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Call

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Next-Level Communication

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The Practice Profit Accelerator call is where we dive deep into the most pressing questions we're hearing from teams across North America.

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Scott: Hi, Maegen, how are you?

Maegen: I'm doing great, how are you?

Scott: Yeah, I'm doing just fine, thanks for asking. It's great to have you here and excited for what we're going to talk about, the single most important topic there could ever be. So, listen, I'm not going to give Kevin's big introduction, because he's the best at doing that deal. But I will just say, we really appreciate everybody who joins these calls live. We know it's not easy and the majority of people, of course, who go through it afterwards.

So Dental Success Today universe, we want to welcome you to another edition, as Kevin says, to the Practice Prof Accelerator call, it really is our version of the halftime show, except you always get it a little bit ahead of the half, just to keep you focused, give you a good pat on the back and a kick in the rear to just double-down and really push hard through the month: challenges, the changes, the obstacles, the problems that may be seen, but looked at differently, always turned into opportunities and ways that we can improve and continue to level up and keep all on keeping on, bettering our best.

So Maegen is with us today with the ever-important topic of communication. We could do this topic every month, I suppose. Why wouldn't we? But certainly it is going to be really cool the way we go through it, kind of with my philosophy on "winning the day" and having Maegen's spin on communication with patients, with team and with yourself. So I don't know any other people in your lives other than for the family of course. So Maegen, welcome to the call.

Maegen: Thank you, Scott. I'm happy to be here. And I think in my opinion, I think a February focus might even be more important than a January one because it's all about fine tuning, it's all about looking at the intentions we set in the new year and just looking at how we can keep moving the mark, keep getting closer to our state of ideal. And the reason that we picked this topic is because in the feedback we've been getting from everyone we've been talking to, I don't think there's been one team that we've talked to where communication has not come up as a key thing they wanted to hear about. So we thought we might put together some different ways to think about communication, but really to just give us an opportunity to reinforce all of those great things that we need to keep focused on to continue to get towards their longterm goals. So I'll pass it back to you, Scott, and I'm really excited for this one. I know it's a popular topic.

Scott: Yeah. Well, thanks Maegen. And we're going to let you do the heavy-lifting here, because you guys, I call you the "wizard of the words." And I guess we are just coming, we happen to be, it doesn't matter, we happen to be coming off a couple amazing events. All of our events are amazing so we can say that, but we had a double-header with our our Advanced, which is predominantly the psychology of the patient experience and the verbiage and the flow, everything from full-circle communication, connected patient experience, all

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Scott: the way to the systems and the structure and protocol of having a great patient experience. And then of course the Champions event.

And so Maegen, with that said, and by the way, it's a little choppy I don't know if it's a problem, so let me know if my audio is bad and I'll dial back in and try again, but there's a little glitch from time to time here. So with that said, Maegen, we do want to focus in first with communication on patients. And there's nothing like that in-person immersion that we create through team discussion, that dynamic, because it gives people a chance to see all the way around the practice and they just don't get that day-to-day. So today I really think you're going to bring that home with seeing kind of a day from start to finish, everything from the morning huddle to the end of the day, and then our magical little secret formula that connects those two things together with the triangles of trust. So why I just open up that broad topic here to the "wizard of words," Maegen, with communication specifically with the people coming in every day.

Maegen: Yeah, absolutely, Scott. And it's interesting to break it up into patients and some of the other topics we have, because you're going to notice it all kind of weaves together. So you want to just pay attention to the strategies. And again, just looking at how can we continue to get better? How can we keep moving up from the intentions that we set?

So number one up top for communication opportunity, is the morning huddle. How we set the tone for the day, how we focus on opportunities that we can create. This is how we start with good communication. This is also our opportunity to clear up and choreograph the day. So if there's a really busy day happening, there's a lot of moving parts, a lot of patients coming through, we want to be really intentional and mindful and focused on the things that we don't want to miss. So this is an opportunity, and I'm going to give you a few things here to focus on, that either is going to be a reinforcement to continue doing this if you are doing it or just keep moving up the scale towards your 10 out of 10.

