

# COMMON SCRIPTING FOR THE COMMUNITY HEALTH DENTAL PRACTICE

Customer Service in our community health oral health practices is just as important as the quality of our dental care. It is no longer enough to fall back on the old axiom of treating people the way we expect to be treated. What we really need to do is go above and beyond the level of how we would want to be treated. Outstanding customer service is not difficult, but it takes conscious commitment and training to make it happen. Practices that provide exceptional customer service command the same respect from their patients as they give to their patients. This is not the reason for providing excellent customer service; rather, it is the reward. An important component of customer service in a dental program is the way we communicate with our patients, whether on the phone or in person. The approach needs to be consistent from staff person to staff person and practiced from the top down. To achieve this level of customer service commitment, accountability and scripting should be utilized.

Scripting for all aspects of the practice yields many positive results. Scripting helps in both the creation of a pleasant atmosphere and in building positive relationships with patients, which fosters their commitment to and accountability for policies of the practice created to ensure the practice's success.

## **General Communications**

When calling on the phone, all patients should be greeted with a pleasantly scripted welcome. For example:

*“Good Morning, this is Betty Smith in the You Name It Dental Clinic. I am happy to be of service to you this morning. How can I help you?”*

The welcome is delivered with energy and enthusiasm and is the way all callers are greeted regardless of who answers the call.

As soon as the patient identifies themselves by name, from this point on during the call the patient is always addressed by the use of their name. This starts to build a personal relationship and denotes recognition of and respect for the caller.

Patients who call should never be put on hold for more than a few seconds. If this is not possible, a phone system should be developed that can avoid or minimize the delay. All verbal communication with the patient during the call should be pleasant and energetic. If the problem cannot be resolved during the call, the patient should be asked for a number where they can be reached. A member of administration or a dental staff member should contact the patient directly within the next hour. Staff needs to follow up to make sure this occurs.

At the completion of all calls, patients should be dismissed with a courteous, energetic and pleasant statement.

*“It was a pleasure talking with you today, Mr. Brown. Before I say goodbye is there anything else I can help you with?”*

There should be no exceptions to the answering of clinic phones in a pleasant and courteous manner. Even when dealing with a patient who is angry or distraught, we should never abandon our commitment to excellent customer service. Most angry patients will calm down if their concerns are listened to with respect and promptly addressed. In those rare cases where a patient is inappropriate and needs to be dismissed from the practice, the dismissal should be accomplished with dignity and professionalism.

### **Management of Broken Appointments**

Patients who fail to keep appointments have a profoundly negative impact on safety net dental programs. Empty chairs mean lost revenue for the dental program, which can threaten its financial sustainability. More importantly, these failed appointments are lost opportunities for patients that desperately need dental care and would have kept the appointment if it had been theirs.

The demand for dental care at a safety net program is almost always significantly higher than the program's capacity to provide care (due to limited number of dental operatories and/or limited number of providers). Every appointment slot, therefore, is critically important to enable the program to maximize its capacity to provide dental care to those in need. Every time an appointment slot goes unfilled due to a last-minute cancellation or a no-show, someone else in the community with dental disease misses out on the chance to have their oral health problems addressed. Patients who repeatedly break their appointments are not only squandering their own opportunity to improve their oral health but are also preventing others in the community from accessing oral health care for themselves or their family members.

For these reasons, safety net dental programs have a responsibility to hold patients accountable for keeping their scheduled dental appointments. In many safety net dental programs, the consequence of repeated failure to keep dental appointments is dismissal from the practice. When that happens, some patients will first try to bully and browbeat the front desk staff and practice manager into letting them back into the practice. If those efforts are unsuccessful, they will complain to senior management and/or members of the dental program's board of directors. To successfully manage no-shows, there has to be a strong policy that includes dismissal from the practice for chronic offenders, and that policy has to be consistently enforced by all members of the organization, from the front desk to the board of directors.

