



Practice Focus

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Series 3 Team Mastery

Session 6 Building Value (Part 4)

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Here we go again team. We're back at it. This month's Practice Focus is where the rubber meets the road, as the saying goes. This will tell us truly, if your patients value enough, what you can do for them. I know that sounds tough, but it's true. Happy patients, great reviews, all those other things, don't trump money. And patients saying yes, in terms of being able to see whether or not you're accomplishing your goals of helping people. That's the bottom line.

Now, I know that we can never talk about this topic enough, for the reason I just stated. At this point in time, we have invested very careful training time and I have provided with in-depth examples over the past couple years for everything that your patients could possibly say to you to defer or delay or deny themselves of accepting treatment. What I want to do today, is do a brief review and then take some of the most common objections and work to remove them from the patient's stream of consciousness. And make your lives a whole lot easier and have less time wasted on dealing with convincing patients and more time making the magic happen that only you know how to do. So important.

This is the thing, if patients aren't saying yes and then somewhere down the road, they have not, we have not, I should say, created enough value in the patient's mind and we've been through that. Month after month after month we've really been honing in and focusing on the value creation so that the patient has more desire to move forward with treatment without throwing up these road blocks. Now, recently, you've been working very diligently on building value. The key to everything, and all money issues for patients, it is value, value, value. If you have not studied my Profit Report series all about this, I encourage you to do that as a team, because there are many tools that are often underutilized or completely missed, that will give you a huge advantage in the mind of your patients. So, you're not having to play defense or justify needs or treatment or diagnosis in general.

I'm not going to restate the obvious about goals and expectations, and showing proof, and all the other ways you set the tone for your patients. I do hope you've taken each Practice Focus, hopefully forever, but certainly recently, and you've turned them into decisions, you've role-played, you've built muscle memory with, and you've made protocols and systems out of them, so that you're not making this harder on yourselves than you need to. To review, we'll get straight down to business here. **Value is built in the minds of your patients based on the benefits they will receive or the consequences they will avoid by doing the treatment you are recommending.** That sentence should be up in your team lunch room, okay? This could be in your office, it's very simple.

Patients either want the benefits or they want to avoid the consequences. What, they want to come to your office and be drilled on or have something else done? Of course most patient's are going to find some other activities to do. They really don't want to come and have dentistry done on them. So we really have to focus on the enhancement of the benefits, making so real the consequences of delay or avoid or whatever, so that the patient value is built strongly in their minds. It's not something that we're pushing on them, it's something that they are wanting to see happen.

You want diagnosis to be interactive and patient's engaged and participating. Ideally, the more questions and the more they talk, the better. You do not want to dump diagnosis or to dictate diagnosis to patients. Of course you're documenting the treatment plans, you're going over all the existing issues in their mouth. All of that is normal, of course you're doing all of the normal clinical things you're dealing with. **However, it's all about how the patient**

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feels as the diagnosis is being created and laid out. And again, we must move past problems and think about and consider more possibilities so that you can truly create comprehensive, you know whatever that word means to you and your practice, and your specialty, and your philosophy, it really means comprehensive care. And that means a comprehensive vision for the patient.

The key to everything in communication and relationships is you just tell the truth to the patient's up front about what you're going to do. Why it matters to them and what the goals and objectives you have for them are and that they should have for themselves. It's okay to tell them that. That's why they're a patient. They come in to to be told what is supposed to be proper care for optimal health or what do they base their decisions on to begin with? Very important.

In addition to all of this, it is critical that patients do not to feel rushed, and that they do feel listened to, and that you're checking your value-creation progress along the way. A lot of that is what we've been working on over the last few months. Checking the value-creation progress along the way. The best practices that build the biggest cases most consistently, that patients actually want and agree to and pay for and accelerate their progress through their treatment plans, are the ones where the patient is upright, talking about what they want and you're drawing it out of them. Far more so when they're being leaned back, mouth open and you are trying to tell them what they should want. If you want to be more successful with your patients, make your process an experience. Slow it down. Make it matter and important, and congratulate and encourage your patients for good decisions that they have already made by being in your office in the first place. You would be amazed at what praising the patient for being there to begin with will do in leading them to accepting treatment later on. So important.

