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**Podcast**

# PPA Podcast

**June 12, 2024**

## **Elevating the Value of Health**

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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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Scott:

So Kevin gave a great introduction. His main thrust of this deal is, listen, we do such a great job. Our team members have ultimate influence. We have fully focused in on complete-health dentistry, and then we just have these resistant patients, or they're getting stuck in progress. And I would say that the biggest complication, of course, usually is, "Do I have to? Is it necessary? Is this really going to be important for me?" And then, it's also about money. So there's something that's stymieing people.

So what I first want to go to is two key points that we have to state. The first one is that anytime there's anything other than a, "hell yeah, I'm ready," we have to come back to clinical value. It's really about believability. Does the patient fully believe in everything that we are talking about? Have we brought them along with us?

And I go into this little back and forth, let's say. "Is it our treatment or their treatment? Our diagnosis, their diagnosis? Our pathway to health, their pathway to health?" It's got to become theirs. They have to take ownership. The second piece, which is maybe, I think perhaps even more significant is everyone in the practice aligned really on what our objectives are? Because I don't care whether it's the phone call, the intake process, I don't care if it's a patient who's been with you forever, if they are coming in for a specific procedure or they're coming in as an emergency or a hygiene revisit, it doesn't matter. If we are all not fully aligned, you're going to have places where we end up just triaging problems. You're going to have places where we fall back into transactional visits. So we really need congruence on complete health and on the approach, the way that we go about doing this. And we have to make sure that we are focused on the patient's believability, taking ownership and responsibility over this.

If that occurs, then next part is actually quite simple, and that is dealing with the tangible objections or the obstacles that they might throw at us. But both these two things link together: the congruence of every team member so that we can anchor to the state of ideal, as Kevin said, "optimal." If we are all not moving to optimal, then the patient is going to be even more confused. They're going to be split down the middle, not sure, and this can happen in so many different ways. Usually, it's just as significant as verbiage to influence. There can be verbiage to de-influence, to un-motivate, to stall the patient out, or to, again, confuse.

And then the second part is, does the patient understand unequivocally the value, the reasons why, the benefits, the outcome-driven advantages, all the things that relate to helping this patient take full ownership and viscerally feel the value of optimal health, complete health, comprehensive dentistry in every way? So I'll pause there first, Kevin, and just hopefully go to the origin, the root of it. I know you're going to give us several tactics or examples.

Kevin:

Yeah, I love that. And where my mind goes as I listen to you describe this, because I've had the benefit of reading your writings on this, listening to you discuss this, not only in these types of formats, but when you present live and things of that nature, so I get a lot of different perspectives on it. And where I

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Kevin:

go with this in alignment is two things. Number one, I think a lot of times people hear us talk about being in alignment and congruency and being connected as a team and all that, and it all sounds really wonderful. And let's call it what it is. There simply cannot—and I'm focusing on the negative here for a particular reason—there simply cannot be one person on the team, whether you've got three team members or three hundred fifty, everybody has to agree that what we do, what we say, how we present it, and how that all connects together is meant for one thing and one thing only, which is to positively influence patients to say, "yes to health."

Of course, there's other things that come along with that, but it all begins with an agreement on health. And so we can't skip steps, we can't rush past steps. We can't give a pass to somebody because they're busy. We can't give a pass to somebody because they have a doctor in front of their name. And so I want to make sure that we all just pause for a minute and say, "Are we together? Are we genuinely committed to this one thing?" Because everything I do, everything I say is meant to lead towards that. Okay, so that's number one.

The second one with regards to alignment is you all may sometimes feel like we over dramatize this, but choreography matters here. And whatever analogy you have to focus on yourselves to get you to understand that you are literally playing a role within a much larger story than your moment in the experience, so that you don't come on stage too soon. You don't come on stage too late. You don't pass the baton, and on cue, "give the script," (now, it's not meant to be a literal script, I hope you guys know that...) but in the scripting of the experience, that you do legitimately then set up the next team member to be successful.

And the most obvious one that comes into play here is when, we all love our doctors. You guys know it. Our doctors come in, they're either excited, anxious, feeling rushed or something, and they skip a triangle, or they don't complete a triangle, because they're rushing to the next thing because we've been behind all day. There cannot be an excuse for this one moment. We have to break the pattern at some point in time.

So I'm not here to get everybody's feathers all ruffled. "Oh my gosh..." The point of it is this: are we aligned? Do we fully know our roles and our cues as to when that is, and do we allow people the time and the space to play their role? Otherwise, the script doesn't matter.

