



Practice Focus

Practice Focus

Series 2 Advanced Training

Session 6 Treatment Presentation Experience (Part 1)

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Hello everyone, and welcome to this month's very special edition of the Practice Focus. I want to commend you for the hard work, the amazing dedication, and focus you've had in the months leading up to this one. I've had so much great comments and feedback and just really some powerful insights that have been shared thanks to you and your dedication to the role-playing process.

In any other sport, in any other act in life in general, we always think of the role-playing. That's what the baseball practices, that's what the basketball plays. That's what the actors and the musicians and all these people do everyday. In other businesses of course you have a product practicing before it goes out to market. You have sales practices that is a common thing. Most people though, they just neglect to do it because when it's not forced upon you, you don't have it. So therefore, the only time you practice is when it's the real thing. And you know you just can only learn so much from the feedback without developing the muscle memory.

So the challenge with role-playing is that most people they don't do it as if it were real. So today we're going to make it very real and you're going to have a great time. You're going to learn a lot of things. You're going to have insight for each other which is the most important thing.

So why is role-playing so valuable? It's because you're training your mind to think the way it's supposed to happen. And building the assumptive expectations of success are really what it's all about. Because no matter what we're talking about, driving car, catching a ball, having any kind of discussion, you are focused more on it being a natural occurrence, subliminal subconscious occurrence of your innate abilities. And if you're trying to force things to happen or remember every single thing you're not going to have a great success.

But if you just feel it and go with the flow of it then you'll be much more successful. And that's why role-playing matters because we're training you deep down to believe in the confidence to stay focused and be aware and we're really building the muscle memory.

This is for every aspect of the role-playing up until this point. Today as we move into this critical portion of the patient experience and your role-playing activities, I want to emphasize each of you how important it is for every team member to have understanding and really be capable presenting treatment. This is a big step in the patient engagement process and we're gonna be talking all about presenting the pathway to health and closing the treatment plan.

Even if you never do it, even if you think you hate asking for money, whatever and other excuses you have, it is very important to have empathy for the team members who have to do this. Who have to execute on the closing of the treatment because it will help you help them with your conversations leading up to the closing of all the treatment plans.

Additionally, I would remind everyone that everything leads up to this point. No matter how wonderful, educational, smooth, efficient, etc. the visit has been up to now, if we don't make good on the treatment acceptance and financial investment, we lose it all. And we help not a single patient who doesn't follow through.

One of the most important reasons to role-play this out for team members who are not presenting treatment is because you will gain valuable insight into the patient's mind, ask

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them how they see the treatment plan, explanation, the investment and value exchange, and you will really appreciate the tact and strategy there is to keeping the integrity of the clinical yes. You know how difficult it can be to keep money and insurance out of the patient's minds and remove from the operatory.

Now we have to keep that anchored of what matters most, health based physicians. Optimal proactive long-term preventative health function aesthetic dentistry.

Over and above the money and the insurance discussion. It is up to you. Today we're gonna dive right into the role-playing and I would like to have the business team members partner up with clinical team members and go through playing both sides of the equation. Patient and team member. Back and forth. Please be open-minded. Give each other advice. Work on verbiage, eye contact, confidence, flow of the discussion, and control of the outcome.

We are not doing objections today. I repeat, we are not doing objections today. This is very important. I don't want any silly objections, any patient speak backtalk, no. I want you to practice state of ideal. Perfect patient. Everyone says yes to everything. Practice exactly the way you want it to go.

First of all, it will go this way more often now that you studied and mastered everything we have covered up until this point. This very second piece of the puzzle. Secondly, it's infinitely more likely to go your way if you expect it to and practice it that way versus with all the variables and all of the negative thinking and all of the assumptions and the wrong direction that you sabotage yourself with every single day. Don't worry, we'll spend plenty of time on the objections and money over the next couple months. **Today we focus on presenting treatment and investment and insurance and then we're done.**

You are also going to focus on every type of next-step presentation that you encounter during your typical days. I'm gonna just throw it down into five big categories. But I want to make sure that all of you are clear on what the next steps would be expected for every patient outcome.

Now this piggy backs off of last month's training where we talked about handing off the clinical yes of all the different aspects of what may come out of the operatory. So that just attaches to this.

So sometimes we're gonna have same day treatment that's immediate. That's today, we're gonna work it in today. It could be an emergency, it could be something with hygiene, it could be specialty same day starts. It doesn't make any difference. You need to know how to handle it and everybody's on the same page.

Next we may have same day presentations of next step or phases. Now this is the most common place where you're at right now.

This could be presenting the perio protocols. This could be presenting same day, the next steps of the treatment plan. This could be taking a patient who's gone through first or second quadrants and they're ready for the third. This could be somebody of hygiene that's ready to move forward with the veneers they've been delaying or waiting on. This is same day presentation of next steps or phases.

