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Let Your Patients Give You All the Answers

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Kevin: Good day, everyone. Welcome to the latest episode of the Dental Success Today Practice Profit Accelerator podcast. The one and only, Scott Manning, welcome to the show!

Scott: Hey Kevin, it's great to be with you, and usually people are giving me the one and only if you know what I mean, but I'll take the title. So listen, let's knock it out of the park. It's just we love every time of year, but you can't beat this time of year.

And, it's of course, everybody thinks about back to school or maybe the lesser folk think about the NFL starting back up. But we just have a lot of great shit going on and I think it's just the perfect time to kind of rev it up and closing out a summer and heading into fall and giving everybody a little chance to refocus in on the things that matter most.

Kevin: Yeah, I love it. And we've been building on the last couple of episodes that we've been together here and I want to continue because the interesting thing that I have found over the last 30, 60, 90 days specifically is that team members are really dialing into conversation and connection and elevating their game when it comes to the relationship part of the patient experience.

And I give them a lot of credit for it because as you know, you know I've been studying this our whole entire lifetime and it is a lifetime study. And so the fact that people are identifying that as continued areas of importance, I believe that we need to come along with them. So, what I'd like to do today, is you wrote a beautiful piece recently in your morning huddle titled, "Let Your Patients Give You All the Answers," which was super intriguing; I love reading all your stuff.

And because there was so much wisdom in there for each team member to focus on in order to, as we like to say, "build a better patient," and do it from the perspective, which I loved how you wrote about, was analyzing our best patients. Specifically, where I would expand it upon what you even had wrote there was, "the ones we elevate from average patient to ideal."

Because we love when A patients show up, right? "Hey, here's my problem, come fix it." Those are awesome. When we see the magic happen, when we see a positive outcome arise from our efforts of focusing in on conversation, communication, relationship. And so we give our effort there, the experience that we provide, and the intention and then focus we apply, that's how we do it. So let's go with that. Let's continue to be in this spirit of connection, as you know I love to call it. So Scott, take it away my friend, and we will see where we go.

Scott: Yeah. Well, first of all, thank you Kevin. I mean, what more important matter is there than keeping the main thing, the main thing here, talking about patient communication, verbiage, all that stuff. We could take any article and blow it out to a weeklong seminar and I appreciate you liking the stuff and feeling's mutual. People, my friends, if you are not reading the Thursday Leadership from Kevin, you're missing a weekly dose of life principles that will make

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Scott: everything you do and who you are, better, happier, stronger, more confident, courageous. So do that.

So I want to first give a big shout-out. We had probably, I don't know what we would have, we had probably thousands of years of dental experience in the room during our recent Champions Event this week. And a couple of the most veteran multi-decade team members, they were so hungry for verbiage. And I think all the best team members are. It's because people love to be more influential.

When you know something is amazing to people, you want to share it with them. But all of our life, all of our life, in every instance, we've all been taught to be passive, submissive, timid, pretty much to do everything reactively, the opposite. So it's really like, I was just thinking this randomly came to my mind because you put it in our notes, but it's like when we were kids, we did a show and tell, right? A show and tell.

And I think it's great to do show and tell, but this is things that are about us. In dentistry, it's not about us, it's about the patient. And so what we're trying to do is get the patient, basically, we are showing the patient various things so that they can then tell us how they feel. And I keep stating this because I gave this book to our Wealth Groups this year and it just stuck with me.

It just literally, it just stuck with me. And the book was called, I don't like telling the title, so I keep it a secret. It's part of being a part of the group, but it's called, "People Follow You." And the two secrets, there were only two. You could take 185,000 pages and boil it down to two things. And it was number one, it was lead by listening. Okay? That was number one. All leading must come through listening. Because if not, it's called dictatorship! It's called by force!

So it's not called leading, okay, unless there is listening involved. And we're talking about people here. I mean, we're not talking about if you're trying to win something, okay? We're talking about if we're trying to be of service to others. So lead by listening. And the second one was to receive feedback before you give feedback. And I'm just going to be a broken record on these because they're so simple.