And so Scott, I felt it was important to make sure that we don't go too far beyond without people maybe saying, "Huh, I wonder if that's it?" Because that alone could make a big difference in how we bring a patient along and how they believe our influence, and not feel, "sold on it."

Scott:

Well, yeah, listen, I think, "not feel sold on." The writer-downer is that everybody's worried about selling, and by the simple nature of being worried about selling, it probably means you're selling. So you don't have to sell if you're doing what Kevin's saying. And that's why we're really...probably too many cliches and too many letters and symbols, but I like to think of, if we

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Scott:

educate properly, we can enlighten people's ideas, we can then empower them to elevate their decisions. And Kevin always talks about smart decisions, and that's really what we're trying to do. We're really trying to give people the opportunity to make better decisions for themselves by us going all in on the value propositions—not on the dentistry—the value propositions.

So I guess, Kevin, just attacking this thing, I think today, really, we're not just going to go ABC, so fundamentals, picture proof and pain, fundamentals, questions...there's all the key things that if you just do these, you're fine. But I would just also revisit the philosophy of the practice in terms of optimal health. What does it mean, the definition? The pillars of health, how do we do it? Example: I can tell you so many patients in a traditional practice, they come in, they're going to get perio probes. Their standard is maybe four millimeter pockets or worse. Instead of saying, "Well, what can we do to simply overall improve the quality of health of the patient with their gum disease?" Or, by the way, prevent gum disease, which means don't wait.

So we talk a big game in dentistry, and yet we are, "waiters on disease." As the old saying goes, we are, "managing neglect." So if you want to be a practice that is waiting for disease to be of service to your patients, then you're going to keep doing what you're doing. If you want to be people who are facilitators of quality of life, facilitators or enhancers of health, that's what we're talking about here. That's, to us, the whole premise, probably what we're defined by, is this.

So your pillars of health. You say, well, if all your teeth are there and there's no gaping cavities, holes or cracks or broken things, then it's good enough. And then I also always go to occlusion and worn dentition, and this is like wear on the tires. And some people say, "Oh, I don't do reconstruction." Or, "Oh, I don't believe in worn dentition." Whatever. Well, you can believe whatever the hell you want, but at the end of the day, if your mouth is more valuable than a car and you only get one for your whole lifetime, and yet there is such a thing as you're becoming vulnerable and you're creating volatile situations. So it's really a matter of you're going to wait for disease, you're going to wait until you have to, or we're going to facilitate something greater, and the whole team has to be along these lines.

You don't have to be a veneer on every tooth. You don't have to be for our surgeries pulling every tooth just so we can put in more implants. You don't have to be giving everyone an appliance for pain or sleep or doing expansion on arches that don't need it. It doesn't make any difference. Pick whatever specialty you are, pick whatever modality of practice. But once you have a definition, by your definition, by your standard, then you have to be able to facilitate the patient experience to a point to where they can be fully bought in on what a standard of excellence is. Compare and contrast, compare and contrast. So here's state of ideal. Here's where you are, here's how we close that gap.

And then if you have that next level, which some people would call it, "optional or elective," we call it, "optimal and enhancement," then you have to

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have a diagnostic experience. You have to have an interactive way to engage people so that they are, again, fully in parallel, they're integrated into this. And that way, you're avoiding trying to sell stuff because the people, as I always say, if you do all this properly, number one, they'll only be surprised that the investment isn't more. Number two, they will literally articulate the outcome they desire. They will articulate their goals and objectives. They will say to you, as I say, "self-diagnosis," what they would consider a victory. But you can't do it just on the front end. Yes, we ask for goals on the front end, but you then have to go into the end. If you would say a trial close for the patient to do it, you have to be their advocate.

And so I know we're going to shift into a couple of tactical steps, Kevin, but I just want to say, so here's the thing: I can't stop focusing on Kevin's point about they don't want to feel sold, and you don't want to be selling. So here's the deal. If you are focusing on insurance, you're not focusing on health. If you are focusing on money, you're not focusing on best outcome for patients. If you are focusing on problems, being reactive, making excuses, you're not focusing on what's in people's best interest. So it's just a simple deal. There's not a gray area, it's black or white. Very simple, no gray.

