



Practice Focus

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Series 1 The Fundamentals

Session 7 Mastering the Triangle of Trust

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Welcome, everyone, to this month's Practice Focus. We're going to dive right in this month by talking to you about mastering the triangle of trust to make case acceptance easier. I can't emphasize enough, and I don't know that there's any topic that I've ever shared with you, or any tactic or tools that I've ever provided that has so much impact and so much opportunity to really ease the burden off of you, and to allow you to predictably secure more "yeses" from your patients than this right here.

I will tell you this. **There is nothing more important in your practice, both for the success of your team and the success of your patients than communication.** That's it. Communication, the key to everything we do. If you focus on and dedicate yourself to mastering this, you will continue to win, win, win- more, bigger, faster, every day with every patient. So important.

This month, we are going to talk about the single greatest application, technique, strategy, structure of the way effective communication comes to life inside of the patient experience and your patient interactions. Like I said, I'm talking about the triangle of trust. We can debate about case acceptance all day long. Other than the necessity of diagnosis, having to effectively build the case in the first place and educate the patient on the problems that they have, the most important contributor to case acceptance, hands-down, is this triangle.

Of course, the most important first step is that you actually do it. I know immediately when someone tells me that they have seen the case acceptance go down, or they're concerned about their numbers day to day, that there are only two places to look first. Number one, is the doctor falling short on diagnosing, or the team not contributing? Obviously that's number one. We cannot close treatment that you haven't first created.

The patient's not healthy, let's just be clear about it. If you lack the creativity to find something to do in a patient's mouth that's going to make them a happier person with a better, healthier smile, that's your problem. The majority of patients in any corner of the country, they have opportunities for improving their oral health.

The question is: is someone falling short on creating the dentistry in the patient's mind and educating them about the problems in their mouth? We cannot get case acceptance, we cannot convey, we cannot engage the triangle of trust if there's nothing to put inside of it. That's obviously the first most important place to look.

You should all check each other when it comes to diagnosing, you should all check each other. I advocate you doing the weekly new patient chart reviews. At the worst case, do monthly, which we discussed over the past four, five, six months already. In addition to that, you should constantly be monitoring your diagnosis numbers by team member and by department, and of course certainly by doctor.

Now, aside from that, more often than not it is the triangle of trust breaking apart that is usually causing inconsistent daily execution of case acceptance or any up and down of your numbers. If the triangle of trust is breaking apart, then we know where to look. It's like having the holes in your pockets, and you keep putting change inside the pockets, and you keep walking, and you don't notice all the change falling out of the pockets. That's exactly what will happen when the triangle of trust is breaking apart.

This month, we're going to role-play each of the most important triangles, and then I will go

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through the final culminating feat that lends itself to the greatest patient follow through in getting the yeses. To begin, let's review.

There are three primary triangles. Remember, every aspect of communication in the practice involving the patient should be a triangle, always.

The point is that there is not the patient by themselves, but the patient with someone who's able to convey and pass off the information. The three primary triangles, though, are once the patient moves past the scheduling of the appointment, past the phone call, past the front door, and now we're moving them into the in-office patient experience.

Triangle #1

The first is what we call the front to back. This is number one, about setting expectations and clarifying goals of the patient visit.

Remember- I will say it again, the first triangle is about setting expectations and clarifying goals.

How can you have successful patient experience if the patient doesn't know what success is? Success in their mind and success in our mind are two totally different things. We have to merge those two things together, and that's done by setting proper expectations.

As you know, my favorite way to do that is to talk about our goals for the patient's health. We believe in being proactive with solving problems that exist today, and we believe in being preventative of letting any other problems happen in the future. Proactive and preventative is what sets you up to have not just emergency-based dentistry, but actually reconstructive or restorative-style care of things that are going to bring the patient to optimal state of health.

The first triangle is usually done by the treatment coordinator, or the patient concierge, some administrative lead, a person who's going to ask for the money. Usually the first triangle is started by the person who's going to, at the end of the visit, finish. I can't emphasize this enough, the nuances, the details matter.

The first treatment coordinator, let's just say, and I like saying patient concierge. Nobody wants to buy treatment, but they'll buy outcomes, so treatment coordinator. We don't know they're going to have treatment, they don't think they're going to have treatment. I like saying concierge, but it doesn't matter. This person is going to present the patient to the clinical team member.

If you can envision and understand, you've taken the patient from the front, you're going to bring them to the back. You don't just push them back there, you don't drop them back there, you don't pass them back there, you don't point down the hallway and say, go down there. You're going to have the clinical person that's going to be taking care of the patient stand there in front of you, and you're going to introduce the patient, the team member to the patient. Then you're going to introduce the patient to the team member.

