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Creating Value Throughout the Patient Experience

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Kevin: Good day everyone! Welcome to the latest episode of the Dental Success Today Practice Profit Accelerator Podcast...Scott Manning...and the crowd goes wild...welcome to the show!

Scott: Kevin, thanks so much. We said this in June, the midyear, but now July so we can say it again, midyear. Yeah, this is the deal, friends. The halftime pep talk, rally cry, refocus. Let's get it going.

Kevin: I love it. Well, today I want to continue our conversation as we were...well, we're always focusing on what we like to call, "bettering our best," as we highlight that which we have total control over. What we can put effort into, what we can focus on, what we can contribute towards. And in this way, it allows for our personal approach to conversation and relationship-building, specifically in how are we creating value all along the way?

And of course, we're talking in the patient experience. Yes, friends, this is in your personal life too. How can you be valuable? How can you create value in every human interaction that you have? So, in order to have impactful conversations, you first have to clarify, clearly define the objective. In the case of our vocation, it is getting patients committed to total health. And then we assess from there whether or not the experience that we are actively creating and the conversations that we are actively having are in alignment with the defined objective. So friends, today we're going to help guide you into having this clarity and awareness like never before. Scott, if you would, my friend, take it away!

Scott: Well, Kevin, your enthusiasm is contagious, as they say. Yeah, I like that we did the one-two punch on this. I always think that...we say this all the time, we probably said it last month. You only help those people who say yes. And I got a lot of quotes today I was thinking about, probably won't use them all. But this one I think was very interesting, related to this. It says, "Courage is the discovery that you may not win, and trying when you know can lose." And the whole point is, we have to be courageous with patients. They may not all say yes. That doesn't mean we don't try to get them all to say yes!

They may not say yes to everything, doesn't mean we don't try! I was going to say this at the end, but I'll say it right now: so often we defeat ourselves by so many things that we sabotage in advance. Now, that could be saying we don't have enough time to do things we know would be valuable. It could be, you talked about personal life, I'm talking about patient experience, diagnostics, scans, whatever; conversations, review the charts. But personal life, sometimes we start by saying we're not going to have enough time. So then we don't try. We don't do the things that we know would be good for us or for them. Then in other times you've heard about, "don't prejudge the patient." Well, sometimes we're always doing that. We're prejudging their ability to buy, prejudging their interest, prejudging their insurance mindset.

And so the reason why I start with, I didn't actually know I was going to, the whole point of so often we have set ourselves up to lose at the beginning with sabotage, with attitude, with mindset, with assuming the worst, instead of

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Scott: expecting the best. Assuming the worst, instead of expecting the best. And that's because of what you said. I'll see if I can get it exact, but the clarity and awareness. What you said, "alignment," with conversations; experience with our patient engagement is in alignment with our defined objectives, with our goals.

First, today, this fresh start of a full second half of a year, commit to just stop doing anything that's in the way of success. Start by cleansing your mindset, your attitude, the things, and expect the best. Courage is the discovery that even if we know that we might not win or even if we know we could lose, we are going to have the courage to go all-in every time with every patient. And then just because I know Kevin's going there, last month we talked so much about smart decisions, but I want us to double down on it. Because it's not about new words, it's about the same words that work. But I double down on, what does all this really mean?

It means the commitment to being influential, the commitment to being educational. To being, I will say, motivational. That's really the deal. It's not, how can we force patients into a decision? How can we trick patients into treatment? Nobody wants those things anyways. It's really about making the choice that we are going to become more of leaders, guides, influencers for patients. And then, dumping all the bad, negative, sabotaging behavior. I'm talking about everything; protocols that are in the way of success. I'm not just talking about people in the way of success, anything that is undermining the congruence and alignment of the greater discovery of what's possible for making an impact on patients, for delivering complete health dentistry. And the opportunities: the opportunity for patients to have the ability to make their own decisions, or whatever, but us setting them up for success to do that. Kevin...

Kevin: I love it. And it's interesting. You know me, I love the definition of things. Only because I don't have an ego and think I know it all, and so I have to remind myself of what some of the truth is, let's call it. Or for myself to just have clarity. And as you entered into the conversation about courage, I just quickly pulled it up. What does someone super smart say about it? And here's what's interesting. It says, "Courage is the quality of being ready and willing to face negative situations involving danger or pain." Two keywords there: willing is the big one. I think, for the most part, most people are ready. Because I don't think there's too many people who have such a rosy outlook in life that they don't think interesting things are coming their way. I think we're all ready, we just tend to avoid it.

The willingness though, that's the choice. And I spend, as you know, Scott, I spend a lot of time talking about choices, because that ultimately determines the outcomes that you can achieve. It's the whole future proves past, and the past proves the future.

