurt. Your new patient videos can also play as general patient education tapes in the regular waiting room. They will catch something the second or third time they hear it, when they feel a little better.

I'm Tired of Doing It -- We all feel this way some time. But when do we stop sleeping, brushing our teeth, eating dinner, or taking a shower? Some things just have to be done. There's no way around it. This is something that is necessary for your practice's survival. It's what you have to do to get the fun of taking care of patients. Take a vacation. Meditate. Do something fun as a compensation. But do the reports. The patients came to see you. Talk to them. See them as human beings who are trusting you with their health decisions.

Everything I said about new patient reports holds true for asking for referrals. Remember, patients refer to please you and help cement the doctor-patient relationship. They don't care nearly as much about pleasing associates or staff. It's that simple. If you want referrals, you ask for them. Everyone else supports what you do, but they don't do it for you. Pull up your socks, do whatever its going to take, but do it.

My columns are based on real life situations encountered in my work. Pretty scary, huh? I look forward to hearing about your office management problems and challenges. Drop me a note or give me a call. I don't mind giving a little free advice, but don't ask me to pay for the phone call!

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