

# Rosen Coaching

“Why just *survive* when you can *thrive*...  
Let me help you *attract* the practice of your dreams”

## Directions on How to Interpret the Rosen Coaching Stat Forms

Please download my two stat forms. Fill out at least your last 90 days worth of stats.  
(Please see “*Directions for using Rosen Coaching Stat forms.*”)

Now that you have the stats down on paper, let me show you how to interpret them:

### 1. Yearly New Patient Retention Stat Sheet:

- a. You have X number of new patients and Y number of ROF's. This ratio should be at darn near 100%. If it is not, clearly you have a Visit 1 problem. Examine the entire [LAASR Mastery Program](#), especially the [Pre-Consultation](#), [Doctor's Consultation](#) and [Doctor's Examination sections](#).
- b. You have Y number of ROF's and Z number of people who signed up to initiate care. This number should be above 80%. Above 90% is even better ☺! If the percentage is below that, you most likely have a challenge with Visit 1, and most definitely have a problem with Visit 2. Examine the entire [LAASR Mastery Program](#), and especially the sections [ROF1](#), [ROF 2](#), [ROF 3](#).

You also want to monitor the number of people who are signing up for each of your programs. If you want most of your people opting to sign up for a year, and that is not the case, clearly we need to work on your recommendations and adding value to your ROF. There are very specific things you can do to dramatically increase these results. I advise you to master “*Doctor Gives Recommendations*” in the [ROF 3 section](#).

- c. You have Z number of people who signed up to initiate care and X number of them stopped care, prior to their first re-exam. Anything more than 10% is way too high! Clearly there were mismatched expectations (a Visit 1 and Visit 2 problem) and [Daily Interactions](#) problems. The results? Not meeting them where they were at, not making the picture bigger, and issues that center on preparing and exciting people for the re-exam itself.
- d. You have Y number of people showing up for their re-exam and less than 100% of them returning for their re-report. Obviously, the whole process leading up to the re-exam, and specifically the re-report, needs work! You really need to nail [Re-eval Re-reports](#).
- e. You have Z number of people doing re-reports, so how many should continue care? If it is less than what you are happy with, then you simply must revamp the entire process, including the [re-report](#).
- f. You have too many people stopping care before any other re-exam. If they really got the “big picture,” they would want to stay on some type of program for life. Will it ever be 100%? Of course not, but at the very least, this gives you an idea of how many are falling through the cracks. You need to complete the entire [LAASR Mastery Program](#).



If the percentage is either very low or zero, and your practice is not growing at an exponential pace, your staff may not be keeping accurate stats in this particular area. It may be a clear sign that they don't understand it, they are not doing recalls, etc.

- g. Clearly at the end of a particular month, you may have a new patient come in, who then does not show up for their ROF until the start of the next month. Obviously you will have to be aware of such nuances and interpret these types of stats accordingly.
- h. We will watch these stats like a hawk. It will point us to exactly where you need to do some work. We will make changes which will cause the stats to change in the right direction, or we will course correct! Any way you look at it...these stats do not lie, and that's what I like about them 😊

## 2. Monthly Statistics for the Year – There is a whole lot to monitor on this stat sheet!

- a. Obviously, we want our patient visits to continue to rise, but more importantly, we want our patient visits per day to increase. During certain months, there are more work days than there are in others, so “patient visits” for those months can be deceiving.
- b. If you are getting reactivations (see [reactivation program](#)), you want to have a steady flow of them until you get to the point where your patients are not dropping out of care.
- c. “Missed appointments” tells us a lot (see “[Doctors Handoff to CA](#)” article). We want to make sure that patients see the value of keeping their appointments, that they are pre-scheduled, prepaid, and... that the staff is doing recalls when patients miss appointments (see “[Doctors Handoff to CA](#)” article).
- d. Internal referrals vs. External new patients is a very important stat to keep an eye on. As far as I am concerned, your number of internal referrals is one of *the* most important stats to monitor. If your patients really understand that they have a “health problem” and not a “back problem,” and they want to get healthy, and they understand you can help them get healthy, and you have reasonable ways for them to finance their care, then...how could they possibly not want to refer all their family and friends to you? (Entire [LAASR Mastery Program](#).) Once they want to refer all of them to you, all you have to do is give them the opportunity! (See the [No Stress Secrets to Easy and Instant Referrals](#) and [Marketing Calendar](#) programs.)
- e. Obviously, your amount billed should match the services you are providing.
- f. Depending on your insurance programs, etc., you want to keep a close eye on your monies received. If you are straight cash practice, you should be 100% pre-pay therefore 100% collections. (See “Doctor Gives Recommendations” ([ROF 3](#)) and “[Doctors Handoff to CA](#)” article.)
- g. Total overhead. We definitely want to keep your overhead under foot! My two cents worth? I would definitely like to see your overhead below 50%.
- h. Number of days in office is reflective of the number of days in the month. You must count half days as half. Make sure you are working reasonable hours. My favorite schedule is four, six-hour days, with a huge break at lunch to recover. Obviously, you want to customize your work schedule to fit your lifestyle.



- i. Remember, there are three peak demand times each day. You want to be available to service two of them (unless you have a huge practice with lots of staff and associates).
- j. PVA is a very important stat. For a pain-based practice, a good average is around 25-30 visits. For a “wellness”-based practice, “good” is considered well above a minimum of 50 with something in the 200’s looking really good! (If you are having problems with retention, you need to thoroughly digest the entire [LAASR Mastery Program](#). You also need to be to implement the ideas presented in the “[Doctors Handoff to CA](#)” article, the “[Formula to Sustain Practice Growth](#)” article, the “[Practice Growth and the Weakest Link](#)” article, the “[Dream Team](#)” program, etc.). In other words, you really need to be doing everything right!

