



# Practice Focus

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## Series 1 The Fundamentals

### Session 9 Overcoming the Most Challenging Objectives to Keep Patients in Motion

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Welcome, welcome, welcome to another Practice Focus session. This one's different and unlike anything we've ever done before. Friends, are you ready to have some fun? This month we're going to be diving in deep into the conversations you have with your patients. I'm really talking about overcoming objections, things that get in your way, obstacles they put in place, walls and barriers that they build in front of case acceptance. Because no patient gets helped without a "yes" being the final outcome.

Today, here's how this is going to work. Notice it very carefully. We're going to do it backwards. I'm going to let you do your homework first. I'm going to give you questions, specific questions, to answer amongst yourselves in order to help your patients get healthy, and then, you're going to come back and listen to me help you answer them, and then, we'll rinse and repeat. Remember this, every single team member - all day long - every second of the day affects the success and outcome and experience of our patients. Everybody. The single greatest contributor or deterrent to patient outcomes is how we answer questions, how we answer questions. Plain and simple, nothing else matters more to our success of helping people than the way we answer questions.

Therefore, it is imperative to understand to commit to each of your abilities to address properly questions, objections, uncertainties, and anything else such as doubt or even patients being upset in order to get them back on track. Remember this, no one wins when a patient says, "No." Not us and especially not them. By the way, patients who accept treatment don't complain, they appreciate. Patients who do not know how to motivate to move forward with treatment are the ones who always cause us problems, even if in very little ways. Patients who say, "No," don't refer anybody. Patients who say, "Yes," refer and tell about. This, it matters. It's not practice or fun when it's real life. Your ability to handle objections are the difference between patients getting healthy. They deserve you getting the rewards you deserve and everyone being happy. Again I say, it's not practice or for fun. This is real life. What we do with our patients on a daily basis.

Here's your top 10 objections and I want you to listen to them very carefully, please:

1. Do you take my insurance? Why don't you take my insurance?
2. Will insurance cover it? Why doesn't insurance cover it?
3. How much is it? Why is it so much?
4. Can I wait? I think I will wait.
5. I need to talk with my spouse. I'm not really sure what my spouse will say.
6. I'm going to think about it. Can I call you when I get home?
7. Why am I just now hearing about this, wasn't this a problem before?
8. It doesn't look that bad to me. I don't really care how it looks.
9. Is there a cheaper way to fix it? What other options are there?
10. I can't afford it. It's too expensive.

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Okay. Go to work.

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Pause the recording at this time and discuss / write your answers for each of these objections on the corresponding activity worksheet.

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How did you do? Who did the best? Hey now, before I dive in, I want to use some advanced strategies. Remember that just because one person received the objection of a question doesn't mean they have to answer it, especially for stubborn patients. It's always okay to pause the conversation and say, "I don't know. I think it would be better for so-and-so to address that with you. Just a second please while I get them." This also gives the patient a different perspective and time to reconsider their silliness.

When doing this, remember that you always want to restate the patient concerns and questions, as well as, the premise for, "Yes," that you are trying to get in front of the other team member and the patient at the same time.

Okay. My turn. Here's how it's going to work. I'm going to give you just the objection killer, okay, the objection killer. Then, in order to get the full transcript, the full answer, in order to get all the details, if you really want the complete list of everything, then you have to follow the rules first. You have to submit your homework for this month's Practice Focus, and then, and only then, will I send you the full and complete answers to all the objections. For right now, I'll give you just the punchline.

**#1**

Okay. **First, do you take my insurance? Why don't you take my insurance?** You say, "Well, let me ask you, do you prefer insurance telling you what you're going to do with your health, or would you like that relationship and decision to be between you and our doctor?"

Very simple, you readdress, you shift over to something else. You do not identify and say, "Well, we don't take the insurance because ... We take many insurances, just not yours, or yours is a bad one." No. Do you take my insurance? You immediately say, "Let me explain to you how we handle all of our patient relationships here. We don't allow insurance to dictate anything with your care. We allow that to be done between you and our doctor. Therefore, we do not submit, okay, to following any cookie cutter protocols by any insurance company there is." Okay.

**#2**

Second, **will insurance cover it? Why doesn't insurance cover it?**

"Let me ask you a question if you don't mind. If your insurance does not cover this treatment, is it still important enough for you to do? I would hope that your health, okay, would be important enough that you would be proactive with it and not base whether or not you're going give yourself something very important on whether it's free from the insurance."