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Then we have of course the same day presentation of big picture. Now this is of course where many people lose because either you're not doing big picture or you're pushing the patient the big picture before they're ready for it. Nonetheless, if you're presenting same day big picture then this is the next thing you would practice.

Then we have a patient who's coming back for the treatment conference, moving to records, or an existing patient who may need to be cycled back through a comprehensive exam. So you have many different scenarios. You're selling the patient on the fact that they need to come back for conference exam. You're selling the patient on the fact that they need to come back for treatment conference. You're selling the patient on the fact that you're going to do more records or study models or whatever you're going to be doing. Sleep test, anything of this nature.

Now of course we also have the specialty screens. We have moving the patient from a regular patient over to sleep, ENT, ortho, implants, full mounts, small makeover, perio, anything. You have many different things here.

And of course you also have starting the case same day. Taking impressions, doing whatever it is that executes the patient on the next step.

Now we're gonna just stay focused on presenting the total package, full treatment plan, big picture. Of course I hope that you would always be doing.

Then after you go through all of these you want to go through both new patients and existing patients. I will tell you too often we rush existing patients into large treatments that we have neglected to inform and educate them about in the past and it would be more effective to move them back to a conference and exam.

So they have the full experience, the full illustrative, photographic, every aspect of the beautiful experience that you're building and have built. It is so important to handle each patient in a customized way based on what is the most effective move for their exit.

Here is the flow as we're going to review, the flow that we're going to review that I want you to follow when you're actually presenting the full-blown treatment. Even with partial treatments, and next steps, quadrants, and phases, you should always follow this and make it a habit to execute through the steps. Of course, your goal is to present all the treatment all the time. By simple math principles you will get more and larger case acceptance when doing that. Remember, starting with greater diagnostic numbers will lead to greater acceptance of collection numbers which lead to greater production through your value based schedule.

Okay. Let's do it. We got ten steps. We're going to talk through them.

First, you sit down with patient after the trial of trust, the clinical yes has been solidified. Ideally we're going to the consult room whenever possible. We're trying not to waste clinical space in the operatory doing this cause there might be some instances where you do. We are also trying to avoid a counter discussion.

You can sit down with the patient, knee to knee, any place but it's ideal that we're sitting in the consult room or something that at least is similar to that format.

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You're going to start number one by reviewing their goals. You're going to remind them why they came in, what they said to you, and even if they're an existing patient, you're going to remind them, and of course patient you remember our goals, here today at our practice, prevent problems from happening in the future. Our goals are always to make sure that you're disease free, healthy mouth, that you want a healthy mouth. Everybody does. You want to have all your teeth so that they're working properly, that you can enjoy the foods that you love and stay out of pain. And keep the teeth in your mouth for a long term. Of course we're going to be talking about the beautiful smile.

So what you're doing is you're reminding them the answers. You're telling them what they're supposed to say at the end of this discussion, you're telling them now. This is what we base everything on. **Always, always going back to the goals.** It's even better if you've got a piece of paper that outlines your goals so they're sitting there looking at it.

Now you want to make the goals theirs. The best people do lots of things to write down the patient's goals. They may write it on a sticky note, then they put it across the front of their chart. They made something where the patient even writing out what their goals for the visit is. Now new patients and existing patients is going to be a little bit different. But you must always start by reviewing the goals.

Second you're gonna lay out, physically lay out pictures, x-rays, whatever the demonstrable proof you're providing to the patient that they have this problem. When we review or when we lay out the photos and x-rays, we are focused on revealing the problem with these steps. **Before you can discuss the problem, you want to show them proof of the problem.**

Now I don't care if we got one tooth, we're gonna print out picture of one tooth. If we're talking about a quadrant, we're gonna do a quadrant. Ideally, you're laying out all the pictures that make up their whole smile. So we will be doing face smile shot, side shots, top and bottom of the inclusion, the six best photos that you're ever gonna take, you should lay those out.

When you do those now you're talking through and reviewing the problems. You can also do this on x-rays. Your silly little chart that shows what the teeth are colored in on computer graphics that mean nothing to the patient. It's all shit you could have made up, nobody cares about that. Your itemized treatment plan that shows zero proof, nobody cares about that. **What you want to do is make the problems real.** I also don't like just computer screen. Computer screen I can't touch and feel. I can see it, but I can't touch and feel. You wanna hold it. What are you doing when you see a picture? You wanna hold the damn thing okay? That makes it real. When you touch something it changes everything. It makes it as though it's completely real. A picture's worth a thousand words but holding the picture in your hand maybe works a million more. So I really can not emphasize this enough.