Now, I could go on with these conceptual reviews and the principals and you would be well-served to discuss them and check up on yourselves as to how well you are doing. It's never a bad thing to take a day a quarter and review and study the decisions you've made from each of the Practice Focuses. They build on each other intentionally so. You know that about me, intentionally so. And while nothing should seem or be new, or you wouldn't want it to be at least, that's the last thing you need. Instead, focus on the fundamentals that work and the discipline to make sure they are happening and you don't get complacent or too busy to do it right and focus on results. Which are all that matter.

Still and of course, you will still have patients that throw up barriers and objections. Silly questions that disrupt your flow. These happen on the phone, in the treatment room, in the check-out or doctor discussion, or the treatment presentation. They are all over the place, and it's critically important that everyone knows how to confidently handle them, and that everyone is on the same page. I have had you make a list of these and talk through them in the past. Today, I want to do an advanced and deep dive into the five most common objections that derail progress and undermine the value creation you have done. I'll weave the basics in level one into the role-play structure from level two, and then give you some added mastery level guidance to wrap up our segments for value and money. And next month, we'll turn our sights on to the most important part of every thing you do: communication, with each other. With each other. Which is as important, if not even more important, than the communication you have with your patients. It's going to be amazing and actually a lot of fun.

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So, five key objections. The value, the importance, the belief, the deserve. You know, you get it. That's number one, that's number one. And instead of all of the others that you think I would mention, the number one biggest one is the value, the importance, the belief, the deserve. If we go to work on that, so much of the others will be taken away.

Then we have the time objection or delaying or waiting or the not wanting to do it now, objection. And of course spouse excuses. Okay, the objection of needing to talk to my spouse is a cop out for not saying yes or no today. And then of course we have the insurance, which is really the easiest one. It's the easiest one. If the patient values the dentistry to begin with, outcome of dentistry, you understand, then the insurance is no big deal. Because it's not expecting that they are going to get something for free, it's something that they want to truly invest in. And then we have money, money. Ultimately it does boil down to money, but, if you did a great job building value, you will certainly be amazed at how many patients are able to find the money. Now, not in every case. Look, life is what life is. Money is money, but nonetheless, in every case you can build greater value, you have patients more apt to want to go to work to find the money if they don't already readily have it available.

Remember, it does all come back to value and the patient actually wanting what you have discussed with them. If the value's great enough, the objections will dissipate, or, being briefly mentioned, only to be overcome by the patient's own decisions and desire. I want to say that one more time. If the value is great enough, even if there are objections, the patient will actually overcome them with their own decision and desire.

Now, we'll take them one at a time with a couple examples I'll give you, and then, you can get to work and do some practicing together. So, the first one again, about value, importance, belief and deserve; I'm going to tell you a few things about this. Now I have given you so many tools, so many tools, okay? You have developed many of your own tools: everything from storytelling to showcasing proof with the pictures, doing other things throughout the entire process, just remember that value is built one stage at a time.

Phone calls are about building value just to come into the practice. The interview, or the material, you should be using all the wonderful materials, the materials designed to build value for representing the differentiation factors of your practice. Inside the practice, the interview is simply building value for the clinical experience and the clinical philosophy of the practice. Building of the case, is building value of the fact that the patient has things that we can improve on, that we can help them with. Doctor engagement is building value about the vision, the outcomes, the achievement of benefits, the importance of consequences. All of these things. Once we go through the clinical yes, once we execute the triangles of trust, the treatment presentation is about building value in the pathway to health. Okay? All of these things, all are void of money, insurance of any objections. It's all about building the patient's value and desire for the outcome.

Now this is very obviously done. You can tell, you can tell by looking at a person, everyone of you listening to this, you're very capable of reading another human being. You look at a person, you understand if they're interested or they're not. Okay, they're still on their phone, they're watching the clock or they're engaged and looking at you. If the patient is asking questions, you know you're doing a great job. But you want to be asking them questions. You want to be drawing them in every step of the way. Questions are the key to value development. This is because you cannot learn anything about a patient unless they're

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talking to you. So, we have to engage them in conversation to bring out what they desire, what they believe is important. Okay? What they value overall when it comes to the outcome. So, I want to strongly emphasize more question-asking. You also can say, "Patient, what questions do you have for me?"

Now, you have to be ready to handle it if they ask some stupid questions, okay? Like the money and insurance. But if ask a question like, "How long will this take?" Or, "Well, what exactly is the benefit of this?" Or, "Do I really need to have this done?" You're going to find out exactly where the patient is at if you're willing to ask questions as well as give them opportunities to give you feedback.

