



Practice Focus

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Series 3 Team Mastery

Session 5 Building Value (Part 3)

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 3. Use the transcript to help complete your Team Activity: **key points are highlighted.**
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Hello, and welcome everyone. I'm really looking forward to this month's Practice Focus. In fact, this begins our third session, all talking about value and money. Can you believe this? How we can go so many months talking about the same thing. But each, in a very different way, in a way that really helps you, at least it does if you pay attention. It helps you to better engage in the patient's mind about how they see, perceive, decide on and accept, and pay for and progress forward with their treatment.

Now, I'm really excited about today, because you've been doing an incredible job engaging in the past couple months' Practice Focuses, and really taking so seriously the impact you can have on your patients' decisions before money or insurance is ever presented, and hopefully, ever talked about.

Secondly, because you are now so ready, you're so ready, to get into much greater detail, and what I would call nuances, when it comes to how to overcome the common objections that patients give you as the reason and excuse to delay.

The third reason, I can't wait to talk about this month's Practice Focus is because no matter how much you do to influence and educate your patients, if we don't control the conversation at the end about the money and/or the insurance, then everything else can unravel. And worst of all, the patient can delay or deny themselves of the power from life-changing benefits of what you can do for them.

Therefore, today, we dive straight in to the best and most successful ways to deal with objections. Now, I want to quickly review, because today is pretty straightforward. We're going to cut to the chase, as they say; get to the point. But before we do that, let's review. There are three critical pieces to setting you up to deal with objections in the first place. You hear me? Very carefully, three critical pieces. To help you deal with objections, that means before they ever happen or in the first place.

The first one is the clinical creation, in establishing and illustrating the proof. Now, I know you remember in the very first time we were ever together: pictures, proof, and pain. The very first phone discussion we ever had, show the patient the big picture. And yet and still, we should really think about this, again and again and again, the way a basketball player practices dribbling, or a runner runs, it doesn't make any difference. You brush your teeth and eat every day, take a bath maybe once in a while, you must understand that the clinical creation is the muscle that never stops doing work. The clinical creation is the key component of the value build of everything that happens inside the practice.

Now, being great on the phone, setting the expectations, sharing about how different your practice is by way of showcasing your mission, your passion, your purpose for your patients, all these things. Being nice and friendly, going and getting the water instead of telling the person, "there's the water." It's all the little details. They all matter. But when it comes down to the patient's belief that the treatment is necessary, relevant, important for them specifically, them as an individual, it boils down to establishing an illustration of proof in the clinical creation. This, above all else, and I know I put a lot of pressure on our clinical team, but you know what? You can make the magic happen. The value-build in the operator. If you go back to our role-playing modules, if you go back to any of the Practice Focuses leading up to this moment, you understand the significance behind making certain that the patient in the operator is totally dialed in to the experience, and that you are doing everything possible to move that patient to a culminating point of their decision to move

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forward because of the benefits they're going to receive.

Which leads me to the second critical piece, which is what I call building value and the desire: the value and the desire of the benefits and the outcomes, or, the avoidance of the consequences. So again, remember, it's two sides to the same coin. You know, my grandfather used to always say, "Heads I win and tails you lose." You understand? So with the patient, we have the same coin. It doesn't matter which side they flip up, they're still going to move forward to treatment if you handle it properly.

So, the first side is building the value and the desire. Will you please listen to the words? Desire. What do you desire in your life right now? Maybe more sleep? Maybe some exercise? Maybe money? Everybody has some desire. We want the patient to desire the outcome and the benefit of the treatment. Way too much time is spent talking clinically, instead of talking about the advantages for the patient.

Now, at the same component of this, I'm talking about building value in the desire of the avoidance of the consequences. Now listen, I actually never put these words in one sentence before. You want to build the value of what it would mean for the patient to avoid a certain type of consequence. Now we called the outcome that's negative a consequence, right? We called the outcome that's positive a benefit. Advantage or disadvantage. So your dialog and discussion with the patient clinically, in the operatory, must shift from teeth and gums and mouth and all the dental and oral things, shift to the value and the desire for the patient to either enjoy and benefit from the advantage of the outcome, or to suffer. To fail. To have pain or some loss of the consequence, okay? And no matter which one they value, they will still be able to move forward with the treatment. Remember, in their mind first, they have to move forward.

The third piece is strongly maintaining the positioning of how you approach patient care and health, and whatever you do, airway smile, anything. And your expectations of your patients when it comes to money or insurance. Now, that's where we're gonna move forward here in our conversation today. And it's so critical, what can I say? It's so critical that you understand this last one. This is about maintaining strong positioning about how you, doctor, team, practice as a whole, expect your patients to behave. To make decisions, to get healthy, and by being in your practice they have a commitment to do so. Very important you're not bashful about that.

Now, the last one is very tricky. I want to talk a little bit more about it, because this is what everyone must be on the same page on: how you handle things, and what is said when money or insurance is brought up. As I always say, the first way to solve a problem is to prevent it. Therefore, if we're going to handle objections strongly at the end, if they come up, we must be consistent and congruent with them all throughout the process.