Here is a sample script to use when confronted by an angry patient complaining about being dismissed unfairly from the dental practice:

*“Mrs. Jones, I understand your anger at being dismissed from the practice, but there truly is nothing I can do about the situation. When you became a patient of the practice, you agreed in writing to abide by our no-show policy, and you have repeatedly failed to keep your scheduled dental appointments. At the You Name It Clinic, we can only give dental appointments to a limited number of patients each day. At the same time, we have many, many more patients with serious dental problems looking for appointments. For that reason, we must reserve those*

*valuable appointment slots for patients who will respect and abide by our no-show policy. I'm sorry, but I'm afraid I can't help you."*

Patients may threaten to go "to the newspaper," go to their legislator, go to the local TV station, get a lawyer, etc. They may try and convince you that it's illegal to discharge them from the practice. Here's a potential script to deal with this situation:

*"Mrs. Jones, I understand your frustration, but this policy has been reviewed by our legal department, as well as by the external authorities that oversee our dental program, and we are within our rights to dismiss any patient from the practice for non-compliance issues. We have given you several chances to comply with our no-show policy, and you have failed to do so. We're very sorry that it's come to this, but we are very comfortable presenting our case for this policy to anyone who is interested."*

If the patient persists, you should continue to use the statement, *"I'm very sorry, but our no-show policy is essential to making sure our chairs are always full so that we can take care of the thousands of people who are asking us to take care of their oral health needs. Since you have repeatedly violated our no-show policy, there is nothing I can do."*

## **Management of Self-Pay Patients**

Self-pay patients need to be made aware of their recommended treatment plan, the services they have agreed to receive, the expected cost of those services, the market value of those services, the amount of the discount they are being given off the full charges, and their need to pay for services at the time of the visit. The patient should be made aware of their financial responsibility for their visits in a courteous and respectful but firm and unyielding manner.

Social marketing related to the market value of the care we provide and the discounts patients receive from the sliding fee scale is a vitally important aspect of the management of self-pay patients. It is also important that the community-at-large and key stakeholders know the true value of the contributions the dental practice is making to the community. Everyone connected with the practice (but especially the front desk staff) needs to be aware of how the sliding fee scale works, the discounts that are available for patients who meet (and can document) eligibility requirements and the amount the patient is responsible for paying at the time of the visit. When we communicate the true market value of the care that is being provided and the generous discounts afforded to patients, patients are generally much more willing to contribute their co-pay.

## **Verifying Income**

One of the critical components to determining a patient's eligibility for the sliding fee scale is the provision of documentation establishing household size and income. Here is a sample script staff can use:

*"Mrs. Jones, we want to be able to offer you the maximum discount possible for the dental services you receive in our clinic. To do that, we are required to obtain documentation from you that verifies your income, family size and proof of residency. This will enable us to give you the largest discount we can. Until we receive this documentation, we cannot officially qualify you for any discounts off the full cost of care in the clinic."*

Documentation of income could be from a w-2 form, pay stubs (two most recent) or tax return. If the patient is unemployed, he or she should be asked to provide a letter from the person supporting the patient or a copy of unemployment benefits. If the patient is paid under the table, a letter from his or her employer stating how much the patient is being paid will suffice. In the total absence of any ability to document income, the patient should be asked to sign a formal document attesting that the income reported is accurate (this should be a final resort only).

It is a best practice to require patients to come in to the dental clinic prior to the appointment to bring in documentation of insurance status and/or eligibility for the sliding fee discount.

