



Practice Focus

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Series 3 Team Mastery

Session 2 Mastering Insurance

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Hello, everyone, and welcome to your next Practice Focus session. We're now turning our attention towards some very specific areas that all teams encounter, and benefit from committing to mastering for your daily success in helping your patients get healthy.

Over the next several months, I'm going to bring you critically important points of engagement with your patients, that you will work to role-play and create predictable and consistent outcomes for each of you, so that you have unified fronts, with communication and expectations for each of your patient dynamics and team member responsibilities. In addition to this, I'm going to give you one core success trait that all teams should possess, and give you some talking points to open up discussion and improve your teamwork, in general and to better support and strengthen each person's confidence and ability to perform.

To begin, why don't we go where no one wants to go, and we're going to talk directly, bluntly, and specifically about how your practice discusses, talks about, uses, and / or avoids insurance. I know, there is no more painful topic. Probably nothing that you can think of is rather discussed least than insurance, but first thing's first, okay, we're going to go where all patients' minds are already at, at least those that have it. Now, I want you to, before we do anything else, to assess exactly how much of your practice and your patients are tied down to and dependent upon insurance. We're going to hit the ground running and waste no time. I want you to understand.

Most practices do not realize what reality is. They don't realize how many patients are not attached to insurance at all, how many patients are using insurance in your practice, or how many patients are tied to some specific networks. It's really amazing. Now, you may be the outlier. You may be the one where insurance has taken a stranglehold against your practice, and you may be the opposite of that, with completely fee-for-service and insurance independence, okay? Which I have a lot more information coming to you about that very soon.

But I do want to emphasize to you that more often than not, I look at the insurance contribution within a practice, I look at the percentage of patients attached to insurance within a practice, and it's always surprising, in a good way, that there are many more cash patients, or out-of-network patients, or patients that are basically fee-for-service structure than there are not. If that isn't true, we need to make a strong effort to go to work on that, on the external side of the practice.

Nonetheless, you need to know these percentages: patients not attached to insurance, patients using insurance in your practice, patients that are on whatever particular networks, okay? Now, this is easy if you're exclusively and completely fee for service, and even easier if your patients are paying up front, and you're not filing, billing, or dealing with insurance at all.

However, no matter the answers, or decisions, or insights gained from this, it is very important to know and understand that patients in general, who have insurance, are still making decisions based on their insurance benefits, though it's hard even to say that word, because you know, it's not really a benefit. What is it a benefit for? But, the bottom line is it's more like a detriment. Still, patients are insurance-minded, if they have insurance in their life at all.

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I often have doctors express to me that their fee-for-service practice feels more insurance driven than the insurance practices. Okay, if you're signed up for every PPO, you often see a difference in the mentalities versus the patients that are expecting a deal because they're not in network. You really have to decide at what level each and every patient is seeing, perceiving, valuing, and the reality of the mentality in their minds about insurance. Remember, what is their mentality?

So today, I want you to have an open discussion about how you discuss and talk about insurance with your patients and make certain that everyone is on the same page. The entire point of this is so that we can begin to shape, change, and elevate the mentality of your patients so that they will accept the comprehensive treatments as you choose to present.

Now, you may have in and out-of-network patients. Most practices have both, so you do need somewhat different verbiage for each one, things you may have to overcome or not overcome. You're not off the hook if you're in-network. The patient's still going to want to suppress the overall treatment. Very important, okay?

So, I'm going to walk you through some examples, and then you will go to work to build your own protocols, and to bring everyone up to a level of confidence and competence towards how you all agree to deal with and answer and talk about insurance. First, you must know that if you use insurance at all in your practice, then it is very common for the team and the doctor to bring it up far more than any of the patients do. Sometimes, you might not even realize you're doing it. Please, I want you to stop. I want you to commit to not interjecting, engaging, mentioning, bringing it up in any shape of the word, insurance in the patient's mind, when it comes to treatment decisions.

