Practice Focus

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Series 1
The Fundamentals

Session 8
Properly Presenting Treatment for Maximum Effectiveness

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1. Listen to the audio recording.
2. Follow along with this transcript.
3. Use the transcript to help complete your Team Activity: key points are highlighted.

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Hello everyone, and welcome to another Practice Focus. This month, we're going to be talking about properly presenting treatment for maximum effectiveness. Now, I got to tell you, this is the main event. This month, we are focusing on actually selling of the treatment, where the rubber meets the road. Let me assure you, this involves every single person in the practice. Every single person. Not just the one asking for the money, not just the one checking the patient out, not just the doctor, not just the treatment coordinator. Every team member must be strong on this, even if you don't do it on a daily basis, or even hourly basis. Patient by patient basis. The psychology of treatment discussion is the point.

I will make it very simple for you, so you can begin to respond and perfect your approach. Remember, practice, practice, practice. Do not shy away from any opportunities to dive in and present treatment to patients.

Now, there are five basic steps to make this very easy in presenting the treatment to the patient:

1. First, you want to go back and illustrate the problems by utilizing the pictures. No matter what facet of treatment presentation you're in, it's always good and most effective to use visual representation of the problems to present the treatments to the patient. Literally, having a picture in front of them and circling or highlighting or taking magic marker to the x-ray to the photograph to the smile picture to the problem area shoots. Okay, it doesn't matter.

   You want to make sure that you're utilizing the pictures to relay the treatment to the patient before you start talking about money.

2. Second step is to engage the patient with questions about the treatment, about the picture they are looking at. Whether you are a hygienist, assistant, a doctor, when you engage a patient with a diagnostic problem, you are going to ask the question to the patient about the picture they're seeing, so that they can take ownership and make it their own and really take responsibility for the fact that this is their mouth.

3. The third thing that you're doing is explaining either the benefits of action or consequences of inaction to the patient about the outcome of their decision.

   For example, you would have a missing tooth. The patient knows the tooth is missing, but you show the picture of the missing tooth, you show what's going to happening to their bone, or the swelling of their bump, or the movement of the other teeth. Whatever it is, you show them the picture. Then, you would ask them to say, “Now, you see? You're missing a tooth. Obviously, we both know that. Let me ask you a question. You know what the long term health implications are of you keeping it just like this?” Of course, the patient isn't going to know, but you will either say, “well then, would you like to know?” Of course, they're not going to say no, they're going to say yes.

   Now, you will, then, explain to the patient, “Well, let me tell you something, if you fix this right now, we can put a permanent tooth back in this whole row here with the implant. If we do that, then let me tell you how it's going to affect you positively. If, on the other hand, you were to not do anything, then this is the consequence you will face.” That is the way to illustrate to the patients, so that it makes it real for them. It makes it very, very real.

Now, you can sit down together right now and talk to each other and be honest if your doctors are doing that, or if they're just reading off ridiculous numbers, talking clinical mumbo jumbo, and pushing stuff into the treatment plans by way of the clinical person typing in the computer system. Or, if you're really making it personal and engaging the treatment with the patient.

It's their treatment after all, not your treatment, their treatment. If you want to do it right, you're going to make it something that they can understand and be a part of, not that you're just doing it for your own benefit because you're reading off clinical scribing.

4. Now, the fourth piece of the puzzle is the very easiest piece. It's the most powerful piece. It's the one that should become habit and second nature, and that is asking the patient what they would like to see happen based on their goals and objectives for their own health in their life. Now, you can do this is a few ways. You can literally say, "Well, now that we've established this, tell me what you'd like to see happen." Or you can say, "Well, let me ask you a question: now that you know the benefits that you will receive by fixing this, what would you like to do about it?" You let the patient basically verbalize their commitment, willingness, interest, validation of their treatment that they will now invest in.

   When you do it in this way, you've now separated the money and insurance mindset in the patient, and you've moved it to an optimal health benefit, consequence outcome driven mentality for the patient. You've guided them to the right and appropriate response.