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Okay. Again, why doesn't insurance cover it? "Well listen, insurance is meant to keep you healthy and maintain your health. Do you understand what you're doing today, that this is getting you back to a baseline for your health is not something insurance is going to contribute for? It's very important that we get you healthy, otherwise there's nothing you are ever going to need to have done that's going to be covered by insurance. We get you healthy and therefore, okay, the insurance will take care of you from this moment forward." There's lots of other ways. I have a very detailed training on insurance specifically that you of course should already have.

## #3

**How much is it? Why is it so much?** "Well look, this is very easy." They say, "How much is it?" You say, "Well listen, I don't know, but I do know this. There's no way we can put a price on your health, that's for sure."

Why is it so much? "Well, I guess it all depends on how you look at it. Quite frankly, we don't think it's very much at all considering the fact that this is something that's going to last you for a very long time." There is a difference between somebody who says, "Why is it so much," and somebody who believes that they don't have the money to afford it. Is it because you think it's expensive, or because you cannot afford it? Now, that's a very advanced tactic of diving deeper into the sale's conversation that you usually aren't going to need.

## #4

**Can I wait? I think I will wait.** "Well listen, that's a very, very bad idea. In fact, I will even say this is a terrible decision because waiting is what got you into this problem to begin with." That's the easiest one, really. That objection is just like taking candy from a baby. Although, you shouldn't be doing that, except candy's not good for the baby, and you won't be stealing the candy.

I will tell you this, when a patient says they're going to wait, you just shut them up immediately and say, "That's a stupid thing. You cannot do that. Waiting is why we're talking about it right now. It's only going to get worse. It's going to only cost more. It's going to be more of a problem, and I really encourage you to reconsider the decision." If they ask if they can wait you say, "Absolutely not. Of course, you can't wait. My gosh, heavens, this is crazy."

## #5

**I need to talk to my spouse.** You all know this. I talk about this all the time. "Of course, I completely understand that. Let me ask you a question. Do you feel that your spouse would want you to move forward with the treatment because they care about your health? What do you think your spouse would say? Would you really think your spouse is going to put money ahead of what's best for you? I can't imagine them wanting to do that. I understand you need to talk to them. I'll tell you what, I'll step out, you give them a phone call right now.

You can discuss it with them. If they have any questions, I'll be happy to come back in and talk with them myself. Okay. You just have to take care of this."

If they say, "I don't know what my spouse will say." You say, "Well, of course they're going to say to do what's best for your health. That's what every spouse says."

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## #6

Okay. Six, **I'm going to think about it.** Can I call you when I get home? “Well, it’s no problem at all. I know we covered a lot of information here today. I’m curious if you would just help me to understand what it is exactly that you need to think about?” Okay, simple. Can I call you when I get home? “Well I’ll tell you what, call when you get home is just fine if that’s what you need to do, but let me just ask you a question. Is there a reason why you would delay further on your treatment or that you feel the need to go home to think about it?”

## #7

Seven, **why am I just now hearing about this, wasn't it a problem before?** Well, this is easy. “Listen, every day of your life your mouth changes, it evolves, it modifies itself, okay. If you’re not proactive with your care, well, then, ultimately something may happen. You come here every couple times a year and my job is to monitor, to tell you the truth, to educate you about your mouth, and also to take a new assessment each time that you’re here, so that we can get ahead of any problems that you may have. That’s what we’ve done today, and this is why we’re talking about it right now.”

Okay. If it’s another dentist, “Why didn’t my other doctor tell me about this?” You say, “Well, I don’t know. I guess you’re here for a reason. There are different doctors with different educations and based on their education, there are different ways that they see the person’s mouth. Luckily for you, you made a great decision. You came to a practice with very comprehensive education. We take care of all things related to your mouth, and that’s why our doctors are able to see things that many other doctors are not even qualified or capable of seeing.”

## #8

Okay. **It doesn't look that bad to me. I don't really care how it looks.** “Well, I can totally understand that. Not everybody cares about how things look when it has to do with themselves. Many people care about other people’s things, but not about their own. If that’s how you feel, it’s really fine. I think you missed the point, however, I’d like to clarify. What I’m suggesting to you today is not simply about the appearance it has. Although, that is a very nice benefit. It is actually very important for your health, okay. You may think that it doesn’t look bad, but let me ask you a question. Do you want to wait until it does? Do you really want to suffer along and wait until it does? We made an agreement at the beginning of our visit today that we were going to focus on being preventative of any problems that you may have. If you have problems in the future, who are you going to be upset with? Me, right? Because my job’s to solve your problems, okay. Therefore, I strongly encourage you, okay, to get out ahead of this problem and don’t worry about what it looks like, okay, let’s worry about what I’m telling you that I know is going to happen if we don’t do anything.”