Now, the second objection that often comes up is the patient just simply wants to delay. Now, with delay, we have handled this very carefully together. We've handled it with urgency, with priority. We've handled it by making it time-sensitive. Now, here's the key and this is the most advanced thing I can possibly tell you. If you know something is going to be good for you, how fast would you do it?

Well, a smart person, a responsible person would do it as fast as they possibly could. So, if you give the patient wiggle room, leeway, okay, I like to say, "If you want to wait and watch." My doctor says that they don't want to help you until you're hurting, well that's called a bad doctor. So, what we want to do is we want to help the patient understand what is the reason why, what is the significance behind moving forward quickly?

Now, I always joke with you, but I mean it very seriously, if it's diagnosed, it must be done. Why else would you diagnose it? So, we want the patient to understand the relevance of something and if you discuss it together, then the patient should move forward. So, that's the key. If you want to avoid any type of these delay questions, if you want to avoid any kind of this "not now stuff," then it's a simple concept. You have not done your job to make the clinical value of the treatment important enough for the patient. Because every human being will put off today what they can do tomorrow if there's no reason to move forward now, they're certainly not going to do it. That's number one. That's the most advanced aspect of this. And as soon as that issue comes up, you know you've got some ground to cover because that should really never come up if it has been made important enough along the way, in the patient discussion.

Now, the basic reminders that I've already told you many times, patient says, "I want to wait." You say, "Well I'm curious what exactly would you be waiting for?" Okay? Or you say to the patient, "You know patient, I'm just really confused by that statement. You understand how important this is, we've already talked about it and I have to just tell you if I can say this very nicely, that if waiting is really the reason why we're discussing treatment to begin with. All these problems we have been going over in your mouth, okay, it's really a difficult situation because it is the neglect and the delay that has led to this circumstance. So, I have to tell you, I cannot in good conscience say, it's okay for you to wait. No, we need to take care of it right now. It's very, very important."

Now, the other thing is some of you are far scheduled into the future and you're telling patients something's important but they got to wait a month or two or three to get scheduled. Don't worry. Stop throwing up the road blocks in front of yourself. Getting it done in three months is better than getting it done never. So you understand, you have whole lot

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of patients who are saying yes to your treatment, well, that's the easiest way to convince somebody else to say yes to treatment.

Now, the other thing I want to remind you about, is that we're not just talking problems here. Let's say someone needs an implant, well they can go on with a hole in their mouth. **Why would they move forward today? You have to go to consequences.** Not moving forward now, let me tell you what's going to happen. This, this, this, this, this. If the patient wants a beautiful smile but yeah not really sure they want to do it now.

You say, "I'm just curious, you know I have to say to you, and this may seem harsh, but we don't live forever. And I can tell you this, we have never ever had a patient say I really wish I would have waited to get my beautiful, new set of veneers. Not once. In fact, if we could just fast forward to the future, we look into the crystal ball, every single one of our patients always say to us, you know what, when it's all said and done, I only wish I would have done this sooner. And that's exactly how you're going to feel. So I got to tell you today, call it tough love, call it a little extra encouragement, call it just doing what's in your best interest, I think it's time for you to move forward with this right now." Okay, all goes very good.

Okay, now the spouse one is easy. The spouse one is so, so easy. Now, remember, there's not a whole lot of advanced strategy here, it's just about execution. **The advanced strategy is, you've got to have the spouse there to begin with, okay?** If you're dealing with big stuff or important stuff. If you're dealing with full mouth, even quadrant work, it doesn't matter. If you're dealing with surgeries, implants, any specialty things, it's always easier just to have the spouse there. **Now, the reason why this is important is because they're also going to become the next referral for you.** Okay. I can tell you hands down in every case, we can get one out of two, 50%, one out two spouses to move forward into a new patient experience, if they're a part of the treatment process of the other person. You just have got to commit to doing it. It's silly, it's a waste of opportunity to not do it. **The more you have there, the more will turn into treatment themselves.**

Now, if the spouse isn't there, remember that there's a four-step hierarchy. The hierarchy is to say, "I totally understand. You're going to talk to your spouse, that's great. I'm curious, what do you think your spouse will say about fixing this broken tooth? About having a beautiful smile? About being able to sleep again at night? About replacing the hole in your mouth with an implant so that you can have strong bites again and you can eat all the food that you love?" Whatever. Okay. And then you let the patient answer and you say, "Good, well I thought you would say that." And we've never met a husband that didn't want what's best for their wife.