So this is the focus for morning huddle. We want to make sure for any new patients that we are sharing at least the name, at least the name of the new patient that everyone can get behind. And if you can, something that's important to them, some goal, some important personal characteristic if they shared it or some similarity, this is where we start to get that personal experience so that when you see the new patient, this is something that practices will do, is that they'll have everyone on the team be able to introduce themselves to the new patient. So it doesn't have to be everyone if you have a lot of new patients, but in certain practices, certain VIP patients, someone that maybe you have a continued relationship with, it's great to start to use names and just going right in and introducing yourself. Using someone's name often, it's a really basic but core communication tool. So that's what I would start with as a focus, is where can you see opportunity?

The second opportunity before I pass it back to Scott and you can share some things for the huddle, the second opportunity is going to be to make sure

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Maegen: you're finding your opportunity for the triangle of trust. So as good practice, we recommend every new patient should be getting a triangle of trust. And that's really important because we need to have that nurtured experience to really keep it comprehensive and keep them thinking big. So we want to make sure we know who is going to be doing the triangle of trust, which clinical team member is going to be hand handing off to the treatment coordinator. Is it going to be someone else that's handing off to the clinical team? We want to make sure we know exactly the points of where it's going to happen so we can confidently go for it. This is also where if you have an existing patient that maybe have a lot of treatment, great opportunity to go for it as well. So Scott, I'll pass it back to you if you have anything to add, but that's the whole part of setting the tone for the day.

Scott: Yeah. Listen, I think I'm never going to give a better wording on it than you, pardon me for my throat, it's better than it was. So if I keep the focus on patients, which you've done beautifully, I would simply add that people just stop talking too early. Well, or they talk about all the wrong shit. So when we talk about the patients, it has to be about the human, not just about the timing or the visit or the room they're going to be in or the procedure they're going to do, or don't forget to check their blood pressure or the medication. If you're paying attention to details in a chart, you should know that and it's your responsibility with the patient, whoever owns that patient, there's a takeaway, isn't it? Who owns this patient, what clinical team member? Then you got to know that stuff.

The rest of the team doesn't know about that. We tell all the team members all the stuff they don't need to know instead of focusing in on the things that do need to be heard. And I would just remind everybody that the huddle is about bringing together that information. As Maegen pointed out, whether it's the name of the new patient or it's the flow of the visit so that the doctor and the front team member are all on the same page of where things are going to happen when the clinical team is driving through the day and running their columns of patients. So, I mean, that's what I would say.

So just think about being purposeful with what is communicated and not waste with what doesn't need to be. And, to dig deeper into the patient information, the charts and the opportunities to help people get healthy and be creators. Don't just find the low hanging fruit opportunities, but look for ways to make opportunity happen with this person. There's endless things we could discuss there: updating all the photographs or x-rays or records, talking about referrals or picking up treatment. I mean, Maegen gave you much better specifics, but you have to use your practice philosophy and figure out, just be blunt about it, what good we can get out of this patient, but also what good can we do for the patient today? So that's the communication in the huddle about the patients that really matters. Maegen.

Maegen: Great, Scott, it is, and it all flows nicely into the next topic, which is triangles of trust. So we want to stay focused. In my opinion, Scott can let you know his opinion, in my opinion, the triangle of trust is probably your quickest communication opportunity to be able to get instantly better with patients

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Maegen:

and to help them continue to move forward; be that good voice building the case. Because when you think about it in a lot of our patients' mind, the biggest objection, excuse whatever you want to call it, delay that they give us is usually finances. So if we know that that's going to be something that they're going to maybe blink at, let's build the case! let's make it seem worth it, let's make sure everyone feels really positive about it so that the patient can feed off that positive energy because they end up justifying it to themselves. They really do. They will talk themselves into it by first getting out the objections, but then listening and processing and asking you questions back. And when I say listening, it's listening to all the good reasons why they should do it.

So we want to make sure that when you're building all of that great interaction with your patient, you're not losing it when you pass the patient to the next person. We want to keep it building, we want to sure the patient feels every time that they're passed on to the next person, a little bit closer to saying yes, a little bit more open to the possibilities, a little bit more open to at least continue the discussion, or maybe even just ready to go for it. Maybe they're already asking what's next. So we have to be very mindful in the transition between when we move a patient from one person to the next, and that's the triangle of trust.