So, I want you to remember these. Number one, we can confidently deflect what matters most, and bypass the money. We confidently deflect by saying, "Patient, listen, this is not important for us to be talking about money and insurance, because we're supposed to be talking about your health." You can deflect. You can use my magic sentence, "listen, I understand why you asked it, I have such great news for you, at our practice here, it's about you. We don't care about insurance." Or, "At our practice we decided a long time ago we won't ever let money stand in the way of helping you achieve your goals." It's so beautiful, isn't it?

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The second thing is, you can confidently emphasize your permissive health-based decisions to the patient. “Listen, what we know is that the investment’s going to be, no matter how much or how little insurance going to contribute, that we are committed to you achieving the optimal health. That’s what our practice is about. And our 100 percent dedication to you to make sure that you don’t do without. You don’t settle for less than, something that you don’t deserve. You deserve all the benefits that we’re talking about today, and we’re gonna make it happen.” Now the key point is, confidently deflect, or, and, confidently emphasize. A deflect away from the topic areas, and then re-emphasize your focus on how you want them to make decisions.

And the third one, which is really my favorite one, I think the easiest one to do, is to confidently state the truth, very clearly. Read it back to whatever they asked or said. So for example, say, “Patient, listen I’m not sure you would think of this insurance covering the kind of treatment we’re discussing here today. Insurance is basically maintenance money. We want you to be very healthy, utilize all the insurance you can. But basically you get a couple cleanings a year, fixes a broken crown, and if you have some emergency. Today we’re talking about optimal health here. We’re not talking about just band aids patching tires. That we want to get you back to state of ideal.”

So we say, “Of course insurance is not gonna cover this. Well patient, yes, you’re gonna be making an investment. I wouldn’t worry right now what it is, because we don’t even know what the treatment is going to be. Right now what we need to understand is what are your goals, and what are you committed to?” You see how I inserted the truth telling in there? But then lay it back on the patient? So again, remember confidently deflect away from what they’re dealing with in their minds, confidently emphasize what you want them to be focused on, and confidently state the truth. Now you don’t necessarily do those three all at once, that you’re using them. They’re like you’ve got cards in your hand, you’re dealing the card that’s appropriate based on your patient interaction.

But that’s what I mean about maintaining the strong positioning of what your expectations are for your patients. Do not pander to them, I always say, it’s not a restaurant, it’s certainly not McDonald’s, okay? The patient doesn’t pick off the menu. You’re supposed to be a guide in their health, setting forth the authority, they are gonna be a member of the team, a part of this process. So critical. The bigger issue of money or insurance, is self-created by the doctor and the team, when things are ignored or justified, or bashfully, or apologetically talked about. You really gotta listen to that again.

More often than not, money or insurance is made a bigger issue by all of you, because we either ignore or justify, we’re either bashful or apologetic, about the situation. Instead of being confident and following those three very powerful points that I just outlined. This is your very first and very important role-play activity for today.

Now, I want you to assume, because ... I guess I’m going to assume, because of all the dedicated work you’ve done the past two months, you are building so much more value, and your patients aren’t even concerned about money and insurance, and they’re just fired up to move forward. But in order to get to that point, I want you to practice. I want you to practice all of these aspects, and go back for each team member, the discussion wherever insurance or money is brought up. Whether that’s the phone, whether that’s in the operator, whether that’s in the interview, whether that’s when the doctor walks in, whether it’s during the

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treatment presentation. I first want you to go back and practice, and really hone in on, when the words are engaged, when the money or insurance is thrown in your face, how are you going to handle it? And everybody must be on the same page, and I want you practicing this back and forth, based on your role and engagement in the practice, and what you experience patients saying. I want you to be armed with the three power sentences that I just outlined for you, and I really want you to embrace them, and make sure that everyone in the practice is speaking the same language, and is really on the same page when it comes to this.

Now, if at the end they do bring it up, we want the focus on the four most important ways of handling it. So we're flipping now towards the end where we're dealing with the hand-to-hand combat of getting the money, decision, and schedule, okay?

Number one, you must follow my presentation structure. I'm telling you, you're crazy if you don't. Pictures, draw circles, point out teeth, lay out investment to get healthy, if you're talking about insurance you're just using it as a one-line, you go right to their investment portions and you ask them to make the payment today. It's not a request, this is what the total is going to be, let's decide how you want to take care of it, you can use check or credit card, and then we'll get everything scheduled and you'll be ready to go. You must follow presentation structure. They say, "I can't afford it," you say "Would you help me understand, what do you mean by that? What can I do, I'm here to help. Give me an idea of what you can afford, great, let's take that money off the top, now we have this left, tell me what you'd like to see happen with the rest of it."

You have to work through it. We have videos, training, help, support, if your new team member is doing the money, your other team members should know. But you've really got to commit to the presentation structure. I'm telling you, it's there for a reason.