And the second piece of it's pain. And I'm sure most people would think, "Well, Kevin, why are you and Scott talking about courage and doing something with what we do here?" Because they think pain as in "physical,"

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Kevin:

but pain as in, “emotional.” Pain, as in, “damage to ego.” Pain, as in, “Oh my gosh, maybe I’m going to realize that I’m not as good as I thought I was.” Just all sorts of pain can be in a lot of different ways. The key is ready, preparedness. We talk about that all the time.

Willingness, choice, active choice, active participation to go head first, all-in, to do what you believe in the given moment with what you have, the knowledge you have, the skills you have, the whole deal. To do the best course of action in order to influence the outcome that you can control in order to be able to have the most influence on the second outcome. Which is, in your case, patients making the smart decision. Just that one word, Scott, “courage.” There’s a lot that can be unpacked with it that can help each person individualize what might be in the way of creating value.

Avoidance of tough conversations, avoidance of not wanting someone to like them. Like, “Oh my gosh, this person doesn’t like me anymore.” Those kind of things. So although I could go in a lot of different directions with this, in where you started, I think the important thing is focusing on such a powerful word... and then the second word that you said was, “try.” In other words, make the choice to give it a shot! It’s not a guarantee of course, yet, you’re choosing to be part of something good. And that’s why I love the word, “catalyst.” Catalyst, to me, is a very powerful word. That doesn’t mean that you control it all, it means that you are the spark. You’re the one, you create the moment of the possibility of good. And that, to me, is worth every ounce of energy you’ve got day in, day out, person by person.

Scott:

Wow. Well, all right, thanks Kevin for that. And it’s nice to be...how do we do that? We kind of compliment each other, don’t we? I want to shift to some really hard specifics and let Kevin play on the examples. We always talk about more effective questions, just more questions in general, more engagement. I want to just double down on pictures, proof, and pain. I remind everybody of when you do anything, ask yourself, what’s the patient’s perspective on this?

We take an X-ray, we do a photograph, we do a scan, we do a bite, we do anything. And everyone here listening knows our, “On a scale from one to 10, how would you rate your smile health or your this or that, or pain, or whatever?” You use things to get them engaged, and you let it be feeling and emotion-based, but yet you’re wrapping it with a little logic so that way there’s something concrete to go off of. But when you say it, it feels subjective. When the patient says it, it feels like this is definitive. So really making sure that your questions are purposeful to drive trust, to drive believability. Everything really should be rubbed up against this idea of, how is this helping the patient to gain more believability, to increase their level of emotional investment? All right, remember the yes is to the clinical value before the yes is to the financial value.

So one is just getting back to really thinking about this. And we ought to have, I would never say templated, scripted, staged, because we don’t really believe in any of that stuff. At the same time, plays. We use the sports analogy. You should have a playbook of question. You should have, on the phone, you

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Scott: always ask this. In hygiene, you always ask this. Taking the pictures, always ask this. In implant consults, you always ask this. In smile, or TMJ, or sleep, or facial aesthetics, you always ask this. You really do need those arrows in your quiver, cards in the deck, whatever you want to say. That needs to be practice-wide, positionally-based questions.

Secondly, the questions are not just for shits and giggles. This is for psychology so that you gain information, you gain empathy. When we go over our Champions Event, I always say, "listen and learn." Questions equal listen and learn. It's not just questions, it's not questions and listen. It's question, listen and learn. And then do that so that you can make it facilitory, progressive in a sense of moving the patient towards something. And I actually got it from a book, and probably from Kevin...and Maegen talks about it too...but lead by listening. All these things tie together to leading. What is the first domino? Is building trust, rapport, empathy, ask questions. Then listen, learn, and then lead. Happens to all be Ls. How does that all play into what you're doing with a patient based on your role and responsibility in the experience, in the relationship?

And now I'm going to flip it back to Kevin. And now you would say we start talking about different aspects of the experience. So if it's on the front end and overcoming insurance, if it's on the back end and overcoming money, if it's in the middle and overcoming the patient's skepticism. Now we can ask, and this is a Kevin question, "I'm curious about something..." Or "Tell me more about this..." Or, "I'd love to understand what do you mean by..." Questions become your best friend at any point, as long as they go into the three Ls: listen, learn, lead. And you've got to have clarity on all that. And then, finally, I'm going to stop there. Finally, and then I'll see where Kevin takes it and then I'll come down to a couple punchlines. And I am going to give you, today, three very, very specific things that I don't think we've said in a very long time, that are going to allow you to just instantly take your case acceptance through the roof.