## Treatment Planning

Providers need to educate patients as to their treatment needs and to break treatment into segments that meets those needs. Everything should be documented in the patient's chart and patients should be informed of the following:

- How many carious lesions they may have
- Their periodontal status
- If any rehabilitative or specialty services are needed
- If there are any hopeless teeth that need to be extracted; patients need to be aware of why the teeth are considered hopeless and what options they have for replacing the extracted teeth
- The recommended order of priority for the necessary treatments
- The full cost of each treatment segment, the discounted cost for which the patient qualifies and a reminder that payment for each treatment segment will be required at the time of the visit

The presentation of treatment plans and discussion of responsibilities should ensue somewhat like the following example:

When the appointment is made for the patient, the staff person making the appointment explains to the patient what services he or she will be receiving, the full value of the services, the amount of the discount the patient will be entitled to, their expected co-pay and the reason why the clinic has a firm policy of requiring payment at the time of the visit:

*"Mrs. Jones, at this visit, you will be receiving a comprehensive exam, x-rays, cleaning and treatment plan. The full cost of these services is \$250, but you will be receiving a 75% discount, so you will only be charged \$62.50. The only way for us to be able to offer our patients these generous discounts is to collect payment at the time of the visit. Please understand that we will require you to pay \$62.50 when you come in for your visit—we are able to accept cash, money orders, checks and debit or credit cards. We're looking forward to seeing you at your visit next week."*

When the patient arrives for his or her visit, the front desk person responsible for checking the patient in repeats this script:

*"Mrs. Jones, at today's visit you are going to be receiving a comprehensive exam, x-rays, cleaning and treatment plan. The full cost of these services is \$250, but you will be receiving a 75% discount, so your share of the charges is \$62.50. As we explained when we made your appointment, in order for us to be able to offer our patients these generous discounts, we must collect our patients' share of the charges at the time of the visit. How would you like to pay for*

*your share of the charges today? We accept cash, money orders, checks and debit or credit card.”*

If the patient arrives unable to pay his or her share of the charges, the practice needs to have a defined policy (in writing) that the front desk can fall back on to manage the situation. Many FQHC and non-FQHC dental programs have it in their policies that patients arriving without the ability to pay will be given the option to leave the clinic to get the money they need to pay for the visit or be re-appointed for another day when they will have payment with them (unless the visit is an emergency, in which case the patient is seen regardless. See the scripting below for emergency patients). When this policy is newly instituted, there may be a period of time when patients “test” the will of the dental program staff to enforce it—it is to be expected that patients will express anger, resentment or otherwise try to intimidate staff into backing down. The following is a script that front desk staff can use when confronted by an angry patient:

*“I am very sorry that you are angry, Mrs. Jones. When we scheduled this appointment for you, we explained our policy about payment being due at the time of the visit and why it is so important for us to collect your share of the charges. We are offering you a very generous discount off the full value of the charges, but we are only able to do this by collecting your payment at the time of the visit. If you aren’t able to pay today, we will be happy to reschedule you for a time when you are able to do so.”*

Patients may threaten to go “to the newspaper,” go to their legislator, go to a board member, etc. They may try and convince the front desk person that it’s illegal to require payment at the visit. Here’s a potential script to deal with this situation:

*“Mrs. Jones, I understand your frustration, but this policy has been reviewed by our legal department, as well as by the external authorities that oversee our dental program, and we are within our rights to require payment at the time of the visit as long as it is not an emergency. As I explained when we scheduled the appointment for you, requiring payment at the time of the visit enables us to offer our patients very generous discounts off the full charges for care provided. If you no longer wish to be a patient of this practice, we certainly understand and will be happy to transfer your records to the provider of your choice. We value you as a patient and hope that you will decide to stay with our practice. However, the decision is yours to make.”*

Following this script, the staff remains calm and polite but unyielding. (Staff should keep repeating, *“I’m very sorry, but this is our policy”*). If patients are told about the policy when they schedule the appointment, as well as how much they will be required to pay at the visit, they cannot complain about not knowing. By accepting the appointment, they agreed to abide by the policy. If they are not willing to accept and live by the policy, they should politely be given the option to leave the practice and get their dental care elsewhere. We have heard of many instances where patients have stormed out of the practice in an angry huff, only to meekly return in a few weeks when they have realized the great deal they were being offered (that they most likely weren’t able to find elsewhere in the community). You will find that these returning patients, as well as the others who are consistently held to the policy, will eventually settle down and play by the rules. The key is calm, respectful and consistent enforcement and education.