And secondly, you want to ask clarification. This is so important, ask clarification. Now this is very huge, making the patient justify themselves instead of you trying to justify the fee or investment. Now, can you please listen carefully? I'm telling you to make the patient justify their statement, instead of you justifying. So, if somebody gives you an objection, you immediately ask a question. They're talking about money, you say, "Please help me, I don't understand what do you mean by that." They want to think about it, "what exactly would you like to think about? I'm just curious to know." Then, "Well, it seems like maybe something that's unclear from what we've discussed, could you tell me more about what you're saying?" You always keep going, right? Very important. Do not fall into the trap of responding to their objection in a justification way.

The third, you want to reinforce the reason why, and the value. Now, that's pretty obvious. You know how to do that. We're looping back to what I talked about at the very beginning, that the patient must have achieved in their mind a value and desire of either avoiding the consequence or receiving the benefit. You must make sure that's established. That's why presuming treatment to a patient that's not committed, that doesn't even believe in any of it yet, is pointless. It's a waste of time, because it's really about first committing in the operatory, the "clinical yes," as we all know. You know how to do this.

Now there are two important tips that I want to drive home. First, you have to believe. You have to believe in the value. If you do, then it should be easy. So anybody there right now sitting in the room, if you're questioning your fees that you charge for the treatments, if you

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are unsure about a person, who, they need something or they don't need something. Listen, you gotta get clear on the value you provide. You have to trust in each other, buy in to the doctor's vision and clinical philosophies. I assume you do, but you know what, if you did even more, you could handle money and insurance much easier. Your confidence would grow, patient by patient, day by day. If you felt more value, and you were compelled to help that patient receive it, your commitment is more important than the patient's.

The second thing is, please know no patient is buying the dentistry. They're buying the end result of it. Please, nobody wants to buy dentistry. How many of you want to sit in a dental chair, and you want to get drilled on? Any volunteers? Just understand, we love dentistry, we're all here together because of it. Nonetheless, the patient, they don't live in the office like you do. So, it's very important we're not putting the focus on the procedure, and the dentistry. The clinical aspect, what I call the in-between. Problem, possibility, in-between dentistry, no, we want to focus on the outcome, the result, the benefit, again, avoidance of consequence. Not how we're getting there.

Now, I know it's tough, but it's ever important. I could walk you through all the big ones again, but we've done that. Money, insurance, spouse, delay, all the objections. I've given all of those to you many times before. What I believe is more important than me talking to you, in practicing, is you doing it yourself. That's far more important. You want to talk to each other, practice and hone in on your role-plays. You are armed with more resources, strategies, communication skills and knowledge, and above all else, confidence, than ever before right now in this moment. And so now it's time to put it all together with each other, with you. Helping each other build you comfort level with learning to provide a little bit more tough love to your patients, and in general, getting better about assuming positive outcomes. Your expectation and assumption of positive outcomes and preventing objections by doing everything we've been working on.

Now, please practice by dividing into tag teams, and going back and forth, walking through the common things patients say, and just let loose and continue to hone your ability to respond quickly, proactively, and confidently. Three key words, quickly, proactively, confidently. Then come back together and share and do it again as a big group. And look at every team member's perspective, and go through at any point in your experience. Whether it's the phone, hygiene, assistant doctor, business team, doesn't matter, and deal with the money insurance just like you would if a patient was with you. This is the key. Role-play this out, practice. This is what you have to do. It's like passing back and forth, this is the key, these are the basics, the most valuable thing you could ever do is deal with this, and build your confidence and your comfort level of engaging the patients, and so that it doesn't feel awkward. So you're not justifying.

You probably should go back and listen to this all over again, because there's very important sentences that I've given you, very important topics that you need to really master if you're going to do it right. Remember, as I always say, more treatment walks out the door than stays in the practice. And so this is how we put up the defense mechanisms to help more patients get healthy faster.

Now, finally, your team activity this month is very simple and very profound. I want you to talk about and share your feelings about how you value dentistry, and why you feel it's important for your patients. If you have any hesitations or discomfort, get it out in the open, it's the only way. If you want to "sell" each other on why your patients should value you. And

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what you do. And happily and willingly pay for your care and expertise and services. Tell your dental story. Share your passions, bring up a patient that you remember. Whatever. Listen, it's a little love-fest about dentistry, that's what we need right here. You must build you value and your confidence in it first, if you're going to be the ones to build the value and the confidence in the patients, to get more yeses and help more people.

Remember, what patients are really paying for is not what they, or you, often think, okay? It's not what they, or you, often think. It's something much deeper. This keeps our theme moving forward, and it's critical that you value yourselves and what you do first, and the patients' health and outcomes, and you feel comfortable with money, and their investment. This is a huge emotional breakthrough that leads to more confidence, greater positive energy, and a general attitude and feeling in your practice that will be an attraction for case acceptance; and your and your patients' success. I can promise you that.

Until next month, let's help patients and get paid, and feel great about it, and deserving every single day, because you are. Now get to work.