You're going to present the goals the patient has, and you're going to state again the expectations for the patient experience.

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Obviously, you would be talking about the things the patient already said they want to overcome, what the point of their visit is. You would talk about any concerns that they have. You're working on building the case. With every triangle, we're putting another layer on the cake of the case.

Triangle #2

The second triangle is in the treatment room. Now, this is probably the one that's missed the most. This is probably the one I would say people are lazy, half-assing it. The treatment room triangle is when the clinical team member is setting up the doctor. This is where you're hand-delivering the patient to the doctor.

So important for three reasons:

The first reason is because it's efficient. You don't want the doctor to have to come in and dig through. It's not like an archeology find, a scavenger hunt. The doctor should have to do no work, so that they can dedicate 100% of the time on engaging the patient and moving into the diagnosis. If they have to start from scratch, it's going to be a problem.

The second reason is that we don't want the patient hearing the gruesome details from the doctor the first time around. We want the patient to be pre-educated, pre-understanding, pre-illustrated, pre-everything before the doctor has to come in and engage and be the bad guy or the bad girl. We want them to be the hero.

The third reason is so important because this is now actually the culmination of the case. This is where the diagnosis is done. Inside of the triangle in the treatment room, this is going to determine whether we have hodgepodge dentistry, step-by-step dentistry, no dentistry at all dentistry, or we have a comprehensive and complete case. We've developed trust, we have integrity, there's credibility there.

Inside of the second triangle, the clinical team member's job, which we already know this, is to sell the problem. They are to establish the treatment. The premise for the treatment, the premise for the case is done through the three Ps, pictures, proof, and pain. It's done through engaging the patient, educating, showing them what's going on in their mouth with the photographs. Full series of pictures, tour of the mouth, inter-orally, whatever you're doing. Full series, I mean smile photos.

Now, doctor walks in, and we hand the patient over to the doctor by telling them everything that we've found. We go back to triangle number one, and we tell the doctor about the patient. First, we introduce the doctor, very important. First triangle is always introduce the star to the patient, the doctor. The patient knows about themselves, you want the doctor to be the hero in the patient's mind. Then, you tell the doctor about the patient, and you move immediately to the treatment that's already been discussed and discovered. Then, the doctor's able to solidify. That's the second triangle.

Triangle #3

The third triangle, of course, is the culmination, we have the culmination.

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The culmination of the triangle, or the patient experience, rather, is going back to front. We have to get them back to the front. We go front to back. We have the magic in the op, and then we have the back to front. The back to front is done very, very specifically. It is critically important that you commit if there is any treatment to be exiting the patient with, that you have the treatment coordinator come back into the room to stand chairside, and then, hand the patient back to the treatment coordinator in a very, very beautiful way.

This doesn't have to be the doctor. The doctor can get out of the room and move onto the next patient. **If it's a new patient, I prefer the doctor to be the one to deliver the third triangle.** We have the treatment coordinator delivering triangle to clinical, we have clinical delivering the triangle to doctor, we have doctor delivering triangle back to treatment coordinator.

If it's hygiene, then the hygienist would do it. If it's restorative, then the assistant would do it. In new patient, I like for the severity, the importance, the significance of this to be done by the doctor.

Now, inside of the third triangle, of course this is the staple, the principle, the foundational key, if you do nothing else, do this kind of a thing. This is what we call getting the clinical yes. **Getting the clinical yes is inside of this triangle.** The doctor is now turning to treatment coordinator, passing off the treatment back to treatment coordinator, and explaining to them what the patient has agreed to and what's been discussed.

The treatment coordinator then looks at the patient and says, "Amazing, good job, I knew you'd make a great decision. Do you have any questions for the doctor before we leave, and we go make this happen?" Very important that the treatment coordinator is not just listening to the doctor, and then dragging the patient out of the room and sitting in the consult room or taking it up front.

No, you're getting the yes in front of whoever is the other side of the triangle. No matter who it is, the patient is committing to the treatment inside of this third triangle. If they're saying insurance or money questions, you are deterring those questions, saying, "No problem, we're going to handle those right now while we're talking about your mouth, your future, your health, the benefits that solving these challenges that you're staring at right here in these photographs. Is that what you want to do?" You're passing the treatment off to be closed.

This triangle of getting the clinical yes, and the treatment coordinator being in the room chairside at the end to get the summary, it is the single most important thing you'll ever do for your case acceptance aside from all the other things we talked about.

If you cannot exit the patient to the treatment coordinator in the room ... Let's just say it's a crown out of hygiene. You can walk the patient up to the front, stand, create a triangle, a human triangle at the front desk, and you exit the clinical yes treatment decision right there with the person.