So your opportunity here for the best thing you can do to improve communication: share the good reasons why and remind the patient why it's worth it to move forward, to do the treatment, to get this done, rather than repeating the patient's excuses, which is what we think we should do a lot of the time. I think people think that they're doing the patient a favor by literally repeating what the patient is saying, but that's just them trying to talk themselves into it. They're trying to make a smart decision. They're trying to make sure they're thinking about why they shouldn't do it. That's how we make decisions, that's how we try and make any big decision is we think of all the reasons we shouldn't and we end up talking ourselves into it because we did our due diligence. So let your patient and do that, that's their business. What's our business is how we transfer the patient.

So make sure in your triangles of trust, we're not repeating excuses, we're simply reminding the patient why it's worth it, balance out the scales. So say things like this, "Patient and doctor made an agreement that he definitely wants to keep his teeth. So because of that, we talked about how important it is to get all three crowns finished. He's on board with the first crown, he wants that done, we're really proud of him for moving forward fast. And for the other two, he has some questions for you about the pace of those appointments. That being said, we're on the same page, we're going to get him to keep his teeth and we're going to take really good care of him to get him back to maintenance mode." That's what we want to be putting into triangles, that's how we want to keep inspiring them to go for it so they can justify it to themselves. So they can really look at the treatment plan and think, "That's it? Wow, that's amazing. I'm going to be able to get back to maintenance with that? That's really wonderful."

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Maegen: We might not get everyone there, but wouldn't it be great? So think about it. How can we make our triangles of trust even more influential, even more inspiring for our patients, even more giving them good reasons to say yes? And that's on everyone. So Scott, I'll pass it back to you on the triangle but that's my biggest piece of advice that I think will help people instantly up-level the communication.

Scott: Yeah. Look, it's super tangible again. We could do a call just on nothing but triangles. I always say, "More pictures, more triangles and the game is over: it's all you need to win." But I would say better triangles. And the only thing I would add is just more meaningful and complete information. And you've got to role-play that out at least quarterly. And here's the tip I would tell everyone, that, I don't know Maegen if we've ever said it before, and that's hard to do, it's hard to do.

So let me just say it this way: if you've got a new team member on your team, the most important thing you could ever train them on and you could ever help them understand is to play through every single point of every triangle in your practice. Now, my guess is, one of you done that! Now one person has played every point of the triangles, all three, all the way through, not to do it again and again and again, but to understand it, to see it, the perspective of each person in the triangle.

But a new team member has got to not just know what they are, not just know who's doing them, not even just know how to do them, they have got to have lived through the triangles of trust because that's the only way they're going to be able to deliver the expectation that you have that has become second nature for all the veteran team members. It's now built in as part of your process, okay? So you've got to do that. You owe it to the new team members. Existing team members, I still gave you just two things right there that everyone can do a better job with.

The other point I would make about the triangles and the communication, Maegen, and again, it's hard for me to remember what I should say here versus other times because it all is a blur, especially after the trainings. But the other thing is, don't forget to involve the patient. Maegen gave some great examples of sharing the reasons why, always saying the word "because," okay? It's vital, vital. Because you also got to really pay attention to keeping that patient engaged that you're not just doing a traditional handoff to a team member. Triangle is not a handoff. And so I would keep that patient in lockstep, including eye contact, including non-verbal communication, including a back and forth transition to the next team member so that there's actual acknowledgement of the process.

So that's what I would say. The triangles becoming more effective should be considered like the quarterback in the pocket. This is the pocket, okay? This is where the communication has to be most sacred, most poignant. It's the last place to get sloppy, friends, because it's what builds trust and compounds it forward. And Maegen and I, people say, how do you get a clinical yes? Okay. We can help, that's fine. How do you do a great triangle? Well, we can help

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Scott:

with that, but we can't tell you what information to pass. It's a practice by practice structure, depending on whether you're bumping people to treatment conference, whether you got perio stuff that's going to take precedence over other things, whether you're in a sleep and pain and you're moving to a home sleep test or you've already got a diagnosis, whether you are doing a package deal on therapy for TMJ or you're doing a bundled ortho concept. You've got to make sure that everybody is clear about internally your protocols of what do you want the outcome to be of every triangle?

