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Re-Engaging With Patients

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

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Kevin: Good day everyone, and welcome to the latest edition of the Dental Success Today Practice Profit Accelerator Podcast. As always, the one, the only, I like to call him the maestro, Mr. Scott Manning, welcome to the show.

Scott: Hey, thank you Kevin, and it's always great. Appreciate you bringing the energy, and actually friends, he really does call me maestro, so whether it's appropriate or not doesn't matter. I like it. Let's see what kind of trouble we can get in.

Kevin: That sounds good to me. Well, you and I, we were together along with Maegen and Lindy was with us too, and we hosted our usual summer back-to-back events with all of our wonderful, amazing clients who did incredibly well, these two sessions. And you had a great idea about taking from that momentum, and of all the wonderful conversations and powerful conversations we had, and to focus right now on re-engaging with patients. And we're going to do that in a number of different ways, so not just in the obvious. And since there was such an abundance of initiatives that really were decided upon this specific topic, I agree with you, this was a good one to go launch on. So why don't we open up the conversation by spending some time, focusing on patients of record, new patients, specialty patients, so that we can give some specific examples from each and this way we cover them all.

Scott: Yeah, thanks Kevin. So I guess there's a couple of thoughts. Well, it came to my mind and I used this example a few times, was a really extraordinary practice, I'd like to say they all are, but some are better than others, it's just the truth. And they have no hygiene, they're not necessarily what you consider like a specialty practice. They just are in the full-mouth rehabilitation business. And what they were saying to me in, really the last couple times that I've been with them, is how they still find their greatest untapped potential, their pent up demand, every day, is in patients that haven't completed their treatment plan. And I would put these people up as probably some of the top diagnosticians, case builders, expanders of vision in the whole country. And in terms of dollars per doctor, dollars per hour I should say, and doctor, there's nobody that comes close. I mean nobody.

And yet they say that their greatest untapped potential is in, in other words, patients of record that haven't achieved their optimal outcomes. And so I say all that because I always thought in dentistry it was so crazy about why we focus so much on new patients when the existing patients by far outnumber the new ones. And so it's typically relative. So if you have a column of hygiene, you'd probably get a patient a day. If you have two columns of hygiene, you probably get two patients a day, three columns of hygiene, three patients.

So that would mean that it's like a 1 to 8, but 12% ratio. So if you said, at least eight times more valuable are our patients a record in terms of quantity? Why would it not also be in terms of quality, in terms of the value we bring from them? So the first thing I just thought, it's just crazy the mindset around we need new business because we feel like oftentimes we either have the wrong patients or we have cultivated all there is from the ones we got. And the reality of it is it just isn't true.

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Scott:

So I believe that going to work on our saying, and we really mean it as both philosophy principle and strategy, of, “Treating every patient like a new patient every single time.” What I would love, Kevin, is for people today to take this podcast and look at how they can accelerate their practice by really making that saying tangible. What do we mean by, “treating every patient like a new patient?” How do we do it? When do we do it? What constitutes a patient of record that should be re-engaged with, or reimagined, re-treatment planned? And I believe, I mean I know for a fact, but I believe that it’s just left up to happenstance, and it’s not formalized, it’s not systematic, and it definitely isn’t like broadcasted proudly to existing patients of why we do it, how we do it, and what the benefit is to them in doing so.

That’s really where the inspiration was. That’s a really long introduction, probably the longest I’ve ever gave my life for this, but we must be out of time by now. But I just wanted to set it up that way because I think, it’s like the acres of diamonds all over the place inside of your practice. And the reason why I gave the example of a non... I would say they’re a specialist practice... but a non-special specialty practice with no hygiene. So our specialists can’t cop out because even if you’re in sleep, TMJ, ortho, perio, implants, insert whatever one procedure, you’re in the new patient business. It doesn’t mean that those people still complete their treatment plans. It doesn’t mean that there’s not still pent up demand and value maybe in other ways, maybe it’s outside their mouth, that should not still be refreshed, renewed, re-engaged with, Kevin.

Kevin:

I’m glad you spent time on, as you called it, your introduction there, because you gave a lot of smart points for people to be able to indicate where along the lines they are, where the opportunity lies. And let me extrapolate, as I listened to you and I took my notes and wrote down my ideas, there’s a few things that came to mind with regards to, let’s call it, what would hold someone back from being at the level you just described, especially with patients of record. And I believe where it could begin, and I think there’s a few places it could begin. I believe where it could begin is, have they clearly, specifically with details, defined what is an optimal state of health? It sounds awesome, I love it. We talk about it all the time. It definitely sounds good to a patient because it sounds fancy and it sounds comprehensive.

Yet if we don’t know exactly what that means, how do we know we’ve even come close to achieving it per patient? And I want to make sure this point isn’t left behind either. Optimal state of health doesn’t mean you’re out of pain, disease is gone, you’re back to “healthy maintenance mode,” as I love when Maegen always says that. Healthy maintenance mode; sounds awesome.

