



Practice Focus

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Series 3 Team Mastery

Session 3 Building Value (Part 1)

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I'm back!

Welcome everyone to an amazing, amazing Practice Focus session that you're going to absolutely love because I believe it is absolutely the number one most important topic. Seriously. It is. So let me just say before we dive in, because we're going to go fast and furious today, your time is valuable and I got to leave time for you to be able to talk to each other.

I want to say great work last month, great work. You really made it count and I'm not kidding. Insurance robs you of more opportunity to help your patients than anything else out there. But, at the end of the day, you know you do let it happen, you roll over and play dead and just give up on a conversation that is really very easy to handle and very obvious to present and educate your patients on. It's just easy if you only decide to make it a nonstarter with your patients and you take the high road literally and call it what it is.

Now, those of you who really took this to heart last month and you have a legitimate strategy protocol and everyone is on the same page with your insurance approach, you will be amazed at the outcome and results and how much more easily you gain case acceptance on the things that patients otherwise said no or not yet, or I'll wait until the next year, et cetera, et cetera.

Now, today we go back to the battlefield of the single biggest reason why patients give you as to not doing treatment, or at least so you think. While insurance is brought up regardless of whether or not you are in or out of network, participating or filing or whatever categorization you want to give it, it still gets in the way of patients making decisions. Nonetheless, money, money, on the other hand is harder to argue because patients take their feelings and circumstances, key two words, feelings and circumstances, as fact instead of opinion, though it doesn't necessarily mean it's true. And often it isn't.

Of course you get that insurance is really a money objection. You understand, which is why we attacked and overcame that one first. If someone is using insurance as an excuse and they're actually valuing the treatment in the first place, meaning they want the outcome, they want to solve the problem you have presented, then it's really just about them not wanting to pay. It's not really about insurance. If they want to delay, it means they don't want to pay. I want you to say that again. **If they want to delay, it means they don't want to pay.**

And that means they don't want it bad enough. They don't value either themselves, the treatment, and the outcome, or they don't value you. take your pick. They just don't value something or everything. At least they value at less than they value their money and everything else they could do with it. You get that right?

So that is really a challenge we must overcome, a value challenge. That is really what we must overcome. Because this is your team mastery Practice Focus and the most advanced discussion we've ever had, I'm going to go straight to the hard stuff. We're going deep here, friends. What money objections really are. There are five really major points.

The first one is a lack of value. The number one most important, the lack of value. If value was there, then they will drive forward and help you help them achieve the objective.

Second one is a lack of urgency. We'll be getting into more depth and details on this one

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soon, but I have to say it's very simple. If it doesn't need to be done today or now or soon or timely, then why do it? You must provide urgency. Now, urgency doesn't have to be your mouth is in such a state of un-health that you're going to die if we don't finish this. No urgency can be, listen, life's short. You want to live with a beautiful smile longer, okay?

People take urgency the wrong way usually because they're bashful, wimpy doctors that they need excuses for not diagnosing things because they're not tough enough. It's a simple concept. It doesn't have to be a crisis to be timely. If it needs to be done, if it's diagnosed, it must be done. That's what I say. If it's diagnosed it must be done. Why? Simple. Because how long you put off doing a good thing shows how stupid you are in a sense. My team doesn't like when I use that word, but it's a simple concept. If you know something is good for yourself and you delay doing it, you pick an adjective. So urgency doesn't have to mean crisis. It can mean doing something proactively well for yourself.

The third money objection really becomes a lack of belief, lack of necessity, a lack of importance. If they don't value it, you must first go to belief, necessity, importance. There's no urgency, you must first go to belief, necessity, importance. This third layer of money objection is so, so, so powerful. I want you to really elaborate and study this.

The fourth one is the lack of trust. Of course, trust rolls up to all these others. You understand.

And then there's the lack of deserve.

So again, you have to look at the hierarchy of true money objections. The only major one you can't overcome is if they literally have no dollars. But most money objections really fall within one of these five hierarchies of issues, all of which you can control and deal with. This is also why I believe you must move beyond problems and get the possibilities and move beyond treatment and get through benefits, outcome results and therefore lead directly into building the value to the patient, by the patient, about the patient, for the patient. Everything in your experiences about this.

