

Communicating Caring to Your Patients During the Crisis

Dr. James McAnally . Speak 1:1 www.meetme.so/jamesmcanally
www.bigcasemarketing.com

FOR AAID MEMBERS: An expanded version of this discussion and three other discussions, 'Telehealth Dentistry during and after Covid19,' 'Getting through Covid19 financially,' and 'Short term revenue strategies,' are available at the following link: <https://sn312.infusionsoft.com/app/form/web-form-submitted6>

I sincerely believe most dentists active in practice are more caring than the average person since we all went into a caring profession with lengthy educational processes. I also believe that the AAID members I personally know or have worked with over the past 20+ years are at an entirely different level of caring than the average dentist and that extra level of caring matters, and will matter even more as we move through this crisis.

Our patients are just like you and me. They are inclined to do business with those they like and trust. We do the same. For personal service businesses like ours, this rule is even more true. Knowing someone for longer periods of time also impacts our routine of doing business. **In times of crisis, we reach out to those we know, like, and trust even more.**

In your business, trust, liking, and knowing are greatly influenced by the perception of and actions that show you care. The more you work outside of the dental reimbursement system (meaning true fee for service without fee schedule discounting), the more these human values impact your success.

So, knowing this, and knowing the situation most are in, how do you *help your patients (and even prospective new patients) in ways that matter to them now, that will strongly show you **CARE** and that will preserve and even build **TRUST?***

Having more caring and trust in the 'patient relationship bank' will be invaluable as you personally manage a return business after you short term "pause."

*Knowing that a major reason to communicate that you care now and throughout the crisis and so that you can go back to business in an organized fashion after the pause, you need to **plan NOW for mandatory distancing requirements to continue when you re-open and for that to be part of your communication planning.** Even if your state does not require or recommend continued distancing (highly unlikely), committing to this (and communicating it shows you care a lot about the health of your patients AND of your team).*

Questions likely on your mind that involve patient communication currently include:

WHEN is it best to communicate to my patients and prospective patients during the crisis?

WHAT messages can I communicate that show caring, are useful and relevant to my patients and prospective patients, and that maintains trust or even build trust?

HOW do I communication from a practical standpoint if I have thousands of individuals to communicate with?

To WHOM will I communicate? Is there an opportunity to do a bigger public service than just the patients who were on my books for the coming weeks and months? Is there an opportunity here to be a resource or to have a calming effect on colleagues to elevate my status as a specialist or clinical leader and resource?

1. Starting with When (with examples of What)

The “Right Now” communication (literally NOW!)

Examples: Here’s how we are handling emergencies during our closure, here are emergencies we can treat, here’s how to reach us, here’s what we are doing with your appointment that was scheduled, here’s when we will be calling to reschedule appointments)

The “What has now changed” communication (coming in the next 2-3 weeks!)

Examples: changes in our abilities to see patients by Telehealth, changes in advisements by the government or licensing authorities, what types of procedures can be handle now versus provide pharmacology relief, here’s what will happen when we re-open, here is what we are doing for your safety in infection control and social distance.

The “We’re Open Again” communication ‘

Examples: We are seeing patients again and here are details and what you can expect, here is how we are protecting you, other items related to government or licensing authorities.

2. More on What

Now, something critically important with any and all communications you make AND requests you make be it now, during, or in the coming months as you move past the short-term crisis is to think about ***what you are projecting in your communication from the patient's perspective?***

Is my request or the information I'm delivering relevant to the recipient right now **OR** is it tone deaf (not showing caring) for the local situation?

