



Practice Focus

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Series 3 Team Mastery

Session 4 Building Value (Part 2)

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Hello team and masters at patient care, healthy mouths, and airways and beautiful smiles. There was so much intense feedback and deep studying last month that I decided to add a special session and interject another Practice Focus dedicated to the money and the value-building because it really is the secret sauce to help more patients.

As we talked about last time, and we now have for really a couple years, there are very few actual patients that can't get over the money issue financially. There are a whole lot more who can't get over the money issue emotionally, in terms of value and moving forward with their pathway to health. Last month, we talked through your patient engagement from phone all the way through, and we assessed where money creeps in and what can be done by every team member individually and together to build more value every step of the way so when we get to the treatment plan and the dollars, we aren't playing defense. Done right, no patient should think it's too much or too expensive. They could have a problem affording it, but the value should be there.

This is why we have to get out of the mindset of selling dentistry and focus on selling benefits and outcomes, and, as I often say, move from problems to possibilities. There are six major pillars to this that I believe every practice and team, and absolutely doctor, can improve on. I'm going to give you some particular things to think and talk about, and then your activities for this month will follow. Everything here is about enhancing value and overcoming money before money is even involved. Next month, we'll tackle a review of actual money objections and we'll get to some very advanced verbiage, among other things, and back on track with where we left off with last month's Practice Focus.

To dive right in, let's talk about the six key pillars that help to establish and build value. **The first one is what I call the clinical creation of value.** The clinical creation could be really so many things. This is the engagement between the clinical team in the back. This is how photographs are presented and talked about. This is how a look around or touch and feel inside of the mouth with the probing or mirrors describing. I had a great example the other day where an assistant would take a mirror in the patient's mouth and talk to me about what they see. In a pedial practice, they do it with the kids, showing the mirror, showing the teeth, talking to the parents along the way, pointing out everything. This is very much an interactive method of an intraoral camera. You should be using your photographs, external and internal, in a very special way to build the value of what you're doing.

Also, when we talk about clinical creation, we have to move beyond just pointing out the problems you see. Some patients don't even have that many problems, but they got a very worn down or even broken down dentition and still have all their teeth. They could have relatively healthy gums, but they could have a lot of recession. There's many different aspects. Some people, they don't feel snoring is a problem, but with the certain apnea score, they're going to know that they're not getting a lot of oxygen, only if you tell them and educate them about it. It really comes down to the clinical creation of the value.

So many clinical team members do an amazing job, but they never carry it beyond the clinical discussion into the outcome and the benefits of solving the problem or achieving the optimal health status or realizing the possibilities. I ask you, when it comes to clinical creation, every team member should commit and assess really what your level of engagement is and if you're fully aware, attentive, asking questions, you're curious, you're listening for feedback from the patient to really see where their value perception is of what you're talking about. All the heavy lifting, I have to tell you, all the heavy lifting is done in the

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operatory when it comes to building the value before the money is ever brought up. The same goes for the phone call, for the interview, for all the things we talked about last month. Every one of these points is an opportunity to sell the value of the next step. Clinically though, bringing the vision of the mouth to reality is the most important thing you can possibly do.

The second pillar is to realize that before treatment is ever presented, ever, before it's ever presented, before money is ever discussed, there are two most powerful and important decisions a patient must make. If they're not making these decisions before, before treatment is presented, and really even diagnosis, but before treatment is presented and money is asked for, then you're making a big mistake. Those two important decisions, which are so easy, it is number one, decision the patient makes about their health, that they are in fact going to solve problems that are found, that they're not going to settle to do nothing.

One of my superstar, amazing, dearest friend doctors, and somebody who I think turns out big cases due to a powerful experience, and his team is very dialed in, he often says, Dr. Pierce, "Is doing nothing an option for you?" I love the line. Last month I mentioned about a special line from another doctor. I don't have all the answers here. I see more than anybody else and therefore can bring to you the best stuff. I can tell you that if a patient is doing nothing about their health and option, then there's no reason to present the treatment. It's very important that once value is established that you draw a line in the sand and emphasize to the patient. That's why I always ask the question. When we step back from the oral exam, we ask the patient the question, "What is it you'd like to see happen here? Tell me what you want to do about it." That is really my version of, "Is doing nothing an option for you?"

The second major decision that must be made is the patient must decide that you're the practice for them. It doesn't matter about the treatment or about the money. It doesn't matter about the next steps. What matters is about who's going to be their guide to health. If the relationship has been established, if trust has been built, if there has been a wow experience, then the patient in their mind will have already made up that the relationship with your practice is the one they want, regardless of anything else that's discussed, described, or any money that's ever asked to exchange hands.

That's a lot of pressure on you. That's something very special I've really never told you before, but if these two questions are not turned into decisions ... And they don't have to be spoken. They can be implied, but if you're presenting treatment without these two powerful and important decisions being made in the patient's mind first, you really got the cart ahead of the horse.