Now again, if you're taking insurance, there's going to be other strategies that have to be dealt with. Even if you are, you need to be mindful about where you place the emphasis. It is so critical that we emphasize the focus on getting every patient to make a health-based decision and not an insurance and money-based decision about their goals, visions, state of ideal, optimal health, treatment plan, smile, et cetera, et cetera. Let's not let the patient shape the treatment planning. Let's not let the insurance shape the diagnosis. Okay, please? It's very important.

Let's begin on the phone. Okay, you have choices to make here. When you are asking for insurance, if you are, are you verifying it before they come into the office? Is your current process and approach, is it working? Then we need to understand how, why, and in what manner. What is sabotaging the patient when they come in the practice? If they're not pre-verified, preauthorized, ready to make a decision, because you know their benefits, or because we're bringing it up too early, and then we're having to overcome other obstacles. This is a strategic decision. It is not one that somebody can force upon you, even me, okay? It is something that must be discussed and then must be dealt with in a competent and a purposeful manner, with whoever and all the people who are on the phone with the patients, okay?

Again, if you are asking for it, you need to have it pre-verified. If we're not asking for it, we need to understand what the strategy is when the patients come to the door. Are you losing patients on the phone because of insurance? And my question is how will you overcome this?

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There are many ways. If a patient asks, “Do you take my insurance?” the best thing is to control the conversation, like I’ve already taught you many times before. You ask who are you speaking with. You go back to the reason why they called. They didn’t call to find out if you take their insurance. They called because they obviously need to come see the dentist. So we need to reframe and refocus on the purpose of the appointment.

Now, if the patient is adamant about insurance, you say, “We take all of the insurances. We can help you maximize your benefits.” If the patient says, “Well, are you in my network?” you say, because you don’t want to trick them, that, “Well, we are not in a particular contract with your insurance company, which gives us full freedom and flexibility to practice what we call customized care. This means that your doctor and you, the relationship that’s between the two, and then you get to decide what is in your best interests, not something the insurance dictates or the insurance will not allow.”

Now, you can take that conversation anywhere you want to go. The most important aspect of the conversation is it must be handled confidently, confidently, okay? You have to make sure that you’re strong and clear in your answer, and that you spin it as a positive, again and again and again. We have so many people, a patient asks you a question, you give an answer, patient hangs up the phone. Or, we spin it as a, “We’re not in network,” like it’s some kind of pride, but it’s not a lot to be proud about if you lose all the patients, okay?

It’s very important that no matter what the insurance strategy is, in or out, all or none, okay, some, whatever, that you are handling it in a way that makes it a positive to the patient. That’s the secret. The patient has to understand you’re doing it for their benefit, which you are.

Now, every step affects the next step, so the phone begets expectations whether they’re stated or not, about what happens when the patient walks through the door, so we need specific decisions about this, so that everybody’s on the same page. And if for some reason you have some challenges or you want me to be the veto or the deciding vote, I’m happy to do that. It’s so important that it’s defined, and if you’re very confident, which you should be at this point in our relationship, about how you’re dealing with things, then we still need to assess how well it’s going, and if we’re losing patients on the phone. You should not accept the fact that just because of your insurance decisions you’re automatically going to lose certain people. You must take care to reframe and reshape, and really condition the patient to be a better patient.

On the phone, if the patient brings it up, the main goal is to get them back to the main point, like I said, about what they’re calling for, and how you can help them. And in the worst case scenario, you may have to educate and explain why you handle insurance the way you do, and when doing this, you can’t be bashful or timid. You must be direct. I want you to practice this now, okay? Take a break, practice, role-play back and forth, and really come to some definitive method of how it’s going to be dealt with, and let’s stick and assess. Unless you’re on the phone, you don’t know how well it’s going. If you’re on the phone, don’t take it critical.