So instead, we have to be facilitating health-based decisions. When you look at money, Kevin, what's the number one thing? "Oh, we don't want to focus on the money." Nobody wants to focus on the money, and yet, everything is broken down into dollars and cents. If you are talking to patients about budget, you are automatically talking about money instead of what they want. So we have to think of insurance, money, time, all of these things, these are just resources that we have as tools to utilize to accomplish the goals. They're not obstacles, they are not the objectives, they're not the focus points. They are tools, resources that we have available to help patients, and if we change the mindset around this, we change everything.

Kevin:

I love it, Scott. And to tie into the first segment that we went through in this episode and where you elaborated today, is if we continue with this word "alignment," and you had talked about making sure that we know internally what the definition of optimal health is, which we never want to take that for granted and I believe we do too often because we just assume everybody's there to work, and we all believe in health, and there it is. Well, there's a lot more detail that goes into that. And just to use one example, and I actually had a conversation today with a wonderful group of assistants on this, is that we tend to create more problems or challenges ourselves in our word choices than is necessary. And so if we want to stay in alignment with optimal health, then guess what? A problem is a problem. It's not a little problem, it's not a big problem.

And we don't want to use those descriptive words with patients because then we start to define and classify problems all these different degrees, and then each of them, it's easier to now associate financial contributions towards those things, all this kind of stuff. So it's a problem. We have problems. What are the problems? Here they are.

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Kevin: And then opportunities, not little opportunities, not big opportunities. Hey, here's our opportunities. So you also said it's that simple. No gray area, black and white. I love that, because you know where the brilliance lies in anything that you create is in simplicity. Because simple is easy to replicate, simple is easy to deliver, and simple creates less opportunities to stumble and get ourselves into situations, because we're keeping it straight to the point with passion and exuberance towards this optimal health initiative.

And the second thing that I want to point to is when you mentioned the, "standard of excellence." All of you have wonderful websites and brochures and probably videos, and you name it, all over the place, and I'm certain that in all of it, it creates this epic place to be when it comes to being served in the health capacity. And so if we want to stay in alignment, using this concept of "standard of excellence," then everything that comes along with that has to be at that same level. The questions we ask, the experience we deliver, the connectedness we have as a team, the roles we play and how seamlessly we go scene to scene to scene in this little movie that we're creating for each and every patient to participate in.

And so you want to make sure that what you're projecting on the front end is also being delivered on the back end. And if it's not for some reason, hey, nothing to be upset about. It just shows that you have an opportunity to shore up a particular aspect of what it is that we're delivering, and how we're delivering it, so that we actually match, simply, with what it is that we are promising. Because any opportunity that we have that shows a crack in the system, it creates a possible moment of doubt for the patient. And when the moment of doubt shows up, that's when the disconnect begins, and that's when it becomes harder for us to get them to stay committed to their health so then we can work out all the other details after the fact. So in role-reversal, Scott, I wanted to go a little bit higher level, broader range.

Scott: Beautiful.

Kevin: Based upon some of those tactics that you delivered there.

Scott: Thank you so much, Kevin. Yeah. Well, look. So I think that we'll just keep that line going then. So I think the two other things I would like to say, if we're talking about, look, this is the chance for be the check in, everybody check in and take some sandpaper. You probably don't need to blow things up. You need to refine, and you need to refine by role-playing, by reviewing your statistics and your results, and you need to refine by asking each other for feedback. If somebody in your practice is blowing the doors off, ok, they've just got it dialed in, maybe they're just a little bit more confident. Maybe they're a schmoozer. Like Kevin and I, we're schmoozers in different ways, but we're going to be able to outtalk anybody basically. So if somebody's like that, somebody else maybe is a little more timid, and maybe they have a low self-esteem or money-mindset, and they're letting things get in the way, they're making it harder than it is.

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Scott:

So you have to ask for feedback and you have to really be in those triangles and really want to do a great job. Your best friends are morning huddle, visualization. What's the triangle? What's the outcome? What's the clinical yes? What's the next step? Number two is the best friend at end of the day. End of the day, how do we do? Who scheduled? Who didn't? Why not? Where are they at? What can we do about it? And so you got to just get in the habit of this. If you want to be champions, if you want to win, then you got to do it. And I say the only thing that should be more exciting to you than athletes is you, okay? I don't give a shit about a sports athlete. I care about my life athletes. Kevin and I care about you. We are life athletes together. You are dental athletes, you are patients' champions, but you have to be your own champion first and believe in yourself and what you're doing.

