



# Practice Focus

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## Series 2 Advanced Training

### Session 2 Patient Engagement (Part 2)

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Hello everyone and welcome to a very special round two edition of our role-play extravaganza that I'm calling, "Patient Engagement Part Two." I know, it could be a more creative title. Anyhow, here's what we're going to do. I had such amazing feedback for the exercise you did last time and I really enjoyed and appreciated how interactive and fun you made it.

At the end of the day, you know my expression I say it all the time, all the professional athletes, actually any professional, movie star, anybody, even doctors in this case, you go to school, you train, you study to do all this stuff. But you know what, when you get out into the real world we stop practicing. We stop having time to work on our skills. So even if you take the highest most successful people in the country, you have sport athletes, you have movie star and celeb, also I hate to use these kind of people because hardly they're role models. But you look at these people and then can practice their entire life basically, and then they do this for 90%, 95% of the time, a very small percentage of time do they get to actually play the game.

In our world it's the complete opposite, it's the reverse. We're on point, we're in the zone every day, 95%. If we're lucky, if we stop and push pause and spend some time honing our skills, working on ourselves, maybe it's 5%. I'm asking you this month, every month, to dedicate some time to honing your craft, to working on the most important part, which is your conversation, your communication with your patients. You can study the clinical skills again and again and again, and of course you need to be proficient and efficient and competent and effective at what you're doing clinically. At the same time, at the end of the day you're only going to be as good as your ability to communicate and convey the life changing impact that you have on your patients.

Picking up from where we left off, patient engagement last month, we're going to be talking about helping patients set, have, embrace goals and want more for themselves, while at the same time properly setting control and establishing expectations during the new patient interview, or any patient engagement point, or a dialog at any stage in the practice that you could possibly be having a conversation with a patient. Everything we talk today is going to wrap around that.

In the last Focus we discussed the importance of taking control of phone calls, at the same time being genuine, personal, your authentic self for the purpose of achieving a committed appointment with a qualified patient. There are now many things that should be done from the time you hang up the phone until the time the patient walks through the front door of the practice. We have covered this in Practice Focuses long ago. I do hope you have a detailed and strategic design, deliberate routines for how you manage and choreograph the pre-appointment, welcome process, as well as when the patient first walks in. Just like you have first impressions on the phone, you also have the same dynamic at every point of engagement post-call, as well as upon entry. If you think you have a wonderful tour, I've got bad news for you, nobody cares about your tour unless they get to the front door first. So the whole point of phone, post-call, pre-appointment welcome process and right up until they walk through the door, is so very important.

Today we're going to move forward with the role-playing that begins to build our opportunity to achieve maximum and complete case acceptance. Beautiful, beautiful words, maximum and complete case acceptance. Nobody likes their work being broken apart or chopped into pieces. You want maximum and complete case acceptance. Of course you

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begin creating relationships and building trust on the phone call, but the reality of what is about to happen, what the patient is going to experience doesn't really set in until they first down at your practice.

I have long been an advocate of moving the new patient into the consult room to get comfortable and relaxed, instead of sitting straight in the dental chair, the place no one wants to be. However, it makes no difference to me what you do. Your preference is fine, though I believe the best advantage of making the patient both comfortable, as well as politely exerting authority and positioning with the patient, must begin before they get to the treatment room.

As with the last session know this: no matter who is the treatment coordinator, or the patient concierge, every single team member impacts the patient experience in the process of intervening, asking questions, getting to know the patient, then ever important hand-off, and the triangle of trust transitions from the administrative business side of the practice to the clinical side of the practice. All matters. It matters.

It matters so much because it will either open the door in the patient's mind for the clinical team to begin to work their magic, or you will deliver them a patient with their guard up, who is cautious and not ready to receive. Therefore, the entire visit could be sabotaged. Remember, the core philosophy we have of treating every patient like a new patient is the foundation of all that happens next.

You never take for granted how many times a patient has visited. You always want to make them feel appreciated, listened to, noticed, cared about, valued, and of course the list keeps going. One of the most important strategies, and don't miss this, is to get your patients back to the consult room whenever possible to discuss any major treatment or any specialties, such as sleep or ortho or implants or perio, because it makes it all seem more important and essential. Instead of just casually talking about something at the front desk.

If you do not have a consult room, then I strongly encourage you to discuss and close the treatment in the treatment room, or in a private corner area around the front desk, or in someone else's office. Standing across the counter really commoditizes everything you're doing and providing to your patients. When getting to know our patients and making it personal, you should remember the four keys to doing this.

**Number one, you must help the patient create goals.** Of course goals can be whatever they want them to be. It may be a healthy mouth, it may be able to eat again, it may be fixing dentures, maybe straighter teeth, maybe able to sleep at night. It could be a very beautiful amazing smile. It could be just replacing missing teeth. It could be getting out of pain.