The optimal state of health includes: the mental health, the emotional health, the feeling one gets from the beauty, the function of smile, mouth, airway, all of the above. And so I believe that our definition, or maybe lack thereof because we haven’t clearly defined it, which hopefully everyone will for certain after this, could be a self-limitation that’s not giving us that boost to have those kinds of conversations. And we had so many wonderful conversations about that over the weekend.

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Kevin:

The other thing that I want to also focus on, is, everybody to their credit, works hard on the new patient experience. Could we always find ways to do something, elevate something? Of course, until we're done, we'll find something. What I think happens too often though, is all of a sudden, we start to coast with the patient. So a patient becomes "of record" or they didn't say yes to something, now they're in the system and we'll follow with them at some point in time. And then we don't give them a new patient experience anymore. We just, hey, we're familiar, we're comfortable. And then what happens is, is conversations tend to follow the lead of the essence and the feeling of the relationship.

And so I believe that those two points I just made there, would be productive conversations for all of our team members to either check in and say, "Nope. Yep, we're doing great. We're on it. We give a new patient experience all the time. We're super committed to it. We have clearly defined..." Awesome, love it. I expect to have some of those people. I guarantee you though, there's too many where it's loosey-goosey or undefined or using your words, Scott, which I love, always brings smile to my face when you say, "wishy-washy." Or we're wishy-washy about it and there's no room for wishy-washy.

And so we have to make sure that that new patient experience, what really extends forever, doesn't stop when we feel like they are now part of us. And especially in the specialty world, because the number one thing I always get is, "Kevin, we're in the new patient business, we either get them or we don't."

I disagree with that. Although more patients than not are calling a specialty practice out of a true desire, thus they don't have to work as hard with the interest and the value and things of that nature. We still give up on them too soon and go on to the next new one. When somebody just, who knows, there could have been some reason. You heard a, "no," in reality, it was just a, "not now." We didn't explore enough. You heard a, "no," in reality, we just heard a, "I'm not sure." But yet we think it's just, "No, hard and fast move on."

And there is, as you called it, the acres of diamonds. There is a tremendous amount of opportunity when it comes to specialty type work for picking up some people who just weren't ready for whatever reason. So Scott, I'm going to turn it back over to you now.

Scott:

Oh my. Well, Kevin, I'm glad you touched on the just weren't ready. I mean, again, that's why we do these, but you just laid it out. Excuse me. You definitely aren't wishy-washy. You laid it out to where people can apply it and they can say, "Okay, where is the opportunity for improvement? Where can we have more clarity?"

I love how you discussed about defining what optimal health or what's our, I always say clinical philosophy, pillars of health, but how do we bring that about? So how do we gauge where the patient is on the continuum? Even if they were fully diagnosed, complete health pathway created, it's easy then to say, okay, have they finished it or haven't they?

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Scott:

I think it boils back down to, Kevin, is the intentionality. People love the word, but most people don't utilize, they don't act with intention, is that like in a morning huddle. The whole point is get the patient as healthy as we can today. It's not just accept what's the appointment is for, not just accept what's in the schedule. It's not just close the gap on a daily goal. The point every day of every patient, new patient, every single time, is that today if we are acting with intention in our morning huddle, we're saying, "What can we do to level up to enhance every patient's health today?"

And so to Kevin's point, you got to have a target. You got to know what that is. And then I guess the other thing I would just say is friends don't ever, and Maegen says this really well, but don't ever fall back on, "We are doing it or we aren't doing it." Okay, so well, we're doing it, it doesn't matter. It's about how well you're doing it, how often you're doing it. So that's why we say rate yourself on a scale from 1 to 10, and some people may be better than others. You've got multiple assistants, multiple hygienists, multiple doctors may be better than others. So you learn from each other, you help each other.

The other place, I guess just to be very specific, if we have a patient after X number of years, we say they need a comprehensive exam, their health is not stagnant. It doesn't stay in one spot. It is continuum. It's an evolution. You might say it's an attrition of health. So we might say after X number of years, but then we have to have checks and balances. So we say, well, we take a scan every time or once a year. We probe every time or once a year.

It's not enough though just for it to be part of your protocols. It's really important that we utilize this to lead the patient, to express why we do something, why we reassess your health every single time. I believe that just getting out of your mindset, if you're in traditional mode of practice, that it's a hygiene visit, then isn't it a reassessment of health visit, isn't it a health enhancement visit, isn't it something more, isn't it on the continuum of care?

And so we say we're relationships, we say we do what's in the patient's best interest, we say that we're leaders, not order takers, and yet we operate transactionally with visits. Maybe we aren't transactional with people, but we are transactional with tasks and visits. So fix that. Then remember that we believe you should be practicing possibility-based dentistry, so therefore every patient is now about crystal ball, it's about a level of 10 standard of excellence on their health.