5. Then, and only then, the doctor or whoever would move to outlining what I call the pathway to health, pathways to a perfect smile, pathway to straighter teeth, pathway to healthy sleep or no more snoring. Pathway to whatever, insert whatever. That is the treatment plan. Most people rush to this. Some people, they do a good job with the pictures, but, then, they rush to here's the diagnosis. Some people do a terrible job with the pictures, but they at least ask the patient questions, but, then, they rush to the diagnoses.

Some people pick and choose one through five. Most of the time, you miss all of it, patient sits in the chair, doctor comes in, we small talk the whole time, and then we say, "They need this, they need this on this number, that number, this number, this number, whatever." It's all clinical talk directed to the clinical person or the computer, not to the patient and not dialogue, two way street, real conversation.

One more time:

1. Pictures illustrate your problems.

2. Engage the patient with questions to make it their own, make it real to them.

3. Go through the benefits or consequences of action or inaction that they're going to receive from taking care of the things that you've just established.

4. Ask the patient what they would like to see happen and make them verbalize their goals and their decision.

5. Go through the pathway to health or the treatment plan by talking through it in chunks and stages. Not the details of it all, but basically patient language, how you're going to get from where you are today to where you've decide to go in so many words.

Now, there are four types of treatment presentations.

First, You have some existing patients, hygiene patients, restorative patients. Second, you have your emergency patients. Now, I placed these two together because they're more similar than you may realize. You have three different paths you can choose with each of these. Existing and emergency.

Path #1

First, you can tell them all the treatment they need.

Path #2

Second, you can diagnose back into a conference exam. The most overlooked strategy of all time is taking an existing patient and reengaging them in treatment that they know they need, and then saying, "You know, I'll tell you what. Why don't we do this? It's been awhile, since you've been interested, since you understand the severity of this, let's bring you in next week to spend some undivided attention time with our doctor and go through a conference exam. That way, we can come up with a very fresh, real perspective of your mouth and what's going on today, and we can come up with good decisions on how to move forward together as a team. Okay?" Big, big, big thing here.

Path #3

The third thing you can do with these two types of patients, where you can initiate a next step. You can set expectations that we're going to be going over a more comprehensive, holistic picture of your mouth in the future, choices that you have next time you come in. Once again, you can tell them everything. You can diagnose back into a conference exam. Or, you can initiate a next step treatment, next step procedure, next step tooth, and you can broaden that into the next visit where you set expectations for a more in depth discussion. This is because with emergency patients, you have not yet established trust, probably credibility or proper positioning, and you haven't had a chance to really educate them in a comprehensive way.

Existing patient, hygiene patient, restorative patient, who can also sometimes become emergency patients, these people, you have trust, but you also have familiarity and complacency, so you need to make treatment fresh and new again.

Remember, the key is to engage the patients with the photographs.

Now, the other two types of comprehensive treatment plans are brand new comprehensive exam patients and presenting treatments same day. Then, we have number four section, full scale treatment conferences or what I would call the sit down presentation. These are also similar to the full scale treatment conferences and can be done with any patient. Not just new patients. Really, they should be done as often as you can.

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You have similar options on new patients also. It's very important not to lump every new patient into a cookie-cutter approach and a process instead of customize the next steps for each patient based on the initial five part process and experience you took them through in the clinical part of the patient engagement.

For any person presenting money, it's important that you do the following:

1. You always resell the problem. You go back to showing the pictures like I mentioned at the beginning of the training.

2. You restate the goals. You explain what they said they wanted. Now, if you circle back to last month, you understand why the triangle of trust is so important because we're capturing the patient saying every step of the way, so that that part is never lost.

3. You walk through the pathway to health, the treatment plan, generally speaking.

What you do not do: so important to not talk about insurance, to not talk about money, to not break down steps in the treatment, or to show the itemization of the treatment plan. As long as you don't do those four things, you, then, move to the next step where you state the total investment for the entire pathway to health.