## #9

Number nine, **is there a cheaper way to fix it, or what other options are there?** “You know something, it’s really great that you asked that question. Although, I’m very surprised that you would ask me about cheaper options. When it comes to your health, we want you to have the best. You know that we’re going to recommend whatever’s the best for you, whether it’s the most expensive or the cheapest doesn’t even matter.

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What we care about is what's going to last and what is right for your optimal health. Now, you asked me a question about are there any other options, I'm curious, what is it you're wanting other options for? Okay. There's a reason why you're asking the question, please tell me this. Okay." Is there a cheaper way to fix it? "Once again, okay, our goal is to not be a temporary bandaid approach, okay, just to patch the tires. We want to give you a nice new set of wheels, so you can take care of this for a long term. Is that okay with you?"

"Now of course, doing that is not going to be the absolute cheapest, okay. There are, of course, places to go shopping for one thing, or you can also go to Dollar General for something else, okay. It really is a personal preference, just of what you want to have a high quality with and what you're willing to compromise on. In my professional opinion, I would not encourage you to make a compromise on the quality of anything related to your health and the long term benefits of your life."

## #10

Number 10, **can I afford it? It's too expensive. I can't afford it, too expensive.** "Well, let me explain something to you, patient, these are two totally different things, of course. If you can't afford it, I can promise you, I can help you, we'll find some way. If it's too expensive, well then, quite honestly, that's your opinion, and I would tell you that the value is in the eye of the beholder, of course."

"I will say this, I don't believe we can put a price on the health of your mouth and the future benefits you're going to receive from making this investment in your health. I can tell you this, okay, many patients, they may think something is too expensive because they have no point of reference.

I can tell you right now, it's as cheap as it's ever going to be. See, actually we're giving you a very economical option to prevent future problems from happening or to solve the problems that you have right now. I would strongly encourage you to look at it as an investment in your health because the alternative is not good, and it's going to be a lot more expensive, cause more problems in the future, and it may actually be left with even less options than what you have right now to be able to solve the problem today." I can't afford it. "I totally understand. Would you please clarify for me what exactly do you mean by, 'You can't afford it?' You mean you cannot afford it today, tomorrow, next week, or the rest of your life? I'm here to help. This is something very important to you."

Notice I'm saying that whether they said it to me or not. "I know this is something very important to you, and I'm here to make sure that it happens, okay. Let's talk through this a little bit more, okay. Tell me what about it you're not able to afford." In almost every case, it will be that they can't afford it right now in this moment in time, or it would mean that they're in their mind, okay, in their mind it could mean that their checking account at this moment, their credit card limit at this moment, it could be their paycheck this moment, they can't afford the amount they're looking at right now.

It doesn't mean tomorrow, the next day, the next week, the next paycheck, next month. It doesn't mean they didn't want it. It means they can't afford it in their own mindsets, and therefore, you're going to simply help them through it. Help them through it, we handled that last month.

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How did I do? Listen, what I would like for you to do now is to document any specific questions you have for me, any unique circumstances you believe you have, and anything else you would like direct or personal help on. Okay.

Send that in and my team will coordinate a training for me to work with you directly, you and your team, or whatever. Okay. **Never forget how much power you have to make a difference.** The biggest differences will come from tackling the biggest questions, and obstacles, and having the tough conversations with the patients you serve. You are their leaders, and guides, and experts, even their consciences, not their order takers.

Take control, don't give up. Believe passionately, please, passionately in what's best for them. Then I promise you, okay, you will help them make the magic happen.

Most just want to see if you will stand by the doctor's decision and diagnosis, and they want to see if you will climb over their nose and help them get healthy. That is your challenge, your battle, your game that you have to play to win every single day. You will be judged by how many people you help, okay, and not by how much treatment you diagnose, okay, not by how many patients you see, but by how many patients you help. That will only happen when the patients say, "Yes." That's your challenge that I lay before you to overcome.

I've given you powerful tools you can modify, adjust, you can apply in different ways to every encounter you have with a patient to help move them forward on the pathway to health and help them do what's best for themselves, because you know, not they know, you know that for the long-term of their mouth, for the future of their life, the relationship in your practice, this is what it takes to make it happen.