So before we tell a patient something, first, let's ask them how they feel. First let's ask them, what do they think? What are their thoughts? What are the things? Okay? So that's pretty much what I would do. So that, Kevin, these are my, I guess opening thoughts. And then I would just double down on what you said: build better patients. That's what we're here to do. You don't get the gift of a great patient falling out of the sky. Okay?

Instead, you have the privilege of taking a person and molding them as clay, pouring into them, making them feel as though they deserve something better in their life. And then showcasing for them all of the great opportunities of the ways that you can make an impact and what that will mean for their life.

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Scott:

If there's one thing you're going to tell people, you don't tell them what they should do, tell them what they deserve, and tell them what the outcomes and the benefits will be as a result. Those are the things we're sharing with people.

And finally, I really will be done, let your patients give you all the answers. And the point of that Monday Huddle, and the way Kevin set this up, is that the answers have to come from the people; because they're not going to buy your answers. They're going to buy their answers. And they can nod their heads, they can listen to you, they can agree, they could even give you a clinical yes. Until they take ownership, until they grab onto the responsibility, until they can feed it back to you, it hasn't literally become theirs.

And we need it, as Kevin loves to say, I don't even remember how he says this, but we need it to be more than an idea and something that we can all logically agree to. We need it to be a visceral, emotional commitment from the patient. That's the ones that those patients are going to invest in. That's the ones those patients are going to go out of their comfort zone, and they're going to do things that are inconvenient, that they may be even a little fearful over, and that require the, in many cases, the pain, discomfort, of figuring out how to invest, because they were committed. They're not going to be committed after all that shit's figured out because you're missing the point. They're going to be committed before. And when they are, then getting all those ducks in a row, it's actually just a formality. It's just a facilitation of two people who are committed to an ultimate outcome. Kevin, I went all over the place there and I probably shifted topics six times.

Kevin:

Listen, I love it because you're basically setting up this stage for so much possibility, so many opportunities for everyone listening to say, "Scott traversed seven things, we feel good about six, here's the one." That's what I love. Or, "We got none, let's do them all!" That's the beauty of it and that's why I like to be able to keep things at the level that we do and how we start broad and then we pull it in. Because as I'm taking notes here, as you know I do every time, your two points are beautiful.

Obviously those were inserted into our notes because I read about them as you were describing them. Lead by listening—friends, the most influential people, I have written about this as well, spoken about it, endless times is this: those who speak the least have the most influence.

And I know that it seems crazy, yet it is the truth! Because when you ask interesting questions, when you are curious about a human being so that you can piece together the puzzle, like putting together a comic book story frame, and being able to show beginning to end and where they want to go, using the individual's own thoughts, ideas, words is so powerful.

And this other one here of receive the feedback before you give the feedback, is completely in line with the lead by listening. And I find it exhausting to be in a conversation where you can't even finish a thought. You begin speaking and someone just cannot help themselves but to start talking when it isn't an

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Kevin:

appropriate time to talk. And if you do that with people you're trying to influence, in our case, we are trying to influence patients.

If we don't allow patients to finish their thought, if we don't allow them to extrapolate on something that they give as a brief explanation of, we're not going to be influential. In fact, people will get to the point where they stop listening, and then the only way they know that you stopped talking is that your mouth stopped, because they literally don't even hear any words.

So friends, if you do that, and I realize a lot of it is you're anxious, you're excited, you want to solve problems and all these kind of things, yet there's a pace to it all. There is a journey you have to take and to have the patience to come in on cue. No different than if you're in a Broadway show or a movie or anything of that nature. And so what I would say here is, Scott also started going to this topic, I wrote on this topic actually just recently a week or two ago, where there's wisdom lies in a balance between logic and intuition.

And what I expanded upon in that is so many people respond out of emotion, actually "react" would be a better way to say it, that we always want to keep that in mind. Because if we try to be so logical, so technical, so smart, the patient is going to go the opposite way. Right? So they're going to then rely on their intuition and say, "Well, is this right?" They're not even thinking about the factual side of it.

And so it's not just a one-way street when it comes to wisdom is in the balance of logic and intuition. It is you push and pull it within conversation, within relationship with others, which is something advance not a lot of people talk about. They tend to just talk about you in general and how you process information, make decisions, things of that nature. So keep that in mind. Right?