## **Patients Calling for Emergent Care**

The staff person receiving or triaging the call should make the patient aware of the practice’s emergency policy in a courteous and respectful manner. After determining that the patient is truly emergent, the staff person should inform him or her of next steps based on the practice’s

emergency policy. In many safety net dental practices, if the patient is new and uninsured, he or she is required to bring with them to the visit at least the *nominal fee*. Until the patient provides proof of income, they will be responsible for the full charge amount for the appointment which will be billed to them after the appointment. They will not be able to receive further non-emergent care until paying off the balance. However, when they bring proof of income the practice will apply the discount to the balance to reduce it.

When the emergency patient arrives at the practice (if they are new to the practice), they are welcomed and asked to fill out forms (such as new patient registration, medical history) and then informed that emergent care will focus on palliative therapy to eliminate the pain, infection, swelling or hemorrhaging, and whenever possible definitive care will be provided. The emergency patient should be informed of the expected cost of their visit, including any discount they are receiving (if they have already provided the documentation and their eligibility has been established or the availability of the sliding fee discount schedule if they are new), and reminded about the dental clinic's policy of requiring payment at the time of the visit.

However, if the emergent patient is unable to pay for the visit, they are treated anyway. Here is a recommended script to use in this instance:

*"Mrs. Smith, today we worked you into the schedule because you had a dental emergency that needed to be evaluated. We provided an emergency exam, took x-rays to help us diagnose the problem, prescribed an antibiotic and recommended follow-up treatment to resolve the underlying problem. The full cost of these services is \$150, but you qualify for a 50% discount off the full charges, which means that you will only need to pay \$75 for the care you received today. How will you be paying for your visit today?"*

In this instance, the staff person still explains the full cost of the services and the discount the patient is receiving and communicates the expectation that payment will be made. However, if the patient says they are not able to pay the amount owed at the time of the visit, the staff person uses the following script:

*"Mrs. Smith, I understand that you were not aware of our policy requiring payment at the time of the visit and are not able to pay what you owe today. Because today's visit was an emergency, we will be happy to send you a bill for the care you received today. However, please understand that, in accordance with dental program policy, we will not be able to make any further appointments for you until this outstanding balance is paid. As soon as you get the bill, we hope you will send in your payment or visit us in person to make your payment so that we can continue your care. For your convenience, we accept cash, checks, money orders and debit or credit cards."*

### **Follow-Up Appointments for Emergency Patients**

Emergency patients are among those most likely to not show up for their scheduled appointments, in addition to new patients and hygiene recall patients. Many emergency patients only seek care on an episodic basis and are not interested in following through to have their underlying dental problems resolved. If offered a follow-up appointment at the conclusion of the emergency visit, episodic users will almost invariably accept the appointment, but many of them will fail to appear at the appointed time.

Instead of scheduling a follow-up appointment for a patient who has just been seen on an emergency basis, it is recommended that a card with the dental center's contact information be given to the patient asking them to call back in a few days to book the follow-up appointment.

It is important for dental staff to consistently and effectively communicate these instructions to emergency patients. Patients should be asked to phone the clinic in a day or two to let the dental staff know how they are doing following the emergency treatment and inform them that they will be given a follow-up appointment when they make that phone call. Many programs have found that patients who follow through and contact the clinic to make an appointment are more likely to keep the appointment.

Usually it is the Front Desk's responsibility to communicate this to the patient, but it should be everyone's responsibility to strictly follow this policy. The following script can assist staff uniformly communicate to the patient.

*"Mrs. Jones, thank you for coming in today. Would you call us in a day or two to let us know how you're feeling? At that time, we will schedule your follow-up appointment."*

If Mrs. Jones asks for a follow-up appointment that day:

*"Mrs. Jones, it is our policy to not schedule follow-up care at this time. Instead, here is the number you should call in a day or two to request a follow-up visit. We'd be happy to schedule your appointment at that time."*

Many practices that have stopped scheduling follow-up appointments at the time of the emergency visit have seen a decrease in their no-show rates. This protects availability of appointments for those patients who are committed to their oral health care.