Then, if, and only if, you are accepting insurance, you will excitedly state the insurance contribution as a huge benefit, and surprise, a bonus, a coupon, that they can use to deduct off the total investment that's their responsibility.

You, then, continue on to their portion treatment investment. Offer the practice discount, whatever you all have agreed to, or the full payment, and then ask how they would like to take care of it.

From there, you follow several steps of breaking down the money, not the treatment, and helping the patient be able to accomplish their goal by making the money affordable, and helping them budget, if that's what's necessary.

You should finish with either the full investment secured, or at the very least, a deposit towards the treatment that is being scheduled and a financial plan for the remaining portion of the treatment that is, then, secured by a single credit card form or post-dated checks, and then, appointments scheduled to match.

If, and only if, you can't come to a conclusion on the full financial investment, you would, then, phase out the treatment plan and begin the conversation again on phase one after asking the patient how much they would be in the position to invest at this time to move forward with their goals.

This takes practice, but it is not hard to do. Not hard at all. Which, when you approach it from the reality that you are helping the patient achieve something they want, not something that you are trying to sell to them, dramatic difference and so much easier. It will work. Trust me, it works for everyone else. Now, I want you to practice and make sure you are trying together. Last month's focus, and this one, completing your patient experience. Again, you combine, collaborate, last month to this month. They go hand in hand. Pitcher and a catcher, a battery. One-two punch.

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Next month, we're going to cover powerful objections. I'm going to teach you the proper way to overcome all objections. Now, the good news, we can see how you are doing by going back and looking at your acceptance and your collections on scheduled treatments.

Here's where people mess up. They default to the lowest common denominator. They do not get a deposit. They don't put the responsibility back on the patient. They focus too much on insurance or letting the patient focus on insurance. They don't keep their presentations on track. Sometimes, the doctors give too many options, or they don't go with the full mouth big picture perspective. Above all else, not scheduling at least quadrant and, ideally, bundle treatment, based on the treatment plans that you're presenting, are all ways that you can sabotage yourself.

Now, there's a lot of stuff here, even though we're talking about very small windows of time within the patient experience. Remember, we covered the actual engagement of getting the clinical yes and setting up the financial discussion with the five steps.

Then, we went into the four different types of treatment presentation based on the type of patient that you're dealing with. For each of those things, I gave you three different choices. Three difference choices of how to present, and then, I also walked you through the proper lay down of the treatment plan to the patient by following the three core elements of reselling the problem to the pictures, restating the goals to the patients, words that they've already used before, and then, walking through the pathway of health, and moving into the investment discussion very, very seamlessly.

There's some organized activities here for you to go through. It's very important that you role-play and practice. It's also important that you take an honest assessment, which is what I'm asking you to do, of what your values per patient are.

What are your real outcomes when you present “x” in hygiene, what is the “y” that you get? When you get the “y,” what is the “z” that you schedule? When you get the “z” schedule, what is the amount that you collect? What we are looking for is emergency patient, new patient, hygiene patient, restorative expanse of the treatment plan of knowing exactly what your metrics are for every single team member for the practice as a whole.

Here's what you want to achieve. You want to achieve total presentations of all the treatment. You want to achieve as large a case acceptance on that presentation treatment. You want to achieve as much money secured as possible on the accepted treatment. Scheduling the treatment comes after we have secured the money.

Don't miss the biggest, most important breakthrough of your lifetimes that you move money ahead of scheduling. That's how you prevent just getting tiny deposits, that's how you prevent breaking down your appointment visits into tiny little elements. That's how you prevent everything from getting the patient out of control to securing the largest treatment possible, and then, collecting the largest amount of money possible, and then, taking that anchoring as large of procedural appointments in your schedule for your value based scheduling, and we come full circle to what we talked maybe three or four months ago.

Good luck, you're going to do great, do your homework, please. I can't help without the feedback. Very important for me to receive the materials from you from this month's exercise and your activities together. Go get ‘em.