



Practice Focus

Practice Focus

Series 2 Advanced Training

Session 7 Treatment Presentation Experience (Part 2)

Listen Online
dst.media/focus19

-
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.**
-

Practice Focus

Hello everyone and welcome back to a very special edition of this month's Practice Focus.

We are making our way through the entire patient experience and we've pretty much culminated here where we're representing the treatment. Now I know everybody realizes that not every patient experience is going to go perfectly, not every patient is going to say yes, not every patient is going to follow through the treatments. There are going to be, as there always will, some obstacles, objections, somethings thrown up in your face along the way.

This month we're going to hone in and focus on the three key pillars, components, leverage points, key areas, the key variables that result in, often times, the solidification of the case acceptance or the breaking down of the treatment overall. I'm excited to present this to you today because as you've gone through the last several months you've honed your skills for each individual team member, each individual perspective, each individual part of the patient experience. Now it's time to put in some real application to what you're doing and adapt based on your patient's feedback.

I have to say over the past fifteen years or more I've been providing monthly exercises, and while I think they're all good, none of them have brought the level of feedback and intense study and practice and comments from people like you as the last several months have based on the role-playing structure. I give you all the credit. This is the practice that makes champions and what it takes to really create something very special when it comes to the cohesiveness of your team and the laser-focused and sharp performance of your experiences and engagements with your patients.

Thank you, thank you, thank you for making this, my effort here, worth something by applying it, by taking it seriously, by doing things together and making your patients healthier through your realistic application of the implementation concepts that we all have come together to know and believe in and apply. Again, you get all the credit.

Now, today we're going to talk about the three major topics and variables that take place in any case closing situation. You are then going to role-play out of these and help each other improve your reflexes at overcoming objections and various obstacles that patients place in your way.

First, there are three key leverage points where the acceptance battle is always won or lost, and I want to go over some basic reviews as we discuss these. Let's establish the fact that most patients are going to question insurance and money because they know nothing else to question. Most people being sold anything just don't want to say "yes" without some back and forth. Furthermore, most patients will question the overall treatment, timeliness, importance, reasoning as to whether or not it needs to be done now. This again, is just a reflex. They question you. That's what people do when you ask them for money unless it's something they've already made up their minds to want, to follow through with and invest in, secret statement right there.

Therefore, all real objections should no longer exist at the end of the patient experience when you are getting down to money and scheduling because the patient should've moved past anything standing in their way during the clinical experience.

Practice Focus

Now the core component number one is the strength of the clinical yes. The strength of the clinical yes, this is the make or break point, number one variable. It's so important. Most people they're worried about the patient objecting about the money saying "no" or insurance comments at the end, but the reality of it is most patients deny the treatment follow through because the clinical yes was not fully solidified. It was not made clear in their minds.

Now there are five steps, we've already gone through the clinical yes, but there are five key elements to make sure you control this variable.

First the patient must have clarity of the problem, this is why pictures are so important.

Second, they must believe in the importance of fixing it.

Third, they must emotionally buy into the outcome and the benefits or the avoidance of consequences.

Fourth, there must be a direct verbal agreement with the doctor or team member.

Fifth, you must have firm control and reinforcement by the clinical team before going up front. If you just go back and assess every clinical yes in the practice for these five things, you will know whether or not you really are doing a good job. The strength of the clinical yes determines the strength of the case acceptance.

We have worked on this again and again but I will tell you the clinical yes is never strong enough if at the end you're being badgered about money or insurance or anything else.

Most often, not enough work is done in the operatory, which leads to easy ways out of the treatment conference or consultative close.

Now core component number two is the confident restated treatment expectations by the doctor to that there is no wiggle room for the patients. What I mean by that in order for us to change the patient mindset from what they were thinking when they walked in there has to be confidence in the doctor's diagnosis to move the patient forward with the clinical yes. These two things anchor directly to each other.

In some cases you go for the clinical yes early and you don't get it and therefore you have to go back confidently stating treatment expectations. Sometimes you state treatment expectations first, patient makes an agreement in nature, and then you solidify the clinical yes. These two pieces are a one-two punch. Really two sides of the same coin.

It's very important for you contemplate and understand what I'm saying here about this part. This is where most treatment is broken down or lost. The doctor letting the patient off the hook, diminishing things with language. Again, we've practiced this but it can't ever be left to chance. The clinical team or any team member must make sure the doctor isn't giving permission to wait or delay or to watch anything and that we are really strongly focused on being comprehensive with the patient emphasizing the vision of the overall mouth. This is done without prejudging income or insurance or even interest by the patient. Your job is to achieve a match between your optimal and the patient's optimal, but either way you never minimize treatment or shortcut or short change diagnosis.

Practice Focus

Now doctors have to have proper set up and time to achieve this. Doctors must be confident in their directives with patients. Team members must act as checks and balances with doctors. Those are the three key things that bring this thing full circle, it's so important.