Kevin: Yeah, I love this, Scott. And I'm going to expand upon the "listen concept" here and take it one step further, because we like to make sure we don't leave things unsaid, and say them even when it is so obvious. Let's not take anything for granted. When you are listening, I'm asking you to do two things. Well, really, one thing that leads to the second. The first one is: be present. Actually pay attention so that you, most importantly, hear what it is that another human is saying. Let me say that again: be present, be aware, be in the moment, and actually hear.

Because what's interesting is human nature tends to do this: someone in conversation will always give you what it is that you're looking for, listening for, if you're paying attention. I had a very kind doctor say to me this week, in an exchange of messages we had, about how he says one of the most impressive things that he appreciates about me is that I am actively listening and he knows that I'm engaged, and that I can always find something and turn it into value. And the only reason that I can do that is because I set all my distractions aside, I go all in and I pay attention. I take notes, handwritten

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Kevin:

notes. Every conversation I have, I'm writing stuff down, so that this way I don't miss it, I can refer back to it, whatever it is. It helps to avoid distraction, which is so easy nowadays, especially in a high-paced oral healthcare facility like all of you are operating in. There's a million things vying for your attention, so you have to fight it.

And I'm going to just give one quick example of blending courage with listening, and this is an opportunity when something doesn't go right. We always talk about our doctors getting the clinical yes, sometimes their doctor's a little bit distracted, maybe they're running a little bit crazy, they're running behind, whatever. Some excuse as to why they don't take that step, that all-important step to say, "Patient, are you ready to get healthy?" Because if we don't get the "yes" to health, we're never going to get "yes" to money.

I was talking to one of my favorite group of hygienists that I connect with every other month, and we were on this specific topic. And we've talked about it before. And today we came up with this one thing, and I said to him, I said, "Listen, friend, you're awesome. How about we expand your awesomeness and we do this? When a doctor happens to leave the room without getting clinical yes, is you're listening and you're paying attention, and you've heard what's going on, you say, 'Patient, oh man, I know doctor told you a lot, and I know you trust doctor, so are you ready to get healthy?'"

Now our hygienist can play the role of getting this all-important clinical yes, that we want our doctors to get, and every once in a while, doesn't happen. That's an opportunity. You want to know why? One, courage to do something different. Number two, actively listening so that we hear what's going on and we make the best of a given moment. That's leading, that's guiding, that is taking ownership of this moment because the moment is going to be gone soon enough. Scott, give us the big three.

Scott:

Kevin, that's great stuff, and you made it into a real-time example of what people deal with every day. I think that was awesome. I was just going to go with this listening theme, and I'm going to hit my three things just because I'm anxious to see what you say about them. But I want to just finalize that all this applies to each other too. It applies to team members. Kevin gave an example of doctor exiting, and then team member's conscience, and then bringing back being that patient's champion.

Just never forget, we talk a lot in cliches, but the symbolism is actually all you need. It's like a lot of times there's great books, but if they're really great books, you just need to cover. You have to be the patient's champion. End of story. And so if you're their champion, then you're able to help them to achieve the objectives, the goals, the state of ideal.

Now, what I wanted to say was, this is not the point, is that the feedback, you must get feedback before you give feedback. And last month, this month, heads and tails of the same coin. We might have said, it's worth saying again, is that you have to get the feedback. That's what we're doing with patients, but it's also what you need to do with each other. It's also what you need to

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Scott:

do with your own relationships outside the practice. Get the feedback before you give the feedback. Everyone wants to give, give, give, which is great in all ways except when it's advice. Except when it's correction. Except when it is going to feel like dictatorship. So we have to receive. The best givers are masterful receivers, and you have to do both. But in this instance, opposite of generosity, is you have to actually receive first. That's feedback.

Now, here's what we want to do, Kevin. I got three things I want you to think about friends. Number one is process. Perfection and process is this: when you exit the operatory, you have to finish the triangle, you have to close the loop, and you do that with always restating the clinical yes, and then giving the treatment summary. I think a lot of times it's easy to understand the first triangle because, if anything, it's literally just a transition to another team member with personal rapport and backstory. If you do it right, you anchor to goals. However, the middle triangle is, of course, the main event because it's all the tag team on the clinical front. And pretty much we've been talking that up one side down the other. You can make it more specific with your diagnostic protocols, with your pillars of health, with how you go about building out your patient engagement.