"Why don't we do this, you know our schedule's in high demand, we're scheduled out so far already. Let's go ahead and get you scheduled. You can do just the partial deposit, if you don't want to pay the whole thing, talk to your spouse, that's fine." Whatever. You don't have to be pushy, okay? You don't have to be pushy. If you would follow my system of collecting money, that would be better, but whatever you have to do. Get the patient in motion so they already feel more obligation.

Second step if they have to talk to the spouse, give them the telephone or ask them to call on the cell phone and step out of the room. You know this already, but you've got to do it.

Third step is, you set a follow-up appointment. You ask when they're going to be talking to

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the spouse, you send them home with the photographs, not the treatment plan with the money. And you say, "Let's have a little conference call. We can go over everything together in case you have any questions because obviously I can answer those for you. I'm not so sure you'd be able to handle them all yourself."

Third thing or fourth, is you bring them back in the office. You say, "Great. Why don't we just push pause. No reason to go into any more detail today. Totally understand if you want your husband to be a part of this discussion. Why don't we set a time where you both can come in and we'll spend a few minutes with the good doctor and then we'll walk through everything that we've gone over there today." Okay? Very important, do not let the patient take control, wiggle out of it and go home to never never land, never to be heard from again, or worst case, you have to chase them. The spouse is not entitled to or capable of becoming the doctor. They get a vote, okay, on whether it's in their best interest of their wife or spouse or partner or not. Of course they get a vote. But they certainly don't get an opinion about the clinical outlay of the pathway to health. So very important, do not turn over the reigns and lose control.

The next one about the insurance, we've done so much work on this, I want to do very simple review. The advanced strategy on insurance is to just be very blunt about it and explain to patients that, "Listen, I have to tell you, you might have been misled about what insurance is and it's okay, but now I'm going to give you the truth. The fact of the matter is that insurance is a little supplement, it helps with basic routine maintenance care. Like cleanings, a cavity a year, a crown, something like that. What we're talking about today is taking you to a state of optimal health and at the end of the day, it's only the responsibility of two people. That's called you and our doctor. No one else. Not the insurance to pay for it and I have to tell you if we were basing your health on the insurance, it's going to let you atrophy away to nothing because they more money they keep, the less money they give to you. That's kind of the game they're in."

Now you can say a lot or a little, but you have just draw a line in the sand and say, "Listen, there's a lot of other places you could go and all they're going to do is suck your insurance dry, but here what we're caring about is you. Not about your money. And I hope that gives you great peace of mind to know that you picked the right place, because for us, it's about relationships and that's it. We happen do do dentistry, but what we do is we love our patients. And that means we're not going to let insurance stand in the way of helping you get healthy or do what's in your best interest."

Now, there's other things. You all know my hierarchy of the health-o-meter chart where we show patients that they have to buy their way back up to health in order to effectively use their insurance every year. We also love to tell them, "Listen, if you're going to let insurance determine the decisions of your health, you're certainly at the wrong practice. Because our doctor is going to hold sacred, the interaction between you and them and there's nobody going to tell our doctor how to take care of our patients because he knows, or she knows, best. And I think the most important thing for you to decide is where you want to be cared for and who's going to be doing your dentistry. Not what insurance is going to be dictating that you deserve or don't deserve." Very important.

You can review the insurance training that I've provided to you many times before, if you're having problems with this but I can tell you if you try to beat around the bush, if you try to justify it, if you utilize insurance in any way, shape or form in your conversations, all you're

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doing is conditioning your patients to focus on it. When it comes down to dollars and cents, if you present the insurance to the patient, you're going to pass right over it, you celebrate that they get some money and you move on to what their responsibility is. If you're presenting big picture treatment, you will have very, very few challenges with insurance. The only time insurance really becomes a patient mentality is if you are stair stepping treatment, one tooth at a time, even quadrants, to where the patient gets fixated on how much money they can get for free, in order to do as little dentistry as possible out of pocket. That is a you problem, not a patient problem.