Now, the third variable component is not breaking down treatment. I talk about this all the time, I understand. We touched on this last month and we will talk about it again. You do not want to give steps of visits or options of treatment, you want to confidently outline the full treatment plan and the total vision for the mouth and go for total and complete case acceptance and secure full money commitment and ideal prepayment.

This is about two things, number one, following my system for capturing as much money as possible up front. Simple: follow the system, the flow of money, the break down protocols, it's so important it will lead to so much bigger cash. Second, that you do not want to stop the discussion until you've reached the zero balance on the total treatment plan by building a financial plan and a commitment.

Now, I will say the next thing is you have to secure as big of an anchor appointment as possible by bundling as much treatment as you can, obviously this is done at the doctor's discretion, and it's based on the largest amount of money you can secure upfront. The larger amount of money upfront, the bigger the anchor appointment. You can default to different structures, but that's pretty much the rule of thumb.

Now, each of these items builds on the next one and it helps you to ensure complete and total case acceptance. What often happens is that some point along the way someone, not on purpose, some team member or doctor undermines the process by letting the patient feel like everything is not all important to do now, first, as fast as possible, all at once. Or, someone eludes to insurance contribution or investment and allows the patient to feel, even for a moment, that they do not need everything. This means that every team member and doctor must be on the same page on how to handle the objections.

As long as patients want the dentistry you have agreed to there should be no issue with objections. Let me repeat, as long as patients want the dentistry you have agreed to, there should be no issue with objections. Money is flexible. If you aren't finding a way to make it flexible then we need to talk directly about it because honestly money should be the easiest thing we handle assuming the patient is committed to the treatment.

Now I've given you so many objection-killers and ways to prevent and preempt, both preempt and prevent, objections and things to overcome money, insurance, spouse among other things. Today I want to focus on a more advanced and immediate strategies that can and should be used for any team member throughout any patient experience and engagement points, period.

We're going to do nine of them. Just listen carefully and then I want you to make it your own.

First, with money patients say, "It's too expensive." Very important to utilize the key elements of never justifying the price. Too expensive, I'm so sorry you feel this way obviously we cannot control the total amount of treatment necessary it's based on the reality of your mouth. I can tell you this, the most expensive thing would be doing nothing and waiting

Practice Focus

when the fact is you're going to have very few options in the future and they're all going to be a lot more than today.

If your same patient says, "I can't afford it." I've told you this many, many times, you say, "Patient, please help me understand what do you mean that you can't afford it?" You want to be able to help the patient they have to give you something to work with. Patients say they can't afford it say, "I have no doubt that we can absolutely find a way to help you afford the treatment. As long as this is what you want Mrs. Smith, then I'm going to help make it happen."

Patient says, "How much is this going to be?" throughout the entire patient experience. Patient, you know I really don't know the answer to that question but we're going to find out. What I can tell you is no matter what the amount is, big or small, you're worth it and it's absolutely going to be the best thing you could ever do to your life.

You notice how I'm always reinforcing? I'm always reinforcing the positive. I'm blaming the patient, first of all, the money is the result of your mouth not the result of us. It's take responsibility for yourself and I'm helping to ease this into a situation where the patient understands that it's the right decision, it's the best decision and it's a decision that they need to do immediately.

Take those three things and play with them on the money side. Do not justify, do not delay the answer, just immediately move back. Too expensive, the most expensive thing you're going to do is to not do anything and you can't imagine what it's going to be when you have no options on the table and you're forced down a path you don't want to go.

I can't afford it. Trust me no matter what happens today we're going to find a way for you to afford it. My job's to help you have the treatment you deserve and to do what you want.

How much is this going to be? Well that's a great question, no idea but I can tell you this no matter what it is it's definitely going to be worth it because you deserve to have this fixed. Don't worry money's so easy. Okay obviously you get one mouth. You're going to have to make a little investment in your mouth that you're going to keep it for the rest of your life. That's the good news here.

We move to insurance, "Is my insurance going to cover it?" I highly doubt insurance is going to cover it because it's a maintenance part. Insurance is for maintenance what we're talking about here is doing some important necessary things to fix the problems in your mouth and that's ultimately going to be your responsibility. Don't worry though we're going to do everything we can to maximize insurance that's what we do here in order to help you.

"How much is my insurance going to pay?" That's a good question. Most people's insurance they contribute a little bit here and there but ultimately it's just like coupons so it doesn't matter. Some days it's more, some days it's less but ultimately what we're focused on here is what's in your best interest we're not interested in the insurance's interest.

"If insurance doesn't cover it, it must not be important." Of course patient that's not true at all. In fact insurance covers very, very little and it's all important. If they don't cover it probably it's more important than if they do. Understand insurance is just maintenance approach and their job is to give you as little money as possible towards your oral health.

Practice Focus

We know in our practice is if insurance isn't covering it then it means it's a more important treatment than if the insurance is covering it. No matter what it's a good sign to you that we have to do something. Again you never pander to the insurance, you never break down treatment to the insurance you always stand strong and firm with the vision, the approach, the comprehensiveness, the principles by which you operate on.

