



IMPROVING PATIENT BOOKING RATIOS

..... BY GOING ON

3 "DATES"

Jon Hoffenberg

An early personal mentor suggested that in life there are three big decisions one must make carefully, as they largely dictate happiness. Those determinations include what house to purchase, whom to marry, and which career path to follow. If you make a poor choice in any of these arenas, you are significantly more likely to end up destitute or unhappy.

This profound insight stuck with me for more than a decade until I realized that a fourth crucial decision had been overlooked. Most people throughout their life have to select one or more people, to be blunt, to cut their bodies open. A poor choice will risk not only money and happiness, but, perhaps most importantly, health. Doctor selection is among the four major decisions we make slowly and deliberately throughout life.

These understandings, coupled with more than seven years of testing, research, and demonstrable results, have allowed all of our existing long-term clientele to utilize a system and structure for patient sales that results in a 60–85% in-office scheduling ratio, approximately four times the observed national average.

What is that system? The concept of “Going on Three Dates.”

FIRST DATE

Many parents teach their children “Don’t kiss on the first date.” The reasoning is, as the comedian Chris Rock stated, “When you meet somebody for the first time, you’re not meeting them, you’re meeting their representative.” Only through multiple dates can one truly see if a person is worthy of love and perhaps a peck.

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Treating the consultation process as three dates will immediately impact the in-office (and overall) booking ratio to create a more profitable practice.

The same goes for the initial encounter with a patient. Though most practice employees and doctors consider laser surgery, for example, a common and safe procedure, deciding who will be zapping one's eyeball with a laser is an enormous decision for each patient because it fits into the “big four” decisions that cause anxiety and timid decision making. Because of this phenomenon, patients seldom come in ready to purchase during a consultation. Rather, they say “This was a great appointment, but we'll need to think about it.”

So consider making the “initial phone call phase” of the appointment the “first date.” Instead of merely trying to get people in the door and off the phone, take time to build rapport, listen to their goals, outline healing stages and pricing, and ensure they feel “in the know” before hanging up. Establish a bond before the patient exits the phone conversation, so that s/he is more likely to keep the appointment and schedule a procedure. Feel free to review timing, deposits, and their fears before they walk in the door. The practice might need to have a patient care coordinator or practice manager take these calls, but if a practice is that busy it can easily afford the necessary hours.

SECOND DATE

When the prospective patient arrives, have your patient coordinator or practice manager meet the patient prior to the doctor performing the consultation. Consider this the “second date.” Again, build a deeper relationship, re-gather goals, explain details of the procedure, and confirm the time frame and deposit preparedness before the doctor walks in the door.

THIRD DATE

Finally, set up the “third date”: Bring in the doctor for a consultation and a price presentation by the patient coordinator or practice manager. This simple paradigm shift—making the initial phone call a thorough conversation and ensuring the patient also spends meaningful, in-depth time with the staff in the office prior to meeting the doctor—creates a feeling that the patient has been on several “dates” with the doctor.

While there is still only one appointment, we are creating the feeling of three distinct interactions. The result is that instead of the patient loving the appointment but still feeling uneasy about the decision due to natural anxiety, s/he feels that s/he has really gotten to know and vet the practice and doctor, and chooses to schedule right away.



IMPACT

People have visceral reactions to the word “sales.” Visions of sleazy car salespeople, Alec Baldwin in the film *Glengarry Glen Ross*, and telemarketers come to mind. However, when the sales function is performed properly—e.g., breaking the consultation into “three dates”—it is something we do *for* patients, not *to* patients.

Superb salespeople use education, preparation, and marketing psychology—not pushy tactics—to sell. These very simple adjustments in your consultation process for patients seeking elective options like refractive surgery, as well as laser and lens upgrades—i.e., treating the consultation process as three dates—will immediately impact the in-office (and overall) booking ratio to create a more profitable practice. **AE**



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