



# Practice Focus

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## Series 1 The Fundamentals

### Session 3 New Patient Discovery (Part 3)

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So, I'll take you back to the last two months very quickly. First of all, you:

Went through your new patient review.

Tracked every living, breathing human being backwards to find out what you did well, what you could improve, and different areas within the patient experience where things are breaking down.

Then, we went forward through each and every single step, each and every single person, and your interaction with your patients to make sure that there's never a place where you're rushing, you're speeding up. It's like slow dancing, but not slow dancing and making sure, I could give other examples as you know, that you're moving at the pace of the new patient and you're engaging them in the proper way that's cultivating that relationship and the case acceptance.

Now, we bring it all home with the single, I know I always say this, but truly, the **single most important characteristic of a successful new patient experience** and that is how to effectively build trust, and therefore, make patients so comfortable that they will pay cash payments for large cases, that they will pay and make investments the day the treatment is presented to them.

**This all comes down to trust.** Of course, you want trust not just because of the money, but you have to have trust in order to get to the money and also to have long-term sustainable relationships.

Okay, this month, we're bringing closure to our new patient breakdown and talking about this exact topic, how to build trust and sell larger cases faster. You will remember the first part as a review. There are three steps to this, three steps to building trust:

Emotional connection.

Selling the problem.

Connecting the treatment plan, the pathway of health, to future benefits and value-driven outcomes, not to clinical dentistry.

Again, I go through again, the basics, emotional connection, making this personal, making this about them, providing trust, customized care because you are seriously genuinely, we're going to get back to genuine, interested in the person themselves, the patient. Selling the problem, as you know, is the must. Most basic fundamental concept in dentistry is you have to create a vivid enough problem in the patient's mind before you move on to diagnosing treatment and, of course, connecting the treatment to the future benefit, connecting the treatment to the reasons why this will have an impact on the patient.

Today, I remind you about the three advanced wildcards of case acceptance.

**Number one, trust is about proof.** Proof only works when you illustrate it in advance, such as testimonials and your credibility package as well as diving deep enough into the problem before they ever get to the operatory. If you are playing catch-up, if you are justifying treatment, you did not provide enough proof in advance. Trust is about proof in advance.

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**Secondly, trust is about demonstration.** Demonstration means you make it real for the patient. This is done through their own patient exam, their experience, as well as key points of education and bringing the problems to life before their eyes. So often, team members and doctors just pass right over this entire step and they dictate diagnosis instead of making the problem tangible for the patient. If you do not do this effectively, you will lead the patient to believe you are just making up treatment instead of their mouth being the reason for what you are saying.

**Third advanced strategy, trust is about genuine concern and follow-through.** I always tell you, we don't sell. We don't. We do not sell, not if you do it right. If you do it right, then you will be personally and passionately concerned about your patients and express that, not in a dramatic way, but in an authentic way that lets them feel your emotion and expression, so that they have visceral reaction to the finality and the severity, the urgency of the problem.

The first two are not very difficult. You should be doing these already, proof and demonstration. This one is where I'd like you to spend your time honing in your approach today with your time, practicing the following.

I'm going to give you three tangible things to go to work on. First, telling stories about patients who had the most common problems and waited until it was too late and then, fill in the blanks, fill in the outcome that these patients regretted having. You tell stories about patients who had a problem like this person does, and then you describe the outcome that somebody else suffered through because they were not proactive enough or at all.

Second, I want you to do this, to rehearse your practice philosophy about what you believe is optimal care and health for each patient and using that as your little stump speech or elevator pitch, like someone lecturing about right and wrong. You don't want to pander to your patients, but you do want to be consistent with your philosophy and mission.

When you make care optional, you are a loser, a charlatan, and you should never have diagnosed it to begin with. If they can benefit from the care and that is what your philosophy is, then you need to confidently stand by it. **The fastest way to lose patients' trust is to lack congruence** and that goes especially from team member conversations front to back and all around every patient engagement.