So the second part though that I want to touch on, and we don't have to rush through this, I'm sure I'm missing stuff if we do that, but I guess I would look at Kevin's point of define health; how do we engage the patient with that? What diagnostic tools, just like a new patient, do we use on existing patient to continue to reassess, to level up, to enhance, to paint the picture and get clarity on what's possible in the vision?

And then how do we carry it out as a team? What's the application to this in the triangles, in the way we see the patient and how we introduce them to the visit today? How we begin with the end in mind and share with them what we

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Scott:

already know we need to accomplish. This goes back to our very, very first most fundamental principle that success with patients is easy if you always simply tell the truth about what you're doing, about what our goals are, about what the benefits are about why it's important for them, it goes back to you build trust through truth and transparency. None of this needs to be a secret. It can become your greatest advantage and differentiating factor.

So now I'll shift quickly and then Kevin can roll this out. So I do want to just address for our specialty side or for new patients or for somebody who's completely restored, I don't believe a person's health is completely at a pinnacle, like it's done, I should say it's not at a conclusion. There's no conclusion on complete health. It might be a pinnacle, but it doesn't mean it can't be continued, maintained, evolved, followed through, and followed up on. Now, at any moment in time, it might be state of ideal. It doesn't mean that it is forever.

So the next step is we take a patient say, okay, we've arrived at a benchmark, a finish line, a culminating moment, and let's say for a mode of care where we're providing a sleep appliance or we're finishing ortho or they're in ortho throughout, or we have placed implants, rebuilt arch or sent back to referring doctor.

So we now can still look at the way to make that patient more valuable and to get them to validate their decisions and even appreciate more what you've done would be to look at getting that review, capturing their feelings and their transformation in the form of a testimonial. The testimonials are only as good as what we use them for, but the actual greatest reason to get a testimonial; nobody understands. It's the psychology that I feel great in the moment, but to feel great forever, we want to document so that we have something to come back to. The emotional asset and the psychology of a person sharing their testimony about something, about someone, about what they've experienced, it is the greatest way to build a patient for life. It's the greatest way to build an ambassador for others.

And then of course you have referrals. So every patient, a new patient, also means we're looking at chart audits, at family members. We're looking at opportunities of things that we learn about the patient and what we might be able to utilize for promotion, for conduits in the community to make an impact outreach. This is just smart business. It's understanding that if it's truly not just about money, and it's truly not just about dentistry, it's truly not just about even the health of the patient, it's about the relationship with the human being. Then as the old saying in the Midwest goes, "We're going to use every part of the pig." Which in this case, we're going to take advantage of every opportunity there is with every patient.

And sometimes that's an opportunity for them to pay it forward, for them to spread the word, for them to make introductions or to bring us to other people we wouldn't otherwise have got in front of.

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Scott: So I'll stop there to let Kevin in here, and I wanted to try to hit both sides of this because I know often we plan to and then we don't. Usually it's better that way because we've got to think about what we're talking about next month. But I'll let Kevin let you ping out on this one and then we can go from there.

Kevin: Yeah, sounds good. So a couple things that came to mind, Scott, as I was listening to you describe that, is, the vision in my head was the whole... you know, I have young kids, right? So at the time of this, Addison's 6, Owen's 3 and a half, and we spend so much time trying to find the right specialist, pediatrician, and others to care for our children, keep them in great health, be proactive about it, all those kind of things. And every one of those pediatricians, you know what their rule is to stay in the practice? You got to show up once a year for the "wellness check."

And so as you were talking about hygiene and things of that nature, instead of it just being, even our terms, of it being in "healthy maintenance," coming in "just for the cleaning" or things of that nature. "Hey, let's see how you're doing!" Like if we put that in everybody's mind that they're not just there to do the traditional thing that the dental world has convinced everybody is the thing to do for how many decades now.

And we continue to flip the script into getting people to understand that we are different and elevated and do things in a much more proactive way, in a much more thoughtful way. How can you take from some tactic that works so well in a different form of healthcare and apply it in a unique way for you so that patients are anticipating the extended conversations that I like to lump into the three: problems, prevention and possibilities. And when you do that and you set some sort of expectations: my words, your words, whomever words, whatever it is, if the patients know that you're always going to keep them informed of what's possible for them, what's the latest and greatest so that they have the opportunity to take advantage of whatever it is that's out there, in the end, you will always have some thing, some option for every person who walks through the practice regardless of how much they have ever done with you.

And that's exciting. And so it gets frustrating when you're, "Oh, well, we live in an area where there's super healthy people." Then I start asking questions, "Well, how many patients have done this? How many patients have done this?" And the answer is, "Well, not that many." Well, there you go, you got all sorts of opportunity! So our job here is to put a little bit of pressure on and say, expand our thinking, expand our process with regards to what we want for our people and all that you want to do to be able to care for them.