Again, the value from the patient's point of view and perspective. It is as important about what I did not say as to what I did say. I did not say the value of the treatment, the value of the dentistry, even the value of the doctor. Patients folks, patients. More talk about them and less talk about anything and everything, anyone and everyone else.

Now, this should open up a very, very big discussion that you can all have with each other about how you let money sabotage and get in the way of your discussions with patients and your experiences, your education, process, material, engagement, your diagnosis and overall presentation and case acceptance with your patients, from start to finish, A to Z.

Now, before I turn you loose, let's walk through the steps of where money creeps in. On the phone. Now, I respect our phone people because you have perhaps the hardest job there is because if it doesn't do a good job with you and the patient on the phone, the patient never makes it in to do anything else. The bottom line is not the phone. It's very simple. You must redirect. Patient asks about costs of anything. First of all you never use the word cost. You return the word investment in your health but you simply remember the phone protocols from last year.

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You ask their name, you ask why they called, what their motivation is, you dig deeper into their problems. And you simply say listen, I can give you any money, prices over the phone, it's fine. But I'd be lying to you. Because until we take a look at your mouth then nothing I say is going to matter. And most importantly what you want to know about our practice is that money is not the relationship between you and us. Really your health, the trust that we build all together to do what's in your best interest is what ultimately matters. You have to redirect. You never want to be quoting fees over the phone. It's actually very easy not to do this and you always just tell the patient the truth of why.

When do the interview, the interview process internally face to face, again, if a patient is bringing up money that early, usually they don't, usually don't but they might do that if they're concerned about it or whatever. All you have to do is reassure them that the best news of all is that we're in a relationship here and we're committed to helping you to get healthy based on whatever that means to you and we have so many affordable options. Honestly, money is the easiest part of everything that we do here because we're really great at helping our patients. That's the key.

When you move into the diagnosis, you must remember to never prejudge the patient, never diagnose the pocketbook or the insurance money, you focus and optimal health. Do you understand? If a patient is engaging about money questions while you're talking to them about the treatment, about the big vision, about the big picture, you have to let them know, like I always say, remember patient, a long time ago we made a great decision that we were never going to let money stand in the way of doing what's best for our patients or helping our patients get healthy. That when you're here with me, we're going to do what's in your best interests, what's optimal for your health and we'll figure out the money.

I promise you we're not going to let money stand in the way. We're not going to let you settle and we're not going to treat you differently just because of the money. That's the key, and that's why our relationship is so powerful. Again, you never want to let the money step into the middle of what you're doing with the patient. You step around it, you can redirect it and you can re-ask questions. I'm just giving you right now the truth telling statements if you have to use them at the end of the process.

Now when you move into solutions, that's usually the place where the patient going to say, well, how much is it going to be? This is the one point, the one point where for people who know what they're doing, it's fine to say, well, you know, generally speaking, the kind of solution we're talking about, if we're talking about full mouth, implant, smile makeover, if we're talking about appliance therapies, whatever we're talking about, then we can give a range. Generally speaking with what we're discussing here today and they'd be looking at somewhere between this and this.

Now, the best part is that we have so many creative ways to do it. That's why here we're just going to make sure to make a decision about your health. Quite frankly, we could never put a price tag on you, your mouth, your relationship with us and ultimately getting healthy. You know as well as I do that any amount of money, would be worth what you're wanting to do here.

Now we understand money's money, doing something that's affordable for you that doesn't compromise your health or our standards is ultimately where we want to end up. Does that make sense to you, patient?

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When you move into presentation, that means the solutions delivered a clinical yes, you've overcome money in the operatory and you go to presentation just to follow my measures. I'm not here today to repeat my overcoming money objections where you asked the patient hey, would you please help me understand what do you mean by you can't afford it and would you please tell me what would be possible for you to do so that we can then base our next steps and the priorities of your health and or treatment plans around what it's going to be feasible for your budget. At the end of the day patient, you get paid to do what you do, so do we. I understand that money is money. We are in a position to be able to help you and our commitment is to get you healthy. We have many financial tools and resources to do that with. What I need to know is where you stand with your desire to achieve the ultimate outcome that you and the doctor have agreed to.