Really, the place where people, they just totally under-do it, they pull up short of the finish line and we actually need to run over the finish line, that is that they do not double down on making sure the clinical yes has been conveyed and the treatment summary is completely buttoned up. So that the business team member then, now was really bringing things to a culminating point, and not having to pick it up off the ground. They shouldn't have to deal with objections. The whole thing with what Kevin and I are saying from last time to this time, and the smart decisions, I would call it "the empowerment of the patient" to do that. Kevin might say some other words about it. The thing is, is that we shouldn't have to deal with objections if we've really done a thorough job. And a lot of times we're just leaving it half-baked.

So close the loop. And this is where I want you to practice what we're preaching by giving each other feedback on that exit, on that finish, on that culminating triangle for the clinical, to the close, the business, that integration point. That's really where it's all...it's made, it's created: operatory. It's really delivered, it's executed on after the operatory. That's what I want to say.

Number two, number two: would you please remember that every person at all moments in time, whenever they're saying yes to something, they're saying no to something else. Whenever they're saying no to something, they're saying yes to something else. Now, I have coined that generically, "benefits and consequences." But what's important is that you never lose sight of this. Because if a patient is saying yes to something, fantastic. And then let's say they then get caught up on the money. Well, sometimes we need to remind them that because they're making a great decision or they have an opportunity to make a great decision, it also means that they are very smartly saying no to negligence, disease, a bigger, more expensive problem later. That's the only time you use the word expensive.

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Scott:

You have to remember, also if they're saying no to a smart decision, they're saying yes to those same things: negligence, disease, delaying for future/worse problem. We have to remember this, because a lot of times we get defensive or we try to justify. Or even, we all of a sudden make it okay. "Well, it's okay, you can wait." Or, "Oh, well, we'll just do this tooth." Or, "Oh, that's fine, we'll start with what the insurance pays for." Well, really, no it isn't. Because the yes and the no are like the yin and yang. The yes and the no are equal counter actions. So you really need to bring that to the forefront and you've got to be ready to use them. And if you're really smart, you actually do it preemptively. Maybe that's a call for the future.

You actually use the what's the yes and the no at the same time. And then what you actually do is you steal, you rob away from them their ability to use objections, their ability to go back to sabotage. Well, we can actually preempt the patient from sabotaging their own health by basically doing a 360 of yes and no at the same time.

Number three, last one. Please remember that everyone needs an enemy, because it's motivating to rally against an enemy. Now, we would like to triumph. Instead of fight an enemy, we want to triumph for ourselves. But we need a common enemy with the patient. That's why we show a picture and we ask the patient to self-diagnose. It's so that we don't become the enemy, the disease is the enemy. It's so that when we're talking about complete health and we state the insurance is a coupon, it's so that the insurance can be the enemy for why maybe it doesn't cover more than they think it should, but so that we're not the enemy and the insurance is the good guy.

You have to control that narrative so that, again, the picture, the disease, the insurance, the delay is the enemy. And therefore, the speeding up of the decision is the champion, it's the victory. That's probably more than what the minutes allowed, but I really want us to move this to an advanced discussion where we start talking about the psychology of all of this. And so that's what I'm going to say: execute the finish, clinical yes, treatment summary to the business team. Do them justice by what you're doing. Remember the yes and no, two sides to the same coin. It's better for you just to control that whole piece. And then make sure you're prepared with a common enemy so that you don't become the enemy, and you can remove all the defensiveness, you can remove all of the bad mojo when it comes to patients trying to object. I know I ran us out of time, Kevin, you can bring us home and I'll let you close us out.

Kevin:

Well, Scott, I think you have already set the stage for the next episode. Because what you just outlined here in these three things can become a new, different way, because we haven't talked about it as much of late, of looking at and dissecting the experience that you are providing, the conversations you're having, the whole deal. Because we could do this common enemy from screening to welcome to clinical setting, to financial, to walking out the door and staying with us, retaining the relationship for now and forevermore, because we are here to fight the common enemy with you. I'm so excited. I could go on forever, yet here we are out of time.

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Kevin:

And of course, the yes versus no. One of my favorite things, use it often. Say yes to one thing, you're saying no to a lot of other stuff.

Okay, so friends, I want you to be attentive. Listen, not only do others, but to yourself. Trust your gut, trust your intuition. Really be present. Because what we can create, and the needle can move in a very significant way with just some minor adjustments, minor tweaks, in bettering our best.

Scott, thank you for being here with us. We're excited for next month as we get prepared for what that's going to be, which I think we already have a precursor to it. And friends, thank you for your time in saying yes to listening to the Practice Profit Accelerator Podcast, which means you said no to some other stuff that can cloud your mind. Let the goodness flow!

Thanks for being with us everybody. Appreciate you listening in to the latest episode of the Dental Success Today Practice Profit Accelerator Podcast. Have a profitable and productive month full of good yeses! We'll talk to everybody soon.