3. How do I communicate with possibly thousands of individuals?!?

Ways to communicate right now with patients and prospective patients include:

1. **Crisis Page on Website** – Serves as your easily updated information clearing house to keep patients informed with status now, when you are returning to being open with regular hours, and changes to expect short and medium. You will need to communicate that patients go to the site for the update when needed using #3-5 below.
2. **1:1 calling** – a necessity for anyone scheduled for treatment or hygiene
3. **Broadcast email** – great if you have email address BUT realize it has limitations due to spam filters or getting buried or simply being ignored. **Query your database for emails on file for active, inactive, and prospective patients. That will determine if you can rely on this as your only means to communicate or if you must augment it with Voice Broadcast.**
4. **Broadcast SMS text** – great if you have cell phone numbers but only works for very short communications. Better to direct them to your website via text for a longer communication. **Query your database in the same manner to see just how many cellular numbers you have and whether you need to augment with Voice Broadcast.**
5. **Voice broadcast** – **One message to hundreds or thousands by phone.** I recommend using this avenue to reach those without emails or cellular numbers in your database. This includes current, former patients (last five years), and all prospects. Limit this to 60 seconds or less, show caring, direct people to your website. As this is a simple technology, segment WHO into groups – active patients, inactive patients (last five years), and prospect so that you can tailor how you show caring to each group.
6. **24/7 Answering** – Based on decades of data from hundreds of practices using our advertising agency services, YOU now miss on average 30-40% of your calls from advertising every month. **In what will be the new business environment, this practice will no longer be acceptable for your**

- business. You will not be able to waste dollars in this manner. Third party answering closes your hole in communication and reduces waste from advertising so that every phone call coming to you has a live answer. **While you are on pause, engineer this problem away.***
7. **Real Mail:** *During a fast-moving crisis, not an option. After we have post-crisis stability, a **MUST.***

4. **WHAT to communicate:**

Here are the Right Now's.

- ⇒ **Call every patient scheduled with the doctor(s)** now to check in. ***FIRST and FOREMOST find out how they are doing physically and emotionally.***
- a. Reschedule or call again – is a patient choice:
“We are pro-actively moving everyone who was scheduled to see the doctor into new appointments starting with the week of ABC **OR** we can follow-up with you during such and such week to reschedule. Which would you prefer?”
- Patients who want to be occupied and get back to life will move to a new date. Attempting to force someone to move and accept a date right now will be “tone deaf” and seen as uncaring.
- b. How we are handling emergencies.
- ⇒ **For hygiene patients**, same process.
- ⇒ **Keep at top of mind – distancing realities** if you are re-scheduling. Again, patients will expect this regardless of what your local authorities dictate!
- ⇒ **For prospective patients** (prospects or leads), communicate to them how you are handling emergencies and are there for them. Again, these are people you have advertised to who may have come in for a consult or who simply called for information. Email, text, and voice broadcast are the mechanisms.
- ⇒ **For former patients** who still live in the area. Life moves on and as a by-product of showing more caring, some will return to you if even only for an emergency problem at first. Their contact info is in your data base now, give them an opportunity to return. Common sense applies: Go back no further than 5 years on who to contact. For this group, voice broadcast will most likely be your mechanism to reach them.

Here is **LIKELY** what to communicate next heading out of a pause.

- ⇒ **To all patients and prospects:**
- a. **Changes in emergency diagnosis options (be that in person or by Telehealth)**
- b. **Changes in being seen in person as a patient**

c. Reinforcement of disinfection and distancing for health and safety

Will we need to communicate and update to ALL patients and prospects as time goes by 1, 2, 3, or 6 months post-immediate crisis? Of course, and those new messages will be dealt with as needed using the structure laid out herein.

Doctor, you have a grand opportunity right now to elevate yourself in your patients' minds further, show them you care in demonstrable ways, and to have an easier time rebuilding as you exit the crisis.

Adopt what's been discussed NOW and your elevated communication game is going to be invaluable for the foreseeable future so please build structure around this for the right now and for the coming months.

You have the luxury of time right now. Use some of that in ways you don't normally have (intensive quality time with family) **and** use it wisely in ways that will matter the most upon your return to business.

Delegate the stuff that really doesn't need your attention and DO what matters the most right now. **Communicate Caring!**

If you have found this helpful, please pass it on as there are hundreds if not thousands of colleagues who are in a state of paralysis that need specific direction to re-grow their business in service to patients!

Best and Be Safe,

Dr. James McAnally

Schedule a discussion: www.meetme.so/jamesmcanally