The third major pillar is the problems and possibilities. I've talked a lot about this. I don't know that I need to belabor the point. It's a simple concept. Sometimes problems in a patient's mouth aren't visible, therefore you have to work extra hard to be able to demonstrate them to the patient. Sometimes a patient is relatively restored or relatively in good health, but there's key areas that would help bring them to a state of optimal. This could very well be whitening, which isn't permanent, to a state of veneers or some other cosmetic enhancements. This could be the teeth are okay looking, but the arch is very, I don't know the right clinical term to say this, but it's constricted. It needs to be expanded. There's many different things where the smile can look fine, but the occlusion is off.

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There's so many things that you know far better than me, but sometimes you have to be willing to move beyond problems and share possibilities by saying to the patient, "Let me tell you something. I have a really amazing idea. Would you like to hear it? Patient, I've been sitting here looking at you and I've been wanting to say all along that there's something so special that we could do to help enhance your smile, your beauty, your health, your airway, your whatever, facial contours." Doesn't matter. You really have to move beyond this and be willing to engage and make suggestions. No patient will be offended by you saying, "Patient, I just want to say to you, I think there's really something special that we could suggest here that would really help with A, B, C, D."

It's so important, and you need to decide within your clinical philosophy and the mission and purpose of your practice what exactly problems and possibilities and that bridge between them is for you. I see so many people, they say they diagnose comprehensively, but I'm not even a dentist and I could diagnose better than they do. Many people, they put a blanket over their eyes and they see only the things the patient cries out in pain over. We really, really, really have to extrapolate forward the current state of health, the neglect, the negligence, the do-nothing, the delay, the hesitations, the watch and waits, and we really have to share with the patient what's happening in their mouth.

We also have to move beyond letting the patient settle for something less than ideal. Of course, it's their prerogative, but if they're not educated in an influential way, they're not motivated to know that they deserve something better, then you're not doing your job. This is so important. These three pillars all anchor together.

The fourth pillar is about more relationship and connection before, I say before, treatment is ever presented. Everything that I've ever provided to you, that I've shared with you, that we've talked about, that we've worked on really is culminating with this point. You have to ask yourself, what can you do to establish more, more relationship and connection? Are you following the seven key steps of the ultimate patient experience? Are you doing the nuances? Internally, are you having powerful and consistent, keyword, communication within the triangles? We're going to be spending an entire Practice Focus on triangles very soon.

The fifth pillar is enhancing your experience with proof and credibility and your level of patient service. What I'm talking about here is making sure that you're using the tools you have, things such as your testimonials. So many people, they bury their testimonials. They're on the website, and that's it, or they're stacked in a book in the reception area, of which nobody should ever be sitting in for very long. We want to hand-deliver, spoon-feed the most powerful credibility and proof-building tools for you and your patients. It's so important.

Part of pillar number four with relationship and connection is built by maximizing pillar number five. I can tell you right now that you can walk through this one step by step and you can look at what every person is doing. In some practices, we have generic posters hanging on the walls from equipment companies, supply companies they can see in any office. Listen. To run a multi-million dollar business this year, it would be well-served to customize, to put your patients on the pictures, to put up beautiful things along the hallways to describe what you do. Anything you can do to elevate the positioning of the doctor to establish more authority, but also influence and leadership, and to really accentuate and bring to life not only the experience, but the pathway to health that you believe every patient deserves.

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Nobody, probably nobody, I should say, has ever even taken my health, function, and beauty and demonstrated it. Health, function, beauty, get out of pain, airway, whatever things you want to say. We really want to make sure that you're bringing things to the patient's mind in advance. Plus, of course, there is service things that can be enhanced, whether that's warm towels and blankets, whether that's ... I heard the other day, somebody providing the flowers for valentines day or mother's day. Little nuances that you can do. Remember, you see your patients at best twice a year, or three or four times a year, and depending on if they're ortho patients. You see new patients only once unless they accept treatment and move forward. You really can't leave anything up to chance. You cannot over-do the proof, the credibility, and the service of the patient experience.

The sixth pillar, I'm just going to simply say, is about truth and transparency and better setting of expectations. My favorite way to set the expectations is before the patient ever opens their mouth or sits in a dental chair by telling them what your practice is about, what the doctor's goals are for them, after, of course, you've asked them questions and found out all about them. Last year, we did role-playing examples of this very thing. However, no one goes far enough to set strong and firm expectations.

If I were a hygienist, every visit, every visit I would sit down with the patient and remind them, "Here's what we're here to do today. This is why you come see me. You're very smart to be in the chair. Not only are we going to clean your teeth, take care of your oral hygiene, we're going to take a look around and make sure we're monitoring everything properly so that you can maintain the long term, preventative care over your mouth, your smile, your whatever." I would also, of course, integrate whatever other details that need to be mentioned related to whether we're starting... or whether we're looking for small makeovers or whether we're offering Invisalign, whatever we're doing. If we're integrating Botox, it doesn't make any difference.