Bottom line is how many calls do we get and how many people schedule? Don’t say that you don’t want patients that are insurance patients. Insurance means patients have a job. We need to take full advantage of the situation, and it’s really ... Whether a patient is in or out of the network you have, or whether you have none at all, you cannot look at his insurance as

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an elimination factor for your patients. That has nothing to do with it. What has to do with it was how they make decisions, how they buy, view, and value dentistry. That has nothing to do with their method of payment.

Now, the other two places where we will play the insurance game today are going to be during the treatment discussion and the diagnosis, and when a patient brings it up. **If they don't, you shouldn't ever.** Remember that, okay? That is really easy. It's so simple. I've given you my two magic sentences long ago if the patient does bring it up, but you should never bring it up. Any time a patient interjects insurance in the operatory, in the treatment discussion, in the diagnostic process or exams, or in any other manner whatsoever, you remember to say, **"Great news, patient, okay? I or our doctor decided a long time ago we were never going to let insurance stand in the way of doing what's best for our patients,"** or, **"We're never going to let insurance get in the way of helping our patients get healthy."**

It's just real simple. "Okay, back here, the conversation is about what's in your best interest, what's optimal health for you." And if the patient says insurance again, you just, **"Listen, honestly, we don't know, and we don't even care whether insurance covers it or not. That's the good news to you, because we're sitting here focused on helping you get to the state of optimal health."**

Now, if you want to be more direct and blunt, which you often have to be, say, **"Patient, listen, I understand why you're asking me, because you know, it's not your job to know about it, okay, but I want to tell you how insurance really works. Insurance is about a maintenance method. It's for hygiene and an emergency crown if you break a tooth once a year. What we're talking about here today is restoring your mouth back to a state of optimal health, which is what you deserve it to be. No insurance, nor anyone or anything on the planet, is going to pay for and invest in your health other than you. So if it's alright with you, let's focus on the vision that we have here for your goals and objectives, and then we can circle back on the insurance when you talk to our amazing business team and treatment coordinator, who's really going to be a master at making sure that we get everything we can out of all you got."**

"Now, treatment here is very affordable, because we believe in doing as little dentistry as possible, so that you can keep the teeth God gave you."

I love that saying, okay, because no patient wants to really lose their teeth, okay, **"But we have to be preventative in nature, proactive with the problems you have."** Now, I just re-summarized the three or four or five really important statements that are not always said at one time. They're used sparingly and situationally, based on what a patient says to you, but it's so important you study. You can go back and study our original objections, okay? Practice Focus, long ago, was with very specific objections. Now we're diving deeper into the heart of the matter of the most important aspects of patient communication, that I'm calling the team mastery session, which we have to take care of.

If you're handling these haphazardly, you're leaving a lot of treatment in their mouth, and you're leaving a lot of patients behind, and certainly you're leaving a lot of money on the table. So it's so important, okay? Remember, remember. You do not want to bring up insurance. If it is brought up, you use the two magic sentences to get it out of the operatory and focused back on the treatment plan.

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Now, it's very important that the question is whether or not you're using any methods of dealing with and talking about insurance with the patient when necessary. When a patient asks about insurance covering it, what do you say? What do you all want to come to a consensus on that is going to be our modus operandi of how we rebuttal and deal with it? Because we don't want she said / she said, or doctor said and this person said, okay? We want to make sure that we're setting up the patient for success by everybody being on the same page when insurance is discussed.

On top of this, you can also, only when necessary, reference and teach the patient what insurance actually is, like the example I used about the maintenance and about buying their way back up to health, and many other things. Some people like the term a coupon, a supplement, a bonus. I call it free money, okay? However you want to do it, it needs to be the same throughout the practice. On top of this, we also want to be very blunt about insurance, that it is not supposed to be taking care of their health. They are. It is only about maintenance mode once a patient is optimal health and just cycling through hygiene visits every six months.