That's how the forces in the world tend to work. And I'll give you an example real quick and then I'm going to turn it back over to Scott. If you're putting this into a practical sense and let's say that on my mind I have three things that I would love to tell the patient right now, yet if I use my own words and with my own timing and motivation, they probably aren't going to hear it.

So then what we want to do is we want to craft questions and leading statements that will lead the patient to identify, say, or at least bring up the three points that I want to make. So then when they do that, you can say, "Patient, you did a really incredible job and you want to know why? Because there were three things that I wanted to talk to you about and you've already brought them up."

So now you get to take the three things that you believe are the most important in influencing the decision. You get to add to it what the patient has already said because you guided them, you led them to bringing their perspective into the conversation you want to create. And then voila, you get to give them their own words back on the points that you want to make, thus making it more personal. Scott, back to you.

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Scott:

Well, listen, I love that you brought it back, practical. And you always do that, give people actually something to do. I'm just hyped up, but Kevin, here's a couple key points. Okay? First of all, I love how you congratulated the patient. You reaffirmed basic good behavior. So team, there's three things that I think it's so vital for you to just remember in terms of muscle memory.

If you were going to build a routine, I don't know what it would be, but let's say a basketball player going to shoot the free throw, they do certain things every time. A baseball player, swing the bat, every time. We need to build this into your every time. So your every time, okay, is number one, always some kind of positive reinforcement for the patient no matter what it is. They're here for a cleaning, they're getting their sleep appliance, they have an emergency. Whatever it is, they're here to do some dentistry.

They call you on the phone, always start with, "Great." Right? "This is a great thing you're doing here." It's like, "Patient, man, so great to see you. Congratulations for making an awesome step, forward progress for the future of your life. You are in great hands here with us and we just appreciate you coming in." Okay? Or, "Patient, hey, good to see you again. Boy, this six month thing comes so fast, doesn't it? But it seems like we just saw you other day and we really appreciate that you prioritize yourself and your health and you come here and let us have the privilege of caring for you."

So something that in the old days, this would be called soften the beachhead. We're just going to warm them up and we're doing it in a way that is genuine, it's authentic, but it's your every time. It's every time.

The second part, which is really Kevin's point, is now we're diving into "begin with the end of mind" as well as focus on what's the ultimate outcome that we're after here in this visit. You have to make sure in your morning huddle, no matter what side of the practice, no matter what type of practice, no matter what a patient is doing, you must muscle memory yourself to know what's the desired outcome. What are we actually going to do?

Again, it doesn't matter to me if you're delivering an implant, if they're getting their fixed arch, if you're giving an impression to start Invisalign, if you are placing some crowns or you're prepping some teeth. Whatever it is, once you reaffirm good behavior, reinforce positive things I said earlier, next, you go back to, "Okay, what's the objective today? Is it get a testimonial? Get a review? Is it get some cash? Is it complete the treatment plan? Is it settle another case? Is it to prep them for the next treatment conference? Is it referral conversation?" Whatever it is. And then you're going to insert after positive reinforcement, bam, the next piece, what you're going to do. And that then leads us into question and engagement. So we have warmed the patient up with wonderful praise.

We have anchored the patient with subconsciously, okay, but yet transparently, what's the outcome we are after? And then we rolled into our, as Kevin says it so beautifully, the curiosity, the inquire, inquisition here of the

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Scott:

patient and understanding more details, whatever that's about. It could be as simple as, "What have you been up to? How have you been?"

Or it could be, "Wow. So what have you been thinking about since the last time you were here? Last week we discovered so much with the doctor, really excited to get you healthy." Or, "Okay, what have you been envisioning yourself once you finish off the Invisalign?" Or, "I bet you've already started having some better quality sleep lately. Can you tell me more about that?" If it's a new patient, it's very simple and we have 10,000 pages of things and videos online to help you with the new patient piece.

But with every single visit, you're making sure you do this. The same goes for every phone call, okay? "So happy you called. We're going to make sure we take great care of you here today and learn more about your interests and goals so we can best serve you." And then questions, right? So everything follows those three steps, and that's just when you begin. What I just did at the prelude, you haven't even started. Now the questions make it all about the patient.