It's very important, the setting of expectations for every single clinical team member is there. I encourage our assistants to bring up the unscheduled treatment, the pending work that needs to be done, at the beginning of the visit so that it's a matter of fact. This is what I call truth and transparency. We tell the patient the truth about their mouth every single time. The patient asks about insurance, we tell them the truth about insurance. The patient asks about the investment, we tell them the truth about the investment. We never hide anything with the patient because we believe that if we've done all five pillars leading up to number six, that the truth will always lead to more patient commitment, a longevity of relationship and retention, and ultimately, greater case acceptance and more, or I should say less, barrier between you and the money, and much easier case acceptance on our business team.

These apply to everything. You can look at each one of these pillars and decide what they mean to you for each position you play, each role you have in the practice. Also, seamlessly and comprehensively as a practice as a whole and really what you're doing to elevate your ability to be successful with every single one of your patients. It really boils down to these six pillars. There's no way to break it apart. There's no way to leave any of them out. You're either doing them very well, or you're doing them by chance and accident. I really challenge you to make it deliberate.

That's it. There you have it. It's very deep stuff here my friends. As always, it's not about what we talk about. It's about what we do with what we talk about. My questions and your assignments are very, very simple.

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The first action activity I want you to do before we go to solutions, I want you to make an honest assessment of any place where you feel you may be sabotaging patient outcome, inserting money, devaluing the experience, devaluing the dentistry, devaluing even the doctor.

While it's a tough conversation to have, I can give you exact and specific examples where even the best are using verbiage that turns off a patient or that seems defensive or that completely ruins the building up of the value. Everyone, including the doctor, everyone must be in lockstep on the same page in saying and supporting the driving and direction and the positive outcome of the patient experience and the decision because any one spot, word, person, gap, mistake that happens can totally undermine the patient's and your success.

Once you do this assessment, we will now move on to action activity number two. You have to be blunt, honest, and have your own level of truth and transparency in the first action activity if you're going to get something meaningful out of it. Very important. Every person with every person. The second action activity is this: I want you to take each of these six pillars that I've discussed and described in concept, as well as some tactical application, and decide specifically what you all can do to commit to changing, improving, enhancing, adding in, saying differently, etc. for each of these pieces, and then immediately take action to make it so.

It's very, very important to me that you apply the six pillars to your practice and you don't ask, you don't ask, "Are we doing good or bad?", and if we're okay, we move on. No. You say, "What can we improve? If we're going to be critical and self-assessed, and we're going to challenge ourselves to make it even better, what can we do to improve?" I can tell you the best practices, they're the ones that are the hardest on themselves, and they're always refining and elevating their game no matter how good they're doing. By the way, the numbers speak for themselves. They always tell the story.

Finally, time provided, as we do every month, I want to give a team discussion topic as well. This month, a little different. Since you have been discussing and talking about your vision and mission for your practice and your patients over the last two months, it's time to talk about yourselves. If you were your own coach, what advice would you give to you right now in your life? Whether it's life or health or wealth, communication, relationships, skills, etc., it doesn't matter. This will be a very instructive activity for you, and it will help you all become closer and more cohesive. By the way, your best assets and support system to get you to your goals are the people you're sitting around right now.

The best teams are the teams that support each other. You don't have to be friends outside of the office and go out or share babysitting time, none of these things. It doesn't matter. What you do outside the office with your family is fine, but your daytime family has so much power and so much resource and so much supportive, positive nature. There's no people you know more so than these people right here who are doing something to make themselves better in their lives. You got to hang around and be influenced by winners because you are one.

Listen, life is about more than just dentistry. For your patients, for sure, but also, importantly, for you. A vehicle, as I always say to our doctors, it is for you too, and it can take you anywhere you want to go.

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There we have it, another month. Doesn't matter unless you have something to show for it and you're better off because of it. Let's get to work and be certain. I really want you this month more than any other to send me your toughest problems with money, and together, we're going to tackle them one at a time. I'm going to help you through them so that nothing will stand in your way of helping your patients and achieving your goals. If you have any questions or any points you want to elaborate on or something that's sticking in your way, an obstacle or a breakthrough you're on the precipice of, please reach out, share with me. I will help you customize, apply, master any of the six pillars. I can promise you that.

Listen, we're all better together than we would be apart. I'm honored that you're here. I appreciate so much what you're doing to serve the people you care about and that care about you. I'm really, really so happy that we all get to be a team doing such amazing and meaningful work. Until next time, I know you're going to do something very, very special with everything that we've shared today. This is advanced stuff, and you can use it to take your practice, your profession, your career, your patient success, and ultimately, the prosperity you all deserve, to the next level.