Now, all of this also applies to the third area of the practice, where insurance is a major issue, and it can be a setback. That's during the treatment presentation, and the discussion of money, and the investment, and the scheduling. As you remember, the key is not to focus on the insurance at all, okay? What you do need to decide and reflect on is how are you showing the patient the insurance contribution, and what are you doing to make sure the steps, and stages, and visits of treatment are not organized by insurance contributions, but rather on the full-mouth comprehensive vision.

Now again, there's plenty of resources and training available and verbiage to the things that I've provided you in the past. What I'm looking for today is for all of you to role-play together the way you're going to tackle the insurance. Somebody play patient on the phone with the people handling the phone, okay? Somebody play patient in between the clinical team, hygienist and doctor, assistant and doctor. It's very important. I want actual, real role-playing of this, not just writing stuff down on paper. I want it to be real, so that there's practice, and that you're honing it and making this muscle memory, immediate reflex, confident and competently overcoming and engaging and dealing with insurance.

If you have to be bashful, if you shy away from it, if you play defense, you're going to lose, okay? It's not going to come off like the main point is the value of what you're here to do for the patient's health, not about how they pay, or you're compensated, or what their insurance covers.

Ultimately, somebody needs to play patient also, and doctors especially need to be engaged in this part, because you probably have no clue how it's being done with the presentation of treatment, whether you're using pictures, which you should be by now, or you're using treatment plans, or a combination thereof, where you're outlining the insurance contribution. It ideally is done with the way I teach you, with photographs, a pad of paper, treatment plan off to the side, okay? Total dollars of investment, with insurance removed from that off the top as a coupon, down into the total responsibility the patient has. If you move seamlessly through it, which we practiced, we practiced last year many times.

But today, I want everybody on the same page. The three key areas within the practice that insurance is brought up, I want it mastered. We're committing to mastering it, overcoming it,

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getting to comprehensive treatment, and you really have all three different scenarios. You have the phone, the operatory, and the presentation, the three major places where insurance discussions come up, okay? On the phone, we got to get the patient in the door. In the operatory, we got to get the full-mouth vision. In the presentation, we have to get the money out of patient's pocket to buy through the pathway to health. Very important.

Now, while there's very few, sadly, who are listening to this who do not deal at all with insurance inside of their practice, remember, what is in the patient's mind does control and influence their decision, so even if you have avoided and removed insurance altogether, it doesn't mean the patient has, and no matter what, you want to make sure you are often reflecting on how well phone calls and scheduling, diagnosis and case-building, treatment presentation and money are all going inside of your practice. Today is the day to talk about these and go around, team member by team member, and work to improve and competently overcome this major, and perhaps most common deterrent in the patient's mind to ante up and invest in their optimal health and full-mouth state of ideal treatment plan. I look forward to your revelations and great success you will have helping your patients to do what is in their best interest and what they deserve regardless of its insurance and its limitations.

Now, switching gears here, I want to use this new beginning to give you an opportunity to refocus on and talk about getting even clearer about your vision for your practice, each other, and especially your patients. There is no greater and more important success trait of an amazing team, doctor, and practice than the clarity of purpose, and the identity of the practice. It's the most common thing I hear from our amazing team members, is that, "We don't really know what the doctor wants, or where we are going, or even what the vision of the practice is today." And no matter how great you think you are, this can't ever be talked about enough, mainly because things change. Clinical philosophies evolve. Team members are different. Doctors go to more CE.

And above all else, you all get better year after year, and it is important to take time, for our doctors to share their vision, for everyone to come together to define success, and as a whole, to know, and to be excited about, and committed to what you really stand for, and what your practice is about. Take some time to get clear on this, and it will help improve every other area of your practice, communication, teamwork, and most of all, your success with your patients. I'm excited to continue on this journey as your guide, and constant and never-ending proof of it is our motto, and we're going to have a lot of fun along the way.

Now, let's get to it. Stop letting insurance stand in the way of helping your patients, and remember your mission, and to use that to fulfill your purpose, to live your passion, to create your practice profits, so you can all enjoy the rewards of the life-changing care you provide.