So often people go straight to their checklist, they go straight to the protocols. Kevin, it's so funny, I just had this actual live experience, and people, they were so caught up in their goddamn policies that they were missing the point of the performance. I didn't give a shit about their, what they think the way it's supposed to happen. I cared about what was happening. And they were so distracted.

And in dentistry, we get distracted by the schedule, by the clock, by the protocols, by the checklist, by all of these policies. In fact, Kevin, we, our team, we changed people. You know what they used to send out? They used to send out the HIPAA form, the insurance form, and the, "If you don't pay us to review, cancel your appointment form." That was their idea of a "Welcome to Our Practice Kit." I'm like, "Seems real welcoming!"

Okay? So instead of a wonderful patient-first welcoming process, we have a prison system policy intake protocol. Okay? It's nuts! So the whole idea about this was make it 100% about the patient. You have to restore the order of what you focus on and when. And then the last part, which is really what we were supposed to be talking about, is once you dive into the questions from the patient, everything revolves around getting them to share with you.

And Kevin wrote it very nicely, and maybe this is something I said in the huddle too, but is that it's not about how much information we give them, it's about how much information we can get from them. Okay? So in life, we love to give, we love to give, but in dentistry, we need to get. Okay? We need to get and gain trust, get and gain information, get and build rapport, get and establish engagement.

And so really, the secret to success of every patient experience is not how much we provided to them, it's how much we were able to extract; so that the more that patient shares with us, that's the listening and learning in order to

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Scott: then lead the patient forward. That's where it's all at. This is why we say slow down the pace, engage with the patient, ask more questions, get more information.

A lot of times doctors feel as though the more they can tell the patient, no, the less you can tell the patient, actually the better. Less is more. Because instead we want more feedback from the patient. We want more telling from the patient. That's going to give you much more moldable clay. The more you talk, the harder the clay becomes. Okay? The less you talk, the more the clay's able to move.

So I want to really think about that in every instance. It's no different than in a financial presentation, we're going over the investment structure. It's more about the patient. They have challenges, they reach an obstacle, that's okay. Don't run back into the obstacle. Help the patient maneuver around the obstacle, again, by guiding and getting them to come towards you by way of information, by way of question asking. Okay? Kevin, I'll let you finish this off here with some specifics and make all this more sensible.

Kevin: Yeah, I love it. And I'm going to offer a number of additional points that are going to seem a little bit all over the board, yet I promise you they come together. Scott, what you said there was so powerful when you said get to give. Because a lot of times people aren't thinking that way, right? Because when we say, "hey, go get something," it seems selfish.

In this case, we are being selfish on behalf of the patient because the patient doesn't understand what is necessary in order for them to be able to make smart decisions, so we have to create that opportunity for them. Thus, we have to get it from them in their own words in order to give it back to them in a logical, keyword, and emotionally connected way so that they can look at it, trust their gut intuition and say, "Yep, that's it for me."

So do you see how this comes full-circle and why making certain that we are thinking of things from the standpoint of too much logic, too much intuition, too much emotion, whatever the case is, we find that balance? It's not a perfect equation. It's we've got to trust our own process and we have to trust that we're leading people there.

You can play the game. So when we were together just a day ago, a day or two ago, here for this training event, one of the little games that I played and we had a lot of fun with it, was with one of our practices, I said, "Okay, you tell me what you say and I'm going to tell you what the patient is hearing." And everybody, we got into it, we started laughing, the whole deal. "Oh my gosh, here we are. We're thinking we're saying X."

And I'm responding by saying, "Well, here's what the patient thinks." One, because I'm a patient. Number two, I am also somebody who tries their hardest to look at everything, doing my best to be able to see it as how someone else is going to hear it rather than how I'm hearing it. And it was interesting because without me having to say anything more, they said, "Oh,

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Kevin:

we got to say something a little bit different. We need to change that up because that makes a lot of sense.”