And then my last point that I want to make here, so you can just get to a final point here, Scott, yourself, is when we go through this whole thing of expanding the influence of a patient into things beyond their care: reviews, testimonies, referrals, all those kinds of things, please friends, take advantage of the opportunity to ask for a favor after you've done something so nice and wonderful for them.

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Kevin:

And because they paid for it, they'll be even more happy to do it, which is simply to say, "You know patient, I'm so proud of all the work you've done, it looks amazing. Would you do me a favor?" Pause. Let the patient say, "yes," because they're going to, and say, "Would you keep me in mind next time somebody talks about dentistry? Would you be willing to introduce us to them? Man, we'd love to know more people like you. Patient, would you do me a favor? Would you be willing? I'm going to send you a little link. Would you please go on to Google and just give us a five star review? Your words could be the words that would change somebody's mind, who may be fearful of going to the dentist, who hasn't been for a while, who may need a little bit of encouragement to go do this, that, or the other, and your words could be the words that made a difference to that person just by taking 30 seconds to do that. Would you do that for me?"

I mean, it just goes on and on and on. But favor, pause. Let them answer. Yes, now they will keep it in mind more than ever before because it can take time to have all that stuff happen. So the more we ask, the more it gets into a rhythm, month after month after month, then we get to receive all that. So Scott, I'm going to turn it back over to you as we get to wrap up here.

Scott:

Well, first of all, I can honestly say, call me a bad consumer, but I never have left a review in my life. I thought that's why you get married actually, so you don't have to write reviews... But anyways, after listening to Kevin, I was motivated to give review and testimonial right this moment. I was going to give a referral, just listening to him ask that in that beautiful way. And I think we're all just too damn timid about letting people share how much they love you. And we feel the same way like treatment, Kevin. It's like treatment, money, all this stuff, people feel guilty. And same thing with referrals, they're like, "Oh, well, I don't know, what are they going to think?" And instead of understanding, this is amazing. This is what people love to do, is they're passionate about something. You ask for a favor, and bam. You're giving somebody a gift by empowering them to share something amazing from their life with others.

Yeah, I'm going to finish on the simple point you made earlier, just because the patient says, I got to think about it. I'm not interested, or do I really have to? Or by the way, just because the doctor says we can wait for this, we can watch that. It's not bad enough to do anything yet. None of these things stated in the past mean that something isn't relevant, important, and maybe even urgent and time sensitive in the present moment. And so I would just encourage you, just like if you're going to truly treat every patient like a new patient, you're going to treat every single opportunity with fresh eyes. You're going to treat every conversation like a fresh, brand new, amazing gift that you have to be able to impact and impart education, which will elevate every patient opportunity to something greater than what it was when it first walked in.

So never give up on doing what you know is best for patients. Never give up on being proud of your passion, and never give up on sticking to your systems, your principles, and your protocols that make every patient a better patient.

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Scott: No matter how many times something's been talked about, if it's important enough, it only becomes more important, not less important with every opportunity.

So that's pretty much it. We're already up against the clock, Kevin. I would just ask everybody, what can you do out of this? It's not, "Are you or aren't you?" It's, "How can you do it better?" How can we transform our existing patients into greater patients for us and for themselves? What does up-leveling their health look like? Where are we so busy or so jaded or so distracted by chasing bright, shiny objects, or maybe hoping for that holy grail stream of new patients that were missing the obvious opportunity right before us?

And for those people who are in the new patient business, where are we churning through volume, looking for the easy wins when we could be sticking true to our structure and putting a little more elbow grease and fortitude and conviction behind helping people climb over their nose and transform their lives? The easy ones, those are wonderful, but it's the ones that take a little bit more work, a little bit more persistence, a little bit more influence, that are really where you get to the life-changing stuff.

Let's be in the health transformation business, everybody. And by doing that, you got to be in the patient engagement business, every single time.

Kevin: I love it, Scott. Great way to wrap it up. And everyone, take this opportunity to expand your level of excitement for every person who you have the honor of having conversations with and caring for. Be excited to explore with the patient. Be excited to expand their vision. Be excited to give them an idea of what truly is possible and be excited for the pursuit, especially for those who make it a little bit harder. Those are the ones, as Scott said, there's a lot of satisfaction when you get them to turn around and make a commitment to their health like never before.

Friends, we hope that you take today, take a principle that spoke to you in a big way, put it into motion, and let us know how it goes. That's why we show up. That's why we're here. And we know the great work that comes from those who put the intention and effort into all that we do to serve and support all of you.

So I appreciate everybody taking a moment to listen in here on the latest edition of the Dental Success Today Practice Profit Accelerator Podcast. Have a productive and profitable month, until we meet again.