



Practice Focus

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Series 1 The Fundamentals

Session 5 Why Screening Matters and How to Do It

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Today, we're going to talk about probably one of the most complicated, confusing, misunderstood topics there is. I'm just going to cut straight to the chase, if that's all right with you. Because I'm going to make this very short this month and give you an opportunity to really take what I share and customize it around your own approach and the philosophy of receiving patients into the practice, this month's Practice Focus is all about screening and why screening matters and really how to do it.

Now, screening is a different concept because most people, they think that either:

1. They want to schedule every patient off the phone, or,
2. Vice versa, they think their job is to do too much work on the phone, and therefore, you screen out all the patients and you run people off.

So, the point of screening is really what we're going to discuss, dissect, and apply. Now, the good news is, you're going to understand from this conversation how screening impacts every one of you, each point of engagement within the practice, and it is all team members' responsibilities, all team members, including doctor.

This is not just about good quality phone calls. This is about a cultural shift, a setting of expectations, and a controlling of the patients. So, please, pay attention.

I could talk again and again about screening, and it would never get old because **screening is a process in your practice and patient experience that never ends.** Screening happens predominately three major places, on the phone, in the patient interview, as well as in hygiene. Of course, you're screening at all stages of the patient experience.

If the patient is in for an operative procedure, you're screening that patient as to whether or not they're going to proceed with a cosmetic case or proceed with implants or they have sleep apnea.

If you're doing a new patient experience, you're screening the interest of the patient every step of the way to try to elevate their desire and their vision of their mouth and the goals that you can help them achieve.

Mainly, there are three areas:

1. On the phone (which affects every person answering).
2. In the patient interview (which predominately is going to be the treatment coordinator, patient concierge, or a clinical lead).
3. In hygiene (or also it can be in a restorative situation).

Really, in every patient encounter, you're always screening for what? For opportunity. Always in search of it, on a journey of discovery for ways to help patients and get them to buy into whatever it is that you know is best for them and for their mouth, their health, and their future.

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It is your responsibility to **always** be focused on the patient's goals, even if they don't know what those goals are. This is not an order taking service. This is not the customizing a car, okay, or building a hamburger. This is about the mouth. You're the experts. You provide and set the expectations. You guide the patients into understanding what their goal should be and then, and **only then**, they get an opportunity to rebuttal, to comply, to agree, to go a different path, but you cannot expect a patient walking in knowing what is supposed to happen.

That's why I get really frustrated with people trying to pre-screen patients too aggressively over the phone, As, Bs, and C, because they really haven't given that patient an opportunity to be an A. **It is your job to make A patients.** It's not the patient's job to become an A patient before they meet you.

Now, today I want to explain screening a little bit differently. I want you to see it as twofold.

Number one, elevating patients' expectations of what you are about and what they should expect throughout their experience with you.

Now, I want you to take that one sentence and break it down for every team member, and I want you to assess and ask yourselves, what could you do better to help the patient understand the expectation of health they're supposed to have or beautiful smile or functionality or whatever it is that you do?

It is through your language, through your questioning, through your engagement with the patient, that elevates their expectations. So, I hear all the time, "Oh, patients, they want a cleaning. They're going to be so mad if we don't clean their teeth on the first visit." That's nonsense.

Very few practices ever clean the teeth in the history of dentistry on the first visit. We got into this because we're lazy. On the phone, it's very easy to change the expectations of the patient. Now, I'm happy for you to clean their teeth. I would say 30% to 40% of our practices, some of them are very good, doing a great job, they clean teeth on the first visit, but **the point of the first visit is not to clean their teeth.** The patient needs to understand that.

The point is to get to know the patient, to understand and set their health goals, to take an assessment over their mouth, and then, to lay out a game plan to put them in a state of optimal health or whatever you do. That means that, sure, we're going to rid them of disease. We're going to polish up their teeth. We're going to make sure they're in good condition, but hygiene (which is very important, it's the foundation of health) is only one aspect of it.

So, this is all about you setting expectations. Now, I also have people say all the time that they wish they could do more Invisalign or more ortho or more sleep, but yet, they wait for the patient to jump up and down and wave the surrender flag that they're interested in these things instead of getting the patient to expect more.

So, you're tired at night, you snore all the time, your airway is obstructed. You have a problem. It's not waiting for the patient to identify. It's about screening the patient through a process that's going to allow you to identify. Also, you say, "You know, have you ever considered having straighter teeth? Look at these pictures right here. Your teeth aren't supposed to be like this, and not only is it bad for you in terms of the aesthetics, but also

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there's other issues too, ramifications to the way you bite, the way you chew, the disease that can be inflicted upon you later on, so many other reasons.”

Again, what I'm saying to you is to customize your personal interaction with the patients and know that screening is not just weeding people in and out, but actually it's an elevation of the patient's expectations for care. This begins, of course on the phone, but it doesn't ever end throughout the patient experience, whether it's the first visit or hundredth visit.

The second thing about screening is positioning yourself as more than just a dental practice and to set the tone for the relationship and the experience to be personal, different, and comprehensive.

