

The Whole Experience: 10 Tips for Increasing Surgical Conversion Rates

How to develop practice-wide systems and processes to help deliver a unique and patient-centric experience to up conversion from consult to procedure.

BY LAUNA HANKINS

When physicians identify a low surgical conversion rate, they often focus solely on the consultation and look for ways to improve that step of the process. Improving surgical conversion, however, involves more than just the consultation; it requires physicians to fine-tune each of the decision-making steps for the patient. To increase a practice's surgical conversion rate, the entire patient experience—from the initial phone call to the consultation follow up—needs to be evaluated. Developing practice-wide systems and processes that help deliver a unique and patient-centric experience is essential.

TIPS FOR INCREASING SURGICAL CONVERSION RATES

Practices with high conversion rates enjoy success because every patient touch point is focused on building strong patient relationships. It is these patient-practice connections that motivate patients to move forward in the conversion process. To consistently achieve high conversion rates practices should:

Have a dedicated patient coordinator. Employ a dedicated and qualified individual who manages all new patient inquiries and makes appointments. The goal is to have this person become the practice's patient liaison. In this role, the patient coordinator bonds with patients by understanding their specific needs and concerns and by meeting their educational needs prior to the consultation.

Follow the three Cs for making appointments. Incorporating a systematic and consistent process for

scheduling appointments is a key success factor. It's more than just making the appointment; it's a matter of emotionally reassuring the patient that they have chosen the right practice. The coordinator (or another staff member) needs to "capture, credential, and close" patients to earn their appointment.

- The first step is to *capture* information about the caller by asking a series of questions.
- The second step is to *credential* the practice, provider, and procedure so the patient can understand the practice's value proposition.
- Finally, the practice should *close* the appointment by gathering all appropriate patient demographic information.

Send an information packet. Prior to a consultation, the patient coordinator or another employee should send a patient packet by mail or email. The packet should include a letter welcoming the patient to the practice, an explanation of the packet's contents, a biography and photo of the provider, the patient's intake paperwork, detailed information about the procedure(s) of interest, and a menu of services.

Make a welcome call. The patient coordinator should conduct a welcome call two days prior to the consultation appointment. This call should be viewed as a marketing opportunity. The goal is to create excitement about the appointment and answer any last-minute questions the patient may have.

Meet with the patient. To confirm a patient's interests and identify additional interests or concerns, the patient

coordinator should meet with the patient prior to being seen by the physician. Using a cosmetic interest questionnaire can help staff identify other areas of interest. Staff should also use this opportunity to inform patients about visit expectations to help put them at ease.

Debrief the physician. The patient coordinator should meet with the physician to share all pertinent patient information prior to the physician entering the room to perform the evaluation. This briefing saves valuable physician time and allows the physician to become familiar with the patient's needs, concerns, and goals. Patients will experience a sense of comfort when they realize the physician has been briefed on these topics and will be more ready and willing to enter a potentially long-lasting practice-patient relationship.

Confirm the quality of the consultation. Following the consultation—but prior to offering fee quotes and discussing remittance options—the patient coordinator should confirm the quality of the consultation with the patient. This methodical and thoughtful discussion can help reassure patients that their needs are of primary concern and cue the patient coordinator when additional credentialing, education, or treatment discussion is warranted. It also puts the patient coordinator in a position to review the fee quote in a manner that will minimize any confusion or misinterpretation.

Explain fees and payment options. At this point, patients are usually eager to learn the cost of the desired procedure(s). The patient coordinator should have a computer-generated fee quote prepared for the patient. A breakdown of all the fees should be provided. Some patients may be too embarrassed to ask about payment plans so be prepared to offer and discuss all payment methods, including financing. Doing this makes patients feel more financially comfortable and helps practices increase the number of patients who realistically feel they can afford procedures.

Follow up with patients. The patient coordinator should send a post-consultation survey to patients to assess the quality of their practice experience. The survey results can

DO THIS NOW

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provide practices with valuable insight as to why—or why not—patients select them as their preferred provider. When patients do not schedule an appointment at the time of the consultation, a next-step should be communicated. Typically, the patient's reason for not moving forward will trigger the follow up. For example, if a patient feels the need to speak with a spouse or family member prior to deciding, that would be the reason for the follow up. A standard follow-up statement might be: "I understand that you need to speak to your spouse. If I called you on Monday, would that give you enough time to have that conversation?"

Track your conversion rate. It is important to regularly track the consultation-to-scheduled-surgery conversion rate to accurately measure the overall effectiveness in converting consultations. A mature conversion rate is six months post consultation, so it is advisable to set a percentage goal and measure it regularly to identify areas of improvement relative to the patient experience.

MOVE FORWARD

The tips presented here are designed to improve the patient consultation process and, hopefully, increase the surgical conversion rate in your practice. If heeded, the overall quality of patient communication can be elevated as key players are provided with opportunities to build rapport and form meaningful connections with patients. When patients feel they have an experienced, trusted liaison in the practice, they gain the confidence needed to move forward with a surgery or procedure. ■

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Mrs. Hankins has spoken to staff and physicians at numerous national and regional specialty meetings.