## **New, Non-Emergent Patients**

Each dental program's capacity to accommodate new patients depends in large part on the number of operatories, the number of providers and hours of operation. Other mitigating factors include the number of patients with dental disease who are currently undergoing active treatment and the daily demand for emergency care. As a general rule, safety net dental practices should strive to create a balance between the number of patients whose treatment needs are being completed on a weekly basis and the number of new patients that the practice can bring in each week. Bringing in more new patients than the practice can accommodate increases chaos, stress on staff, the time it takes to complete treatment plans and ultimately, patient dissatisfaction.

To help manage the overwhelming demand for care, many safety net dental practices develop formal policies defining priority populations that are eligible for new patient slots when they become available. Children and pregnant women are typically the top priority, followed by patients with chronic illnesses such as diabetes, heart disease or HIV/AIDs. Some health center dental programs only accept new patients who are referred by other departments or providers within the health center. Other dental programs accept only immediate family members of existing patients, while still others require new patients to provide proof that they live within the dental program's defined service area.

Reception/registration staff is typically responsible for turning new patients away from the practice. It can be enormously stressful and difficult to say no to a community resident who needs dental care and will most likely have great difficulty finding that care elsewhere in the community. Community residents hearing the word “no” can be angry, frustrated, desperate and demanding. Some will try to bully their way into the practice, while others may beg to be let in. Regardless of how community residents react to being told no, front desk staff needs to remain steadfast in explaining that the practice simply doesn’t have enough capacity to accept new patients at this time.

*“I am so sorry, Mrs. Jones, but we are currently unable to accept new patients into our practice. We only have \_\_\_\_ providers to take care of patients, and their schedules are currently booked out for several weeks. We are working hard to complete treatment for our existing patients so that we can open up some appointment slots for new patients. We wish we had the capacity to give appointments to everyone who called wanting one, but at this time we simply don’t. Please know that we care about your well-being and will accept new patients again as soon as possible. If this is an emergency, we will be happy to triage you according to our emergency policy.”*

If there are other dental programs in the area that accept Medicaid and/or offer a sliding fee scale, you can offer to give callers this information. We recommend telling patients to call back periodically to see whether any new patient appointments have opened up.

Having to turn new patients away is by far one of the most stressful and difficult challenges facing safety net dental practices. Most safety net dental practices cannot possibly meet the demand for care within their community, and they need to recognize and accept this as an unfortunate fact of life. Completing treatment plans for existing patients and restoring them to optimum oral health as quickly as possible is the best way to increase access to care for new patients.

### **Designated Access Scheduling**

Because demand for care exceeds program capacity in most safety net dental practices, programs often need to designate a portion of their capacity to priority patient populations (also often referred to as “populations of focus”), which are usually children, pregnant women and patients of record of the health center, especially those who have chronic medical conditions such as diabetes, heart disease or HIV/AIDS. Scientific evidence has clearly shown that these patients benefit significantly from access to preventive and therapeutic oral health care. Designated access scheduling means that the dental program creates special (“designated”) appointment blocks that can only be given to patients belonging to those populations of focus. The dental program determines what percentage of available appointment slots will be protected (eg, 50%), and these protected appointment slots cannot be given out to other patients until the day before the appointment day (eg, if all designated blocks for Friday haven’t been given to patients from the populations of focus by Thursday morning, they can be opened up to all other patients).

In communicating with patients seeking dental appointments, scheduling staff must be careful in what they say. For example, if the scheduler says, “The next available appointment we have for a non-priority patient is next Wednesday at 8 a.m.,” that could be perceived as offensive by the patient or possibly even discriminatory, even though that is not the program’s intent. Staff scheduling appointments should simply look for the next non-protected slot and say to the patient, “The next available appointment we have is next Wednesday at 8:00 a.m. Would you be

able to make it here then?” Clearly, the scheduler knows that this is the next **non-priority appointment**, but they would not communicate that to the patient.