What you don't do is ever exit the patient to go up front, and then the treatment coordinator, the administrative leader says, "Okay, hold a second, let me look at your chart. Oh, it looks ... I see here that you need one crown." No, that's stupid. It's impersonal, it's ineffective, it doesn't work. You lose more of that treatment than you do get the treatment.

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You have to exit human-to-human, human-to-human, not computer, not piece of paper, not route slip, not nothing. This triangle is critical. If you can't do it in the room, then you walk up front, create the human triangle, and do it there. Any big cases, obviously you would not want the patient out of the chair until they've said yes with the treatment coordinator present. You got it?

There are three things you must remember about these triangles in any patient interaction:

1. The first one is that you are cultivating and transferring trust. Absolutely 100% the most critical key. You are cultivating and transferring trust. Why do I say that? Simple, simple, simple. When you transfer in front of the patient's face, not behind their back, or not on some piece of paper that they don't know, see, or understand, you are creating trust through transparency.
2. The second thing is that you are building and growing the case, just like I said, the layers on the cake. If you keep starting over every time, you're dealing constantly with this one step or whatever, you're hodgepodging it together, you're building nothing. Then you have linear treatment, or what I call step-by-step treatment, and the patient is only ever learning about the next thing.

In order to go big picture and comprehensive, you want to make sure that you're growing the case step by step, layer by layer, through the patient experience, through each of these triangles so that by the end of it, you finish with a comprehensive, complete clinical and case patient experience.

3. The third thing is that you must look the patient in the eyes and really engage them. You're looking for them to make not just a verbal commitment, an emotional, a visceral commitment to what you're doing. You cannot just go through the motions. This requires you to be fully focused and aware and genuinely interested in helping the patient get healthy and getting the outcome that's going to lead to that. I'm telling you, this right here, it's the key to everything.

Now that I've talked you through the patient flow in each major triangle, and the key points to them, **I want you to practice with each other** each of these, with the respective team members who are involved.

I want you to do it for:

- New patients
- Hygiene exits
- Expanded cases or continued treatment plans from the doctor's side

Every one of you, practice the triangles together from the coming in, front to back, from inside, and from back to front for each different type of patient. Most of all, **I want you to know that the power to achieve case acceptance and make this easy on our administrative team and treatment coordinators is to do the heavy-lifting in the back** and make sure the patient has said yes to the treatment and that you have brought someone into the room to move the patient through to the next step.

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If you try to half-ass it, you cut it short, you look for the end-arounds, you do not hand the treatment directly off to another team member, and instead, you rely on the route slip, the treatment plan, the computer screen, you will lose. This must be done people to people as I said, patient to team member each step of the way.

Now, here's a couple little things that you need to avoid, side notes.

1. I want you to avoid saying, "Next step." There's no next step, there's getting the patient healthy. There's all the things required to do that. You let the treatment coordinator walk through the cases. You don't tell the patient next steps because then, the patient thinks one step at a time, they think pay by the visit. Is that who you are? Is that how pathetic your office is at this point in your career? There's no pay by the visit.
2. You're "going to watch it. It's okay to watch. We're going to watch this part." What does that even mean? You're going to have a real time camera going with the patient, you're going to watch every day? No. Like a reality show? Stupid. You don't say, "watch it." You're going to watch it get bad? That's the kind of doctor I want to have. Let's just watch it until you're completely a disaster. No, let's be preventative.
3. Talking about insurance in any of these triangles. You're not talking about the insurance-based care. **You're talking about optimal, best for the patient.** You're never talking about, it's expensive or it's not, or it's cheap or it isn't. No, you're not engaging any financial words into the conversations.
4. You're never going to say, "It's not too bad." If it's not too bad, then why do we need to do it? We want the patient to understand they deserve the best. You're not going to take care of the major concern first. If there's major and minors, then you want to keep the minor from becoming a major. That's where we go back to our proactive with problems, preventative with future concerns. Everything becomes what we can do to help you achieve the best. We're here to make sure you have everything you deserve in your life, which is the mouth God gave you to work and function properly and to be healthy for the rest of your life.

Anything that takes away from your positioning and the importance of treatment, more team members complaining about doctors taking patients out of treatment or talking patients out of treatment that has already been established, but then, they bitch about the outcomes. Doctors, keep your foot out of your mouth. Stay out of the way of progress. Be a pivotal part of this experience, not detrimental to it.

Now, during your homework and your role-playing I want you to pay attention to this. We provided you with some amazing role-play exercises you're going to do now. You're going to document your results, your breakthroughs, your commitments, and changes. You're going to report back to me as you do each month.

Please, this is going to be revolutionary for you no matter how good you think you are at it. It's going to be amazing. By the way, your ability to be effective and perform well with this is what allows you to better serve your patients and help them, which is what you're here to do. Thank you so much. Now, get to work.