Now when you go into scheduling, very important that you do not let the money dictate the scheduling. I'm going to flip that back around and say don't let the scheduling dictate the money. So these are the two places where we end up with the biggest problem. Either one, patient can't afford it so we default down to the lowest common denominator. We end up scheduling a bunch of single pieces in the schedule and we ruin our ability to grow the value-based production and the collection flow. So it's important that we work with the financial tools to chunk down treatment. If they can't do the total picture, we break it down very slowly. So we still have the biggest pieces possible.

The other thing is you don't want it to fall to the steps on a treatment plan or scheduling the next appointment before you've dealt with money because there again, you now end up in a situation where it's schedule and then get paid versus paid and then get scheduled.

Now finally insurance again, well, we handled that last time, but insurance will still creep into the money conversation and it will dictate how the patient perceives the treatment based on how you laid the insurance into the money discussion. So please go back, revisit presentation videos, even last month's Practice Focus plus actually the subsequent years where we've talked about presentations and money and especially last year in the role-playing. It's very important that you do not do all this work, all the six steps leading up to this one and then you let insurance blow up everything by the patient saying oh well, what's my insurance going to pay?

No, we should be long past that point of the discussion and how you layer the insurance in at the very end when you're dealing with scheduling, that's another reason why it's so critically important that the next appointment is not the free one the insurance is covering. The next appointment must be something bigger, bundled or whatever. Of course for our specialty practices, this is easy because you're usually dealing with it all or nothing scenario.

Now, there you have it. While we could go further into the nooks and crannies if each of these, this gives you a great starting point, a great starting point into doing a better job and to taking more control and not letting money get in the way.

What I want you to do for this month, since I've basically done the heavy-lifting for you, is to open up and roll play through each patient engagement point with each other and give your own money objections and work together to build confidence and consistency in how you handle them and move past them. And whatever you do, you must get to the point that you do not let the money, you do not let it stop the progress and diminish your success of building the case, keeping the patient committed to progressing forward through your

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experience and on their own journey through and to their pathway to health. How you handle your part directly impacts the success and the advantage you're giving to the next team member in line with the patient experience. Now get to work on this please.

The second assignment today, which is going to piggy back on last month's discussion about clarity of mission, vision, purpose and overall practice goals and objectives, I want you to take this conversation, do a deep dive into value. Value. As one of the most successful doctors we have always says when he lectures and he recites this to his team every single day. He says cost, price, money, fee is only a problem for your patients or anyone when it is in the absence of value. Dr. Daniel Klauer, I steal his line because it's the best one I've ever heard.

So I want you to take that literally. I'm asking each team member and together as a group to assess and articulate what you can do literally, tactically, meaning in reality, within each patient discussion, engagement, step and part of your experience. And with each patient interaction what you can do to better represent and build the value in the patients mind.

This means you will have individual takeaways, every person, every person, including the doctor and maybe especially the doctor in decisions. And you will also have team actions and priorities of improvement you can implement. The result of this much mastery Practice Focus will be a huge, huge multiplier for everything you do. You will overcome money better than ever and you will build value like never before. Those in concert become such a substantial and significant advantage on your ability to help your patients get healthy and that only happens with more yeses and more money coming from your patients to you.

And the best news of all is this: yes, even this, no different than insurance, money and value is more in your control than in the patient's, if you will only believe it to be and do what is necessary to be a leader in the lives and minds of your patients.

That's enough said for this month. Every one of you will march ahead forward together being a rising tide that lifts up everything else. And you will individually move more patients forward on a daily basis and you're going to see a compounding effect. To blast you up to the next breakthrough, the existing plateaus into one, two, three, four, five thousand, six, seven, eight, nine, ten more on a daily daily acceptance. Because this domino of money from phone all the way through the end, it culminates into bigger vision, bigger picture, bigger full-mouth treatment acceptance, and accelerates the size of the money cash-flowing in that leads to your value-based production growth in the schedule.

So, they say someone's perception is their reality. It's time for you to make their value-perception turn into treatment acceptance reality for the benefits of what the patient will receive in exchange for what they give to you. Now let's get to work and make some money magic happen.