I can tell you this; I can think right now of at least a half a dozen team members in different practices that I know for a fact are sabotaging the doctor's treatment. They should be fired spot on, really immediately, today. No one in the practice should accept a team member letting a patient off the hook or back talking or contradicting or diminishing the doctor's diagnosis. **Patients see right through this, period.** It really is the end of the story.

Now, I will say, many of our doctors are guilty of this too, and hey, team; it's your job to hold them accountable. Our doctors often are the ones, I mean, listen, people listening to this today have been in practice for 20, 30, 40 years. They're seeing new patients and diagnosing single composites in a mouth full of treatment. It's just crazy. It's unethical. All I'm asking you to do is to back up your own philosophy. Look, I'm not telling you what your philosophy should be.

Now, you know what I believe it should be. All I'm saying, whatever the mission statement on the wall, whatever little tagline on the website, I've got people listening to this Practice

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Focus who on their website, all over, it talks about smiles, and they haven't sold a smile or created a healthy mouth for years. Come on. Because we lack follow-through on the authenticity of our purpose, our passion, and at the end of the day, our profits.

Now, the third and final task here, finally, I want you to have a screening protocol of rating and managing your new patients based on the nature of their treatment plans. If they should come back, do more diagnosis, more records, wait and bring their spouse in with them, whatever it is, phase out their treatment, step it in place, it doesn't make any difference. **Do not default to treating every patient the same.**

Just like there is screening and allocation done on the phone for scheduling, there should also be at every step in the new patient experience. Please, do whatever is necessary and required in order to get case acceptance. That is the key to everything. Do not compromise this standard. You should see from the last two months the places where you are lacking trust.

You should see places where you are rushing to tell treatment plans to patients who are not ready to hear them. It's very important that you have a proper assessment tool and a way to move people into different types of experiences. You have to be able to course correct, to adjust, to make real time decisions.

If a patient needs a consult to move into a comprehensive exam or they need a comprehensive exam to move into a formalized treatment conference or they can just walk in and move forward with treatment immediately, all of these are different types of people with different types of problems, and you will sacrifice your biggest cases, your most life-changing dentistry, your most profitable getting you to your goals faster, your bonuses faster, you will sacrifice and ruin every opportunity to do this if you're not making individual decisions about each patient, not just going through the motions like we talked about before, **but really understanding how to cultivate the cases.**

This third part of our new patient discovery, dissection, expedition of improvement here, is really where the rubber meets the road. This is about the human element that we're bringing to play. Please make a list of decisions and commitments as a team on how you're going to build trust better to create more new patient follow-through by you staying in control of larger cases. Listen, I promise, you will see a difference overnight.

Never underestimate the power of small numbers and tiny details when it comes to each individual and personalized new patient and new patient experience. Remember, dentistry is not something that happens to people. It's something that happens with them. Please, involve your new patients just like a team member being involved in this discussion right here and make sure that you go through these very, very important six different aspects of creating trust, emotional connection, selling the problem, connecting the treatment to the future benefit and outcome, not clinical discussions.

Trust is about creating proof.

It is about providing demonstration, and it is 100% absolutely about genuine concern for the people and showing your authenticity through telling stories, through holding congruence to your practice mission and making sure that you're adjusting as you go to what is a truly

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customized process for each patient to cultivate the large life-changing treatment plans and cases for their future and for your success.

Thank you so much. Again, can't wait to hear what you have to say, see your results, and please understand, you can go back through this three step process that I've taken you through over the past few months. You can go back through this every single quarter.

You could do it again and again and again. You should do your patient chart reviews every month, new patient chart reviews, ideally, daily and weekly. You should absolutely practice slowing down and taking your temperature and making sure that everybody is on the same page and dialed in and focused and you 100% can never ever work too much on creating trust and customizing your patient experiences.

Thank you everyone. I'm really proud of you, so grateful for all of your hard work and taking this so seriously because this is what we do.

Have a great day. Let's make it a great month!