The next step is the reviewing the problems. You're pointing out on the x-rays and photographs what the problems are. Again, I don't care if it's one or all, one tooth or all the teeth, you're going to do this every time before you ever go to money. Ever. IF you screw this up, you got no excuses for poor results.

The fourth step is to clearly outline the clinical yes and the agreement that was already made. Now very important, we're going to close the total package of all the treatment. Even if in the operatory they said, "well, you know I only wanna do a couple teeth here."

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You're still going to review the entire treatment plan. Your goal is still to move them forward with the entire pathway to health. That you are reminding them if they make the clinical yes in the back which they better have or they wouldn't be there, then you're reminding them what that was. You and the doctor have agreed to and then you lay it out. If there's anything that was a clinical yes that was less than the total treatment, you're going to bypass and move straight forward to the total treatment. You will come back to the clinical yes only if you need it if the patient is charged in bulk at the investment.

Now this is very important what I just said. So when you're laying out photographs, you're pointing out teeth, I like magic marker, drawing on things. Then you're going over the problems, reviewing specifically what they are. Then you're describing what is the pathway to health. You're walking them through. So step number four and five are intertwined just like step number two and three are intertwined. Lay out pictures, show problems. Okay? Explain the doctor and the patients agreement. What you agreed to. Then you walk them through the patient pathway to health. Not in specific treatment terms, just in general, what we're going to be accomplishing here is this, this, this, and this. That's going to help you to achieve your goals.

Now you want to make sure one, two, three, four, and five build on each other. And when you get down the pathway to health, it's anchoring back to the first one which was the goals. So all of these should have consistency, fluidity, they should be congruent. Critically important. The reason why people mess up right here, either they don't go to big picture they're trying to resell the patient.

You don't have to resell...the patient's already sold. They're sitting down because you already got the clinical yes. If you act like you didn't, then you're gonna have to reconvince the patient and they think that they now have to make a new decision. All you're doing is presenting what was already decided.

Goals, facts of proof, problems on the pictures, agreements made by you and the doctor, how we're going to get it accomplished. Done.

Then you immediately would save the investment for everything, we're going to be taking care of you to get you healthy and to your goals, always add in validating sentences. And then you're going to say, "total investment is..."

You always state it as good news. The best news of all is the fact that you're moving forward with taking care of your health before you lose these teeth. Before you need a root canal. Before we can do the implants. Before you cause more pain or damage. Always state the good news.

You made a great decision. Because of this decision you are now going to have x, y, z outcomes, benefits, avoid consequence. You want to anchor this with good news. Total investment is...it's great news because... Now it turns out that we do have a little insurance. Again if you're going to present insurance everybody in the practice needs to know how the insurance is handled. You're never ever going to state he insurance first.

You're going to state it at the discount, a coupon, a piece of the treatment and move straight forward into the investment for the patient. This is basic fundamental reviews, teaching from day one.

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You must minimize the insurance and move right past it into their investment. Once you go to their investment you immediately move forward into, now the other good news we have today is that you're going to be saving the money.

Taking care of your investment in full at this time, our doctor providing you with a reduction of the investment. The bigger you can make that reduction the better. Now we're talking about a discount on the total plan. You're not giving a discount for a small crown or a few fillings, that's a matter of fact. You're gonna pay it, schedule it, be done.

If you're doing big pictures, you're doing multiple things, you're using the discount, we like to say reduction in investment. You could say scholarship, you can say whatever you want. Courtesy. It doesn't matter.

You're providing that to them because it's beneficial to the patient to do everything in one visit. It's beneficial to the practice to do everything in one visit. There's a reason you're providing them the reduction. Taking care of the investment today allows us to schedule the treatment effectively, move forward with your labs in an organized fashion. Quite frankly it saves us money and so we're gonna pass the savings on to you. Very important.

Then you simply ask, "now how would you like to take care of this, we can use a check or credit card." There is no asking if you want to pay today, would it be okay, could you make a small deposit, we'd like to take some of the money now. No. You just follow the system.

Ten steps, smoothly flow to the system, which is what you're going to practice. You're gonna hold the steps in your hand and you're gonna walk through the discussion with explaining to the patient. And you're not going to fight with them, give them objections, stupid questions, interject, no. Today we're practicing perfection. And you're gonna walk through the ten steps and be flowing and smooth.

Now the secret, the only strategy that maximizes case acceptance, is assuming full acceptance of the complete treatment because anything else would be less than ideal. **The secret is to not go to scheduling until you have commitment on outcome.**

Pathway to health, therefore you can secure the largest amount of production dollars per visit possible. And you avoid describing things in steps. You want them to see big picture. We are not focusing on one or two or a few teeth at a time. We are always focusing on your whole mouth. Nothing can be broken apart, keep the big picture yourself and your patients will too. I promise you this.