So I want you to take some sandpaper to this and do some review, reflection, but really, I want you just to beef up. You've got to get bolder, be stronger, and utilize the verbiage, the wording, that is taking you where you want to go. One of my favorite, it's kind of like a life principle by the way, favorite thing is, "do not avoid." If you move away from what you don't want, you're going to use very weak language. If instead, you move towards what you desire, you're going to use strong language. You have to be the patient's motivator. You've got to be excited. You've got to energetically be fired up about where you're taking them.

Now, this last thing, and we're probably going to be a couple of minutes over. I don't know if Kevin's got to jump or not, but we'll do just a couple of minutes and see if we're short.

So the second part is—and Kevin is so great at this, and Maegen too, I'm probably not as much—and that is, the patient can never feel ultimatum though. So I want you to build vision in the operatory. I want you to get the clinical yes, get them all in, so excited. They should see in their mind's eye, some of you, you're actually showing them, but what's this going to be like for me? And not just what it's going to look like, what it's going to feel like? How it's going to impact your life? Why does it matter? Why does it matter?

And then the next thing is in the business side, we have got to carry them over to finish line. You're running like a relay race, and in this case, the patient maybe is the baton or something, and we can't drop them. We've got to take them over the finish line, and so that's what you're going to do. And you have unlimited resources, you have unlimited time, you have unlimited money, you have unlimited options to help this patient achieve their goals. And so, that means if for whatever reason they start, they get stuck, they lose confidence, they've got to talk to somebody, they've got to figure out their money, don't give up on them and don't let them go. You may let them go home, but don't let them go home alone. Schedule the next appointment, schedule the phone call, bring back your spouse, get some cash on the table, figure out, "What's the thing we can say yes to?" No matter what we do, what is the thing that has to happen?

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Scott:

So we've got the whole entire mouth, but, we can do some restorations, or, we're going to do a scan, or, we're going to start with expansion. Whatever it is, what's the thing? So that way, the patient can feel progress. We don't want them to feel defeated and we want to keep them in motion. Here's the thing: if we lose contact, then we lose the whole thing, the whole deal. So sometimes, you've got to, I hate to break it up into pieces and parts, but sometimes, you've got to just keep the patient in motion. And so I call them base hits, because sometimes, there's going to be base hits. We don't give up.

So I'll give Kevin the last work. Listen, we had a little a weird thing there going on, but it's okay. Make the most of it. We've given you so many things that you can re-listen, you can unpack, and you can really scrub this up against yourself, each other, your patients, your systems, your verbiage, everything. And you really will be able to see, diagnosis, case acceptance, prepay or money flow, schedule control, size of vision, it's quality and size of "yes," the way money moves, prepaid ideally, and no less than when they're doing it, and then schedule control. That's it. And so if you take what we shared today and you go up against those four pillars, you can find the qualitative, intrinsic value of your own confidence, belief, consistency, verbiage, et cetera, and where you're breaking it down. Where are you not being that patient's champion and superhero? And let's go back and make amends with it and really commit to successful outcomes for patients. That's all I want to say.

Kevin:

Scott, I love it. Great way to do it. I love all the tactics that you brought. Just fast pace, bring it on. So many different areas that we can look at and so I'm going to pull it back one more time to end this.

And friends, the key to this whole deal comes back to, number one, you have to believe it. You have to believe that your definition for optimal health, standard of excellence, all of that, is worth the effort and worthy of the patients to come along with you on this journey. Because if there's any doubt there at all, we got a problem. We're going to make the assumption it's there. I know that that's a big risk. I'm going to assume that that's there.

Then, friends, we have to stay focused on one thing that Scott just ended with there, which is this: keep the momentum going. Of course we want to have the state of ideal. They say yes to everything, we figure out all the scheduling and the money and all those kinds of things. Beautiful. We know that's not a reality with all, so let's keep forward motion going, let's keep positive momentum going. Let's keep the energy high and in the positive. That's how you get them to the finish line. And even when they get to the, "finish line," guess what? We can celebrate it and we can say, "Good news! Now, this is the season that you're in with your health." It never ends, right? You always have something, especially with the unlimited possibilities for everybody's mouth that exists today.

Friends, this has been fantastic, and as Scott said, thanks for working through some of the early technical issues. It was worth it in the end, lots of good stuff for you. So take some time re-listen, have wonderful discussions about this.

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Kevin:

**Most importantly, make decisions on what we're going to tweak. Don't have to be problems in order to create something better than what it was today, because that's who you are as champions.**

**So everyone, thanks for listening on the latest edition in the episode of the Dental Success Today Practice Profit Accelerator podcast. Let's keep it simple and let's keep it in motion. Have a productive and profitable month until we're together again.**