And the last thing I would say, Maegen, and you said it best, it's that whole deal of compounding and building, okay? I don't care what you call it, layers of cake, or what do you want to call it? But when a patient is on the phone, we're at the foundational level, and then they come in and we got to feel like it's continuing to scale up so that we get to a culmination. Clinical yes is not even the top yet. But that culmination of where that patient is all in, all committed, is willing to now invest to be in the schedule and to continue down their pathway to health, whether that's all or nothing or not, it's just that we don't run into a detour, a brick wall, a nothing. And we're going to flip to the end of the day in a second, but I'm going to stop there. And Maegen, we already know we're going to have to do team and yourself next month. So let's make this happen here and I'll let you carry back forward with the day and the communication with patients.

Maegen:

Yeah. It's certainly a series. And I think it's a good one to think about because communication is one of those things that's an art; it can always get better. So we're just looking again, like Scott said, just continuing to refine and look at the influence that we can improve. So the final step: the end of day huddle. Now this I understand because the number one feedback that we probably get with end of day huddle is, "Well, what if people end at different times? Not everyone's finishing the day at different times." So this is one of those things that all I can say is it's up to you, but one of the top feedback that we get in terms of what made a difference for people to make distinct differences and really jump their accountability, their collections, all that good stuff, was adding in an end of day huddle.

So be creative. If you can't quite get to the end of day huddle yet, although we highly recommend it, you can do an end of week huddle and at least make sure for every new patient and for any large case or whatever you decide kind of case, you've really had it accountable for and know what's happened. What was the outcome? And more importantly than the outcome, what's the next step? And that's really what we want to keep focused on is the next step. So we don't want to just say we don't know, or the patient's going to let us know what happens and they're going to get back to us. We want to always make sure instead that the ball's in our court, we want to make sure we're in control and that we're continuing to help the patient stay focused and stay committed.

So this is something that's really important because we want to be true to our word. We want to make sure that when we're telling the patient, "This is really important and you're worth the investment and absolutely you should go and

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Maegen:

make this big decision in your life,” that we really mean it and that they know that we have their back and that we’re partners in this. So if we say, “Yep, no problem, let us know when you’re ready whenever that’s going to be,” we do not help the patient. We do not help them, they don’t really feel that energy or we’ve got your back versus what if we did? What if we made the appointment not finished until something is scheduled. That’s just a decision we make from here on out. So whether it’s an appointment or whether it’s a follow-up phone call, we want to make sure that we always have a next step.

So think about that. Where can we improve? Where can we have that accountability where either there’s an end of day huddle to make sure there’s always loose ends tied, up every single patient has an appointment or a follow-up phone call, or if you can’t do that end of week huddle. And if you really are struggling with that, just to stair-step you into it, maybe even put up a bulletin board or a whiteboard and make sure at the beginning of the day, we write down all of those important patients that you want to check in on, maybe all of them. And then next to them, it’s everyone’s job we make sure we know who owns what to write what happened, what happened? Where’s the next step of the appointment or a follow-up phone call? Go ahead and write the date so we know we’re held accountable.

So little strategies like this can make a big, big difference and really help you. Again, this is the communication that’s technically with the team as well, they’re kind of intertwined, but with patients, they’re the ones who benefit. They’re the ones that feel like, “Oh, they’re not asking me if I want a follow-up phone call, they’re letting me know, ‘Hey, I’m going to check in with you. Why don’t you think about it since that’s what you’re asking for, but let’s set up some time tomorrow so you can sleep on it, we can talk tomorrow, you can let me know what you decided.’” And we really help them with that deadline to feel like there’s an end goal and they can do something good here. It’s not just the loosey-goosey deadline. So Scott, I’ll pass it back to you, but that’s really where I can see the biggest opportunity to up-level at the end of the day, that communication piece.