Just remember, we don't discriminate here. No one tooth is more important than another. They are all equal and they all must be addressed in whatever ways going to lead to optimal long term preventative care. So that you can avoid needing dentistry in the future.

The fact is, we want you to need to have as little dentistry as possible. That's why it's important to commit to it and move forward with your overall pathway to health now so we don't have to have a conversation you don't want to have later on down the road.

Now it's very special, very beautiful. Now I'm going to give you a few points and reminders and I'm going to let you get to work. So there's a few things that are very important you must remember:

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Do not use itemized treatment plans unless they insist on seeing it.

Don't break down visits until you have financial plans.

Don't break down insurance unless you absolutely have to.

Don't break down treatment until you hit the brick wall.

Don't break down money until you have a deposit.

It's so important you're never going to big to small until you have to. You never going from all of the money to some of the money until you have to. It's very important to stay strong, stay with state of ideal, follow the ten step flow.

Now we're gonna get down into variables and breakage and objections next time. Right now is just practicing smoothly. I will go through one more time. Review the goals, lay out the photographs and x-rays, review the problems by marking them down, clearly outline the clinical yes and agreement by saying what you and the doctor have already agreed to is or the plan you and the doctor have come up with is, what you and the doctor have decided is, everything is about we and you and the doctor. Illustrate what that means for the pathway to health. Walk through it. We're gonna fix this, this, this, and then this.

In big picture, state the investment for that is, of course this is wonderful new because you're saving a lot of money today by getting out ahead of these problems and taking care of your teeth before it's too late. Proud of you for doing that. Now we have a little bit of a small coupon here from the insurance which is fantastic, nobody has that anymore, you got a little bit, we should just be grateful. That leaves the remaining investment portion for your benefit, your health and your responsibility is x. Now we do provide special reduction in the investment as a courtesy. It helps you, it helps us to take care of everything today so we can schedule effectively for your appointments. We can minimize the number of times you have to visit. This is a wonderful thing, our doctor is very generous and therefore by saving the ten percent you're going to be down to this number. You can take care of it with a credit card or checks, whatever is more convenient for you. Now, how would you like to do it? Simple. Very simple.

Everything must be natural, confident reflex. And overcoming and bypassing objections by going back to goals, problems, commitments, clinical yes, staying on focusing on helping them. Stay focused on helping them. Making it happen, accomplishing this, accomplishing their pathway to health that they wanted. Please, go back to everything. Anchor your presentation to their clinical yes. Always present the big picture. Always ask for the full investment. Always bundle as much treatment as possible per visit. Always follow specific steps and schedule something the worst case scenario. Something must be scheduled. Always keep the patient in motion. And we'll go through that more next time.

It is important to make it about helping, do what is in their best interest. Never selling. When you have to educate on consequences and restate importance and reasons to act now, decide today. Move forward. Remember, if it can wait, it will. If they can do something today that can be done tomorrow, they will wait till tomorrow. Your hesitation or lack of confidence or passionlessness or anything other than normal and customary obvious and the only option, making it happen, will result in wiggle room the patient will take advantage of.

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Now, it's your turn.

Remember, no objections today. Only perfect practice. You want full assumption of every patient saying yes financially to do what they already said yes to clinically. Practice the outcomes you want to get and the way you want this to go every time. Make it a habit, and consistent, and seamless from the previous steps in the clinical yes triangle.

Lastly, I want to say how proud I am of all of you for doing the work necessary to win. To improve to help your patients and above all else, grow as professionals. This is what it takes and this is the work no one else will do. I leave you with the dramatic truth in every practice that many patients leave without really having an actual consultative close. A personal discussion where their health decisions are made important and significant. If you are casual with it, they will be too. This is why everyone must be on the same page.

Most of you have but one treatment coordinator if that. Any time available to see a patient they can only see one. They can only have one patient. It is as important as never ever letting the phone go unanswered, never letting a patient go untreated, never letting a patient leave without proper presentation of treatment. Commit to this. You must all work together to make sure no one is missed or shortchanged and not given the best shot at making a great decision for themselves.

This is why everyone must be comfortable and knowledgeable on presenting treatment and the various steps that go into it. I'm here if you need anything.

Commit to this. Master it. Own it. And help your patients get healthy.

Do not be satisfied with diagnosing. It only matters if it's accepted, said yes to, paid for, scheduled and actually gets done. This is so important including for the doctor. Because in many instances in the full blown treatment conference the doctor gonna participate in the clinical yes and this portion leading up to the moment where someone else may do that. But our doctors must step up and lead.

I'm not telling you to do this with your patients, telling you that you must be able to show the example and exemplify and help the team to improve on this very skill.

This is the main event. Let's make it happen. Your patients are depending on you and remember, they didn't come in to waste their time. They came in to do something for themselves. Now it's your chance to make that possible. Let's make it a great month.