### **Patients with Outstanding Balances**

The dental program should have a system in place to identify any outstanding balances patients may have at the time they call for an appointment. For patients with outstanding balances who call for an appointment, the following script can be used:

*“Mrs. Jones, in looking at your record, I see that you have an outstanding balance of \$200 for emergency visits you made to us back in June and July. In accordance with our dental program policy, I am not able to schedule any further non-emergent visits for you until this outstanding balance has been cleared. For your convenience, we accept cash, money orders, checks and debit or credit cards. How would you like to clear up this outstanding balance?”*

If the patient claims they can’t pay the full amount owed, the staff person can use the following script:

*“If you are not able to pay the full amount due, we would be happy to work with you to set up a payment plan to eliminate this balance—once the payment plan is in place, I will be able to schedule your appointment. When can you come to the dental clinic to meet with our practice manager?”*

### **Patients Needing Services Involving a Lab Fee**

When patients need services that involve a lab fee (such as crowns or dentures), they need to be informed that the dental program’s policy is to require payment of those lab fees up front in addition to the professional fee for the service. The practice can spread the lab costs out over the course of the treatment to make it more affordable for patients (e.g., if the patient is receiving a crown and the lab cost is \$150, they can pay half at the first visit and the remainder when the crown is delivered). Here is a sample script to use in working with these patients:

*“Mrs. Jones, Dr. Smiles will be making a new full upper denture for you over the next several weeks. The full value of that denture in our practice is \$1,200, but you are being given a sliding fee scale discount of 75% so will only be required to pay \$300. In addition to the \$300, you will be required to pay the lab fee for your denture, which is another \$200. This is the amount the dental lab charges us to make your denture. This means that instead of paying \$1,400 for your new denture, you are being charged \$500. For your convenience, we can spread your payments out over the next five visits, with the final payment due when we deliver your completed denture. Would you like to pay the full amount today or just the first installment? We accept cash, money orders, checks or debit or credit cards.”*

### **Communicating to Patients about Price Increases**

Health centers must be able to realize enough revenue from its activities to remain financially viable while maintaining patient access to services without regard to patient’s insurance status or ability to pay. This means fees should be consistent with locally prevailing rates and be designed to cover “reasonable costs of operation” HRSA considers the fee schedule to be the vehicle by which health centers are expected to maximize revenues from 3<sup>rd</sup> party insurers and patients with higher incomes so that the 330 grant is used to subsidize services to lower income patients. Rates need to be consistent with what the insurer pays other providers for that service

in the community. Here is a sample script to use when explaining to patients why the fees had to be increased:

*“Our dental fee schedule has been updated so that our fees are set at the usual and custom rate for dental services in this community. We continue to offer generous discounts to our patients and will continue to make dental services affordable for our patients. In order to do this we need to set our fees to reflect the true value of the dental service.”*

## **Conclusion**

For the “Payment for Dental Care” policy to work smoothly, the practice needs to educate patients related to expectations and accountability in advance of their first visit to the practice. It is a best practice to require new patients to come in to the dental program before their first appointment to provide documentation of insurance status or proof of income to determine eligibility for the sliding fee scale discount. At that time, patients should be given written copies of all important practice policies such as payment for dental care and no-show policies. The practice should consider creating a “Principles of Practice” document outlining these policies that the patient signs, agreeing to abide by these important principles. This document should then be placed in the patient’s record.

Many patients wrongly assume that safety net dental practices are fully subsidized by the government, city or state and are supposed to be giving services away for free. We need to educate patients that this is far from the truth and that each community health dental practice needs to determine what amount of discounted or unreimbursed care they can offer to their patients and still be around next year to provide the same quality services. The dental practice has bills to pay, and requiring self-pay patients to pay their discounted amounts at the time of the visit is critical to ensuring that the practice can pay those bills, retain their staff and stay in business to continue to be able to offer high-quality care at significantly reduced rates.