Scott:

Yeah. Listen, I mean I’m not going to do a follow-up, I think you crushed it. Friends, if you haven’t listened, I mean go back and listen, bullet-point out, because first of all is how do we define success? Maegen and I on this kick happened to be for today, but let’s stop doing and let’s start accomplishing, okay? Doing is not enough. It’s like getting through the visit, diagnosing not enough, got to get them to say yes, got to get them to pay, got to get them to move forward. So it’s like, we got to go beyond and take it to next level in every way and just go a layer deeper. So I thought your follow-up was principally and the psychology behind it, perfect. But then also the actual strategy around it.

So just the bullet points on end of day. Some of you, pardon me, the ones that listen to everything and do everything, this will be old news. Those that don’t, you probably miss all this, okay? But the end of the day has got to be done like this: schedule in hand, highlighter in hand, did every patient reappoint for the day? Is every patient accounted for? Every patient, every day, do we know

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Scott:

what happened to them? Where did they end up? Whether that's if you're specialty practice, who's got the post-op call? Who's coming back for a follow-up? Who didn't close? Who did? What's the status on their lab? Whatever. And then you have a general side, a traditional practice treatment, all the things, a reappoint for hygiene is the main one.

But the second piece is any unscheduled treatment. Where is it at? Or treatment that was presented, accepted and then unscheduled, where is it at? So always making sure at the end of the day every patient is accounted for. I would say every dollar of treatment is accounted for. I would say every team member's goals and contribution for the day, priorities agreed to on the morning huddle, accounted for, okay? And then closing up loose ends. And then lastly, Maegen, I would say, we got to make sure the end of the day closes up this one and make sure we're prepared for the next one. You cannot wait until tomorrow morning to be prepared for the same day, right? And I'm a broken record, I have been saying it on team calls all day. So that's what I want to mention; end of day.

But you say, "What in the hell does this have to do with communication?" It's all communication! And what it does is it allows you to make sure there's no holes in your buckets, okay? The way you view and handle communication in your morning huddle about your patients, the way that you execute triangles of trust with each other and with the patients, all leads to what message do you have to clean up end of day or what successes can you celebrate? And the communication at the end of the day, make sure that all the effort wasn't for nothing and that we really have things to show for what we did. But also that there's no loose ends and we're not causing ourselves extra work or follow-up or things that just literally dissipate into the ether until they come back and hit us in the face when a patient comes back or when they call or when there's a bad review or when a follow-up wasn't done, or we have to go chase and pick up or other people drop balls.

So that's what I want to say about the end of the day part, Maegen, and I'm going to give you the last word. Communication with patients, way different than you thought! Way different than you thought about the bookends of the day and everything that happens in the middle. And this is truly evolved ways of working together and it begins with your mindset and your paradigm shift about what communication actually is and that you're not just leaving it off at back and forth transactional conversations, which is what we think about when we think about the communication. It's all the hand-to-hand combat, in-the-trenches stuff and it's really so much higher level and so much more. So Maegen, we're up against the clock, you get the last word.

Maegen:

I'm excited for our whole DST universe here, because it's a little different, like you said, with what communication is. But the beauty of this is, is that if you can master these areas, this is what boring, good-old-fashioned good communication is. And it allows you to give you space that you can walk away and leave the day feeling like you really got it all done and everyone was taken care of, everyone's well-appointed and truly leave everything behind at the practice to go home to your families.

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Maegen: **But you know this is something that feels really good when it's dialed in and we hope that for everyone. So keep working on your communication, it will be worth it. It's an art, so there's no end goal, but we can always get better, we can always be more influential, and I hope you took something today that you can really start applying right away. Thank you so much.**

Scott: **Absolutely amazing, Maegen. Great, let's plan for us to come back and finish up the other sections. They're so important. The attitude is everything, the self-talk, the words we say, or don't say, but think in our heads and the team stuff.**

So hey everybody, make something happen with this stuff! We sure do like talking about it. We like it better when you use it. So have a great time, keep us posted. Let me know if you need anything. Maegen and I, we're both here for you, as is Kevin and our entire team, always. We work for you and we're excited to help champion your success onward and upward to the next level one patient, and by golly, one day at a time. Thanks so much. Take care, everybody.