Screening is really about nurturing and creating a better patient. For example, people complain all the time about patients making insurance decisions. Well, the question is, have you ever taken time to educate the patient in advance of talking about treatment, money, and insurance, about how your practice is set up, the way the doctor diagnoses, what your engagement and patient relationships are based around? Have we ever stopped to tell the patient and positioned properly your role in their life? So, this should be done early and often. Again, if we're dealing with insurance problems, it's because we're not being proactive. Screening is all about being proactive.

Remember this, patient expectations are in your hands, in your control. Their perception of you and the positioning you can do for yourself, all within your control. That's really what screening is all about. So, I want you to take time and think about where this breaks down.

Who does a great job and who can be better? Talk through the areas in your practice where you're letting patients take control or you're losing control, and you're letting people screen themselves in or out before they should or without the proper information. Here are the basics.

Number one, not all patients are created equal. Some are for you, some are not.

Number two, not all phone calls need to be scheduled the same.

Some are going to be looky-loos. Some are going to be comprehensive exams. Some are going to be patients you don't want to invite in the practice. This is only going to happen by having the proper communication skills and engagement over the phone of positioning, of clear expectations, and then, of course, listening and discerning from the patient, digging deeply into the phone call.

Number three, most patients don't begin as A patients. You turn them into A patients by having authentic conversations, by expressing genuine concern, by asking them questions to dig deep into the patient's mind, so you can, then, guide them into wanting more, expecting more, being a better patient for you.

Four, screening doesn't stop when the patient comes in. You are constantly screening them like a “choose your own adventure.” There are two paths. One is going to be treatment. One is going to be no treatment. There are two paths. One is going to be ortho. One's not going to be. There are two paths. One is going to be saving teeth. One is going to be replacing

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teeth. There are always different things that you're doing to screen patients one way or the other. The thing is, you're supposed to be in charge of that.

Number five, most screening happens during other subsequent visits. One of the most powerful things I can ever tell you to do, I always say this, treat every patient like a new patient and guess what? Screen the patients you've already got. So, you don't take a patient out of hygiene that's finally ready for a big veneer case or finally ready to move forward with ortho or finally ready to do some implants, you don't just throw them over to the treatment coordinator and wop them with a \$20,000 fee, even a \$5,000 fee. In many cases, even a patient in hygiene would need to be brought back in for a deeper diagnosis or more comprehensive discussion.

If you have a restorative patient who comes in for an emergency and they're a patient of record, you fixed one tooth, you don't just say, "you have all these other problems. Let's go ahead and move forward with a treatment plan." It's better to screen them back into a new patient experience.

Everybody wants more patients, but you know what? Many of your new patients, **at least one or two patients a day who are already flowing through your practice, could be recycled back in as new patients** and allow you to have a fresh opportunity and allow the patient to have a renewed perspective about what you do. I want you to have an open discussion with your team about this idea. I want to know what you're doing with consults, with comprehensive new patients, with emergencies, with leads that come through hygiene for other procedures. I want to make sure you have a deliberate approach to cultivating patient interest and helping them to see the big picture. Above all else, I want you to always remember that creation is part of screening.

Now, I'm not just weeding out the As, and the Bs, and the Cs, but searching for ways to get patients more involved and more interested and asking deeper questions and more follow-up, second questions, to break through their shield and guard and get their minds open, so you can get their mouths open to letting you do what you are capable of doing for them.

Please identify the following four things this month:

1. Where you're doing a great job with screening.
2. What could you be doing much better when it comes to screening? Everybody answer, please. Think of it again as screening and creation.
3. How are you going to help more patients become A patients, specifically, tactically, verbally, through your systems, information, processes, everything?
4. Where do you lose patients' focus, where do you lose patients' attention, where do you lose patients' interest throughout your process? Where is there a breakdown in communication or consistency or flow from each step and point of engagement in the patient experience? Not only new patients, but with all patients.

Please, please, do yourself and me a favor. Set some goals and maybe some new guidelines to improve on each of these points, document them, write them down, fax them over to me.

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Now, last thing I will just say, a little kick in the ass, I have to tell you, your numbers speak for themselves. Some of you, obviously, I'm speaking to many people right now, some of you are doing fantastic. Others of you, you should be embarrassed by your average diagnosis per patient. You're just simply not working. In order for you to grow the practice, you have to help more people. In order to help more people, you have to have more meaningful, deep discussions. In order to do that, that's what's going to create diagnosis.

So, this month's Practice Focus is so much more important and goes way beyond the idea of just screening. It's very important for yourselves to give yourself the advantage, give your patients the advantage to become A patients with a process that you have deliberately and intentionally created that's not going to weed out opportunity, but it's going to cultivate it.

I know you're going to do an amazing job. Please, challenge yourself. Challenge each other. Challenge your patients. I look forward to amazing breakthroughs, great results, and a whole hell of a lot of feedback. Let's make this quarter the best one ever. Let's make this month a very, very big successful victory for you. Take care. I'm here if you need me.