Now, if it's a waiting or delaying, if the patient is waiting or delaying, "Do I need to do this now?" Absolutely patient, only if you want to keep your teeth. I suppose if you do not want to do it know you can lose the teeth. "Do I need to do this now?" Patient listen doctor only gives you the guidance on what you need to do right now, if you didn't need to do it right now we wouldn't be talking about it. "I think I will wait." Patient it's a terrible idea to wait I don't think I can let you do that. The reason is because waiting is going to leave you in a worse circumstance than you're in today and if we take care of it right now it's going to be very easy, okay, plus it's not going to be very much money for you.

The point is you have to go back fast. I think I will wait, no wait I'm not going to let that happen you can't do it. Patient says, "Well, it doesn't hurt me." Say, "Patient, good job. That's right it doesn't hurt you, that's the whole point. We don't like people coming to us after they're already in pain. That means we're not doing a very good job or that means you're not a very good patient. The whole point of what we're here to do today is to make sure that we're preventing you from letting anything hurt. Doesn't that sound like a better idea?" You see how I just have fun? Have fun, have fun, have fun, with this. It's so much easier to overcome objections when you do it that way.

Now there are, of course, many other things that you can fill in the blanks with and I would encourage you to do this with each other. Perhaps even make some flashcards to overcome objections and practice them around the table, round robin style, every month to keep everyone fresh and on their toes.

Now the keys to dealing with objections are really these five things. Number one, always be confident with your answer. Number two, always be immediate in your response. Number three, always back each other up for every team member and doctor. Number four, always remind the patient of the importance of being proactive. Number five, always remind the patient you're there to do what's in their best interest. You're the professional not them if they had the answers they wouldn't have made it right now.

Again, I can't emphasize enough that objections should not even come up. If you do this properly, it should just be a formality of how the patient will make the investment and when they will schedule the appointment. If you work harder at building demand and interest, and desire the patient has for getting healthy, having a beautiful smile and you will be so surprised. You will be so surprised how much they will work to resolve their own problems instead of using them as an excuse for getting out of doing what they've already agreed to clinically and turning around and making this about money and insurance or anything else.

Again, work harder at building demand and interest and desire of the patient. You really, do hold all the cards and we mess it up more often than the patient ever does, I promise. You mess it up more often than the patient ever does.

Finally, let's go through your activities very quickly here.

Practice Focus

First, I want you to assess how everyone is doing on the three core components of variable that you must control and master. You can tell how well you are doing by the size of the treatment acceptance and number of anchor appointments as well as the amount presented to each and every patient. Just take an assessment, everybody self-assess, cross-examine each other, talk about what you're doing, not as a big group, individually, each person, what are you doing wrong when it comes to these three things. You can talk overall in the practice but then we need to break it down to who needs to improve what.

Secondly, I want you to buddy up and go through each of the nine core objections from the perspective of your specific role within the practice based on the patient bringing this up to you at your point of contact with the patient. That means they bring it up on the phone if you answer the phone. They bring it up at the front desk, if you're at the front desk. They bring up operative and hygiene to the doctor and the treatment conference whatever your role is the objection is given to you inside of your role with the patient. That's what I want you to overcome and answer.

Now the third thing is I want you to go around the room and each person give the next team member any objection and let them answer it. You can rebuttal and see how strong they counteract and move back into the confident close and move the patient forward. Do this as a group so everyone can hear everyone else and give constructive and positive feedback so you can learn from each other.

Finally, I want you to set some new goals for the coming months and make agreements on how you're each going to improve your role in the component variables as well as you're overcoming of objections. You have the powers. You have the powers to set yourself and your patients up for success every single time as long as you are not being reactive and always if you're in control and proactively staying ahead of the patient, being real and authentic with them, if you do this no selling will ever be needed because we don't need to convince someone to something they want and that is obviously in their best interest. You are more guiding them to the right decision and holding accountable to themselves.

This is advanced stuff that I know you can handle. Please don't just go through the motions, internalize these and really believe and feel them because the patient will resonate most with your energy, your positivity, your competence and your comfort and how you handle them and each objection. Remember, working together as a team your engagement affects the next person's engagement and every team member's interactions supports the next team member's ability to be successful. I want you to get going on this. I want you to carefully review the component variables, go through the success factors for each one, listen to the nine objections, and I want you to follow the exercises. Self-assess, then buddy up and then ultimately what's important is to practice around the room so that it becomes reflex nature. And you can give each other feedback on how to improve based on somebody's body language, their tone of voice whatever they're doing.

Now, next month we will bring this all full circle and I can't wait. You're going to love it. I want to thank you for the smart and focused work and your desire to help more patients and be the very best you can be. Let's get this one done because this right here, this is where the rubber meets the road. This is where cases are won or lost not at the end with the money but every step along the way. Make your life easier by helping patients say "yes" and this is how you're going to get the job done right here. I wish you a great month keep up the good work my friends.