Your goal is to take the goals and stretch them like an accordion, like a rubber band. You want to pull it out, without breaking it of course. You want to make this patient want more than what they came in for. It's so important to have the discussion dialog with the patient about their goals.

**Number two, you want to establish proper expectations with the patient for the visit.** Now for me, for me this is giving them full disclosure of what's going to happen or what's not going to happen. The reason why a lot of people get in trouble with promising cleanings and

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then not delivering them, or delivering cleanings when they shouldn't and they should be focused on treatment and diagnosis, is all because we didn't have the conversation about it.

Hey, the patient's going to say okay to whatever you say. They have no idea, that's why they're called patient. So it's very important that you lay out the expectations so you can control the conditioning. Controlling the expectations really may be even a better way to state it.

Now, the third step is emphasizing the comprehensive approach you take and why. Now of course, two and three wrap together. They wrap together and really support the first one, which is the goals. Example, let's say that you're going to be photographs, which sure the goodness you all are. If you're going to take photographs but you don't tell me, and so now I move over to the clinical team member and all of a sudden they start putting some technical things in my mouth, and then you're going to start taking the x-rays, you're going to start taking pictures, you're going to do all this stuff, and you don't explain why. You don't tell me what it's for. So all I think is, you're doing something that either is A, uncomfortable, or B, designed to create lots of problems when I'm out, so therefore I'm going to have to pay you money fix them. You want all this to be the patient's idea, so you listen to goals first. How do you get goals? Of course by asking questions, you already know that.

So you're going to practice asking questions. What do you do once you get an answer to a question? You ask another question. You dig deeper and deeper and deeper so that then you can say, "Oh, that's amazing. I'm so happy you've decided to do this. I would of course want you to have a very healthy mouth, that's what we're about here. We believe you need to be disease free, be able to chew properly. Of course we want you to look good too. Now, in order to do all of that, we're going to take you through a comprehensive exam. This comprehensive exam process sounds a little scary, but have no fear, we do it everyday and it works out just fine.

What we want to do is want to take a look on the inside and the outside of your mouth. What that means is we're going to start with everything from your face, which is wonderful, beautiful face you have here. And we're going to go all the way on the inside and look at everything around your teeth, what we call the dentition. We're going to look at this on the inside of your mouth and the outside of your mouth. But then we're going to go even deeper than that, we're going to take x-rays and we're going to go go later beneath the surface of things that you or I cannot see, and our doctor and our amazing clinical team, are going to educate you with the things they find."

That is all leading us into step number four. Step number four is what I call reminding them that being proactive and preventative is the right thing to do to support their longterm health and wellbeing. This is your highest priority. Proactive and preventative is the highest priority of our practice because we want you, as much as we love doing dentistry, we just want to help people. We want to help you stay out of pain, keep the teeth God gave you of a beautiful smile. You and us, we can be part of it too. That means that we can't sit around and wait for things to fall apart.

As you well know the body's changing all the time. We know this. We're not getting any younger. So therefore, we have to look out into the future, what we call the crystal ball, to see what's going on in your mouth and where it's headed. Then we want to make sure we do what's in your best interest by being proactive and preventative in nature, so that we can

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accomplish the long term healthy objectives, and of course minimize any type of problems or challenges, or even investments that you have to make in order to stay just the way you are.

Now, that's the four steps. Goals, expectations, a comprehensive approach, proactive, preventative, stating our plan and our goal of optimal health, or whatever you call it in your practice. Look, I came full circle, from their goals to our goals, but sandwiched in between those things are all the things they're going to go through, the reasons why and the benefit to them. It's beautiful isn't it?

Get that? Now here's what you've got to do. Every practice has a different method or approach to doing this based on the type of care that you provide and what the patient needs. The interesting part about the interview portion of the patient engagement is it is very much like the phone call. The same steps and principles apply to restating what they say, asking more questions and digging deeper into the patient's interests.

The major differences live and in person are threefold. First, you have their history form to use to feed the conversation. So you can pull things they marked off of that if it's designed properly it leads right down into their motivating factors. Second, you are looking at them in person and you have their dialog, you have their body language, you have their back and forth with you, so that you can move and meander around into the sweet spot of where the discussion should go.

And of course third, you can extrapolate more about specific points of interest or concern. You can take this and use stories. You can point at patient pictures, you can show them testimonials and you can have articles about different things. If it comes up in conversation you do not let it go, you grab onto it and you move with it. You take what the patient's interest or focus is, where their attention is at, and then you're of course working to build a bigger case and a bigger awareness of what they want. You're going to hang onto the thing that seems important to them.

I always encourage, no matter whether you're doing specialty work or you're doing full mouth cases or somewhere in between, always encourage you're going to take care of what the patient's primary concern is. "Whatever you came in here for, we're going to help take care of." Always reassure them that. That way, even if you build a big case and then they're not interested, you can circle right back to where they started and you will still be able to keep the patient in the practice. Remember this, keep the patient. Without that, nothing else can happen, nothing else matters.