So it was a fun, we had fun with it. And it wasn't like, “Oh, you guys are doing a terrible job.” It was, “Wow, that brings some clarity to the patient's mindset.” Because sometimes we spend so much time in trying to be perfect, and trying to have the most amazing words and all these kinds of things, yet sometimes we're not taking a moment to just say, “Okay, how is it being interpreted?”

So that's a fun little exercise that you can do when you go through role-playing or you're talking about specific verbiage changes or things of that nature. So be aware of patient's perspective. If it's too hard for you to be able to do that, then get someone literally to come in who doesn't know what you're doing and just say, “Well, what do you think we said?” And have them give you those observations: simple and replicatable.

I used this term most recently again here at this training event—it's interesting how this is all coming back right now, Scott. I used “simple” and “replicatable” probably a half a dozen times specifically to say, “Friends, you're making it too complicated. It's going to be hard to execute if you don't make it simple and replicatable for yourselves.”

And we did this as we were discussing two doctors alternating on hygiene exams and things of that nature. And they were putting so much pressure on the hygienist to have six or seven different ways to do a triangle. And I said, “Whoa, whoa, whoa, friends, let's pull this back for a minute, and let's instead of trying to come up with six or seven ways to do it, what if we readdress and reappoint when it happens so that it actually can happen the same way each and every time?”

So we went from a triangle at the end to a triangle 30 minutes in, so that at 30 minutes, the hygienist can say the same thing: whether there's nothing to say, a lot to say or anything in the middle. And they looked it and they said, “That was it!” And they were appreciative. They didn't feel like they were doing anything wrong, it's just they weren't able to see it.

Their intentions were in a good place. They were trying to be custom, they were trying to really be paying attention to the patient, yet they were making it more complicated. So friends, also there, keep it simple so that you can replicate it on a regular basis and become masters at it. Scott, final words from you and then we'll wrap this baby up.

Scott:

Final words is, or are, listen to Kevin. That's the final word. I want you all listen to Kevin to make sure you follow through. Yeah. I mean, we're always over time, but I was going to just make the final two points, Kevin, were: read the Monday Huddles every week and practice them.

But I was going to say, don't forget about the power of storytelling. So when you have a patient who has shared with you, give them reassurance. It's, “Great, totally understand.” Or, “Tell me more about that. Ah, I see. You know,

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Scott: it's really interesting you say that because..." And then you integrate some kind of additional story from a patient who you have already served their health. And just remember, the more you get the patient to share with you, the more they know, like and trust you. Right?

And you could talk about, I always joke about this, but I am serious. The more dentistry you talk about, the less dentistry you'll do or sell or whatever you want to say. The less you talk about dentistry, the more dentistry you'll be able to do, because you're making it about the people. You're not about the what, but about, as the saying goes, about the who. So just think about that, please, in every case and have fun with this. This does require you to be on your game.

This does require you to be fully engaged with people. If you want engagement from them, you got to give engagement to them. So that's all we have to say, all that we have time for, but this is the main event. This is the fun stuff. It's like I can throw out lots of sports analogies, but keep your eye on the ball. Just make sure that this is what you are excited about and love doing, and hold each other accountable in your morning huddles and your end of days, and bring this baby to life, one patient at a time.

Okay? Remember that starfish story. Leave it all in the field and do everything you can to build a better patient. Okay? Not just because it will be better for you, but 100% always because this is what's best for them. And they will never know it until you enlighten them, and you're the only ones who can do it.

So they're in good hands. Okay? Your hand, long as you follow all these things that we're saying. Thanks so much, Kevin. Appreciate all the effort you put out into these things and expertise that you share with people in a very comfortable and approachable way.

Kevin: I love it, my friend. Well done. And I'm going to end with Scott's own words from the Monday Huddle: "By focusing on gathering more relevant information and making deeper connections, you'll improve patient retention, increased treatment acceptance, cultivate more referrals, and ultimately provide more meaningful dentistry."

Last two words, most important for me: meaningful dentistry.

Friends, let's go out and let's create more meaningful healthcare for those you choose to serve. Thanks everyone for listening in on the latest edition of the Dental Success Today Practice Profit Accelerator podcast. Have a productive and profitable month. We'll see you again soon.