By this point in our relationship, you must understand that any "insurance patients" are your own fault. Because if they're preconditioned properly from the very, very beginning, they understand what your practice is about, the philosophy of care that you provide, and why it's valuable to them. Remember, I told you last month, the two most important things every patient should decide, all that matters, number one: who's doing the dentistry? Okay. That they want to be a patient in your practice. That's number one decision. They want to be at your practice. That decision is made every step of the way as you went over their trust.

The second decision is that they're not showing up to do nothing. That they are committed to some form of optimal health, whatever definition that means to the patient, not you, to the patient. Okay. And understanding that your responsibility is to build the patient's mindset and value over dentistry and customize the care, the treatment plan, the pathway to health, so that you can move the patient forward based on what they want. Finally, we're going to go through money.

Now, remember, money is handled very, very easily. Because, if money becomes an objection, if we've done everything right, all we have to do is anchor it back to any of the four pieces I just went over. So, if money is an issue, we have roll it backwards and find out why. Is it because they don't value it? Is it because they literally have no cash? If they don't have any money we can help them figure out many different ways they can go about it. Money is flexible. You need to stay open minded about it. You need to not let it derail you from your approach and what you're trying to accomplish.

On the other hand, if the patient just has a question about whether it's worth it or not, then you need to go into the deeper rooted issue. Say, "Patient listen, I understand you're asking about money, but I have to tell you, I've been doing this a long time and I've never had a patient who did not really believe in the value of the care we provide for them. So, if there's something that you may have a question about, I would like to understand what that is and help you through it. Because I have to say, there's no price tag we could put on your mouth, on your health, on your beautiful smile. On all the things that you're going to receive as a result of this. Really, I can't imagine that you don't feel that you deserve whatever we're talking about here. No matter what the investment may be. Now, we've come up with a very affordable plan." And you always say that.

You come up with a very, very affordable approach, "That's what our doctor loves to do. They love to make it easy for our patients. Now at the end of the day, money's money, we get it. Investment in your health is your responsibility to make, but I'm here to help you and I'm not going to stop until we see this through. So tell me, what would you like to do? Where should we go from here?" And there we go back to questions. Back to questions. Now that's the advanced version, advanced version. Where you're really engaging, you're challenging, we call that challenging the patient. So then we can see where their commitment is at.

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Now, the very basic things as you know, patient says, “I can’t afford it.” You say, “No problem. Tell me how much can you afford.” You do not focus on the treatment. You’re dealing directly with the money. The treatment’s already done, here it is, it’s already done. This is the plan. Pictures, draw circles, point out teeth, this is the pathway to health. Money, can’t afford it. No problem, what can you afford? \$5,000. Great. That means we’re half way there. Tell me how you’d like to take care of the rest of it. And there we go back to questions. Just follow, follow, follow the plan. If at any other point in time, aside from the treatment coordinator going over the money, at any other point in time money becomes an issue, we circle right back to value.

We reassure patients, “Listen, at this point it’s way too early to be talking about dollars and cents, I understand we’re going to get there, but today we’re focused on making you healthy. And quite frankly, we don’t care about what the investment is going to be, because our job is to do what’s in your best interest and I have the good news that our doctor is not looking at your wallet, your check book or credit cards to find out what we need to do in your mouth. So, your mouth is going to tell us what the treatment needs to be and then of course ultimately, you’re going to make your own decisions. We understand that. We know you don’t work for free in the nice career and profession that you have, certainly we don’t either, but at the end of the day all we’re going to do is make a decision about what’s in the best interest in your pathway to health, and then that will determine what the investment is going to be.”

I expand my verbiage because you’re going to pick at pieces and parts of it but let me tell you what I just did. Listen carefully, what I just did, is I just blamed the patient for whatever the price tag is going to end up. Now that’s very, very advanced psychology. In a very nice way, I said, “Look, who knows? Who knows what it’s going to be? Okay, what we’re talking about here is your mouth. Your mouth tells us what it’s going to look like.” Okay, so this is very important. Now it’s not your fault and it’s also not the patient’s decision about how much, okay? Again, it’s all about the pathway to health being built. This circles all the way back to the value, you’ve got it. All the way back to the value.

Now, that’s so many things for you to think about. So many things. I want you to really, really think seriously, breaking down each of these pieces, talking about them together, coming to a strong consensus on how you’re going to handle it. Role-playing out the advanced, you should have the basic stuff mastered. The advanced components of everything that I’ve gone over here today, I really want you to role-play that out and make it real. It’s