Your overall objective is to prepare the patient for the clinical experience and work to find as much information as possible to help the patient be aware and, and listen please, want more for themselves. You want the patient to be aware and want more for themselves.

With this month's interactive role-play session you're going to accomplish the following five things. First, I want you to discuss and describe your state of ideal patient objectives, clinical philosophy and goals. What do you want your outcomes to be for your patients? It's critical that everyone must be on the same page with this, and be able to articulate it. You can't do a great patient interview if you don't have great patient objectives.

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If you don't have a sound and impeccable clinical philosophy. Every aspect of the practice should be designed to cultivate and nurture and create, initiate, instigate, be a catalyst for all of the amazing things that you want to do and want to be known for. So number one you must go around and discuss this with everybody. The doctor should start, unless you want to play a game where other people weigh in and you fix it, and then everybody needs to be able to have this conversation.

Second, I want you to review your health history form and to make sure that there's no new updates or changes that need to be made, that it flows properly and that it can effectively be used to start the patient experience. You should look at this probably once a year, but as you go you're going to refine, you're going to improve, you're going to elaborate. It's very important that it matches the way today. That this form leads and guides the patient forward with the kind of conversation and focus you want them to have.

Third, you're going to take turns playing patient and concierge and clinical team member. So there would be three people in a group, or you can just have three play and then go around and around the room. It doesn't make any difference to me. The key is that every person plays every part. That is the magic of effective role-playing. You will be the patient. You will be the concierge or treatment coordinator. You will be the clinical team member receiving the patient from the concierge. That is because we will move on to the next step next month, very important.

All you're doing is creating the first triangle. You're taking from phone call information in, patient walk through the door, sit down patient, patient interview establishing the four things that I just taught you, and then based on those four things, using the three things I gave you as tools. Remember, their goals, proper controlling of expectations, then from there you're establishing the comprehensive philosophy and reason why, and then you're moving into our goals and reminding them of the nature of being proactive and preventative.

You're using your tools, such as the history form, such as the body language and eye contact and such as extrapolating into different resources that would be available to prove your point and to reinforce what the patient is asking about. From there, you're handing them off to the clinical team member, conveying all the information that you found and helping them to further build the case, very important.

Now, after all that, and that's going to take some time. if you do it properly it will take some time but you will learn a lot, very insightful and practice will help you flow and be more confident. Confidence is key to everything.

Fourth, you will critique each other and give feedback. Everything from, more eye contact, less eye contact, speak slower or faster, or listen better, or you didn't ask enough questions, or get to the root of the problem, the patient's interest. Very important, take notes and come up with you breakthroughs for improvement and revisit these as you conduct your new patient audits each week or each month.

Finally, now that you have done this, you want to go back to your phone calls and ask yourself, are we getting enough information? Are we getting the right information? Is it being prepared and delivered properly to the concierge or to the coordinator, so that they are ready and know what the patient came in for? You want to already know the patient.

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I will leave you with this, three secrets to success and building case acceptance right from the start. Number one, do not be afraid to ask the patient tough questions and to get them thinking more deeply about themselves and about their overall health. The earlier in the process and experience, the better the outcome will be.

Number two, remember to always use the special words. Things like, “That’s great, what else? What else is on your mind? What else? What else would you like to see happen? That’s great, tell me more about that please. Let me make sure I’m understanding you. So, what you’re saying is ... Have you ever considered ... Step outside yourself for a minute and tell me your wishlist for your healthy, your mouth, your smile, what you would change and what you’d like to see different. Let’s talk about what’s important to you.” Insert any leading question and important information.

All of this guides the patient forward. You can go back to these, you can make up your own sentences, but there’s very, very good ones, eight or 10 very good ones that are great questions that help expand the patient’s awareness, get them to thinking bigger, deeper, more comprehensively and allow you to take control of the patient interview and really build the case.

Number three, always know that the way you say things matters. When you deliver the handoff and transfer to a clinical team member, the information will let them accomplish a lot more faster clinically if you have the patient excited, engaged and expecting of what is going to happen next. This should be fun for all you, because you always say you love the patient interaction and helping people but that begins right here, and everybody plays a part.

I challenge you to master this and know that getting your patients to want more and do more is a lot more about the way you talk to them in this interview process right here, than it is finding different patients. Also, this goes for any patient, not just new patients. A lot of patients in a holding pattern are patients who just have never been engaged or talk with like this before.

So, round them up and give it a try. Cycle existing patients back to this process whenever possible, just like you make all treatment new again with pictures, you make all the patients new again with conversation and guidance. I ask you, get to work and let me know your success and improvements and anything I can do help.

I want you to make it a great month, master your patient engagement from the phone call to the front door and on our way to the treatment room. You can do it. It’s going to be amazing. Follow this structure, embrace, install, apply and implement the core pillars that I’m sharing with you today. You’re going to find amazing success and you’re going to have a lot of fun. Thank you very much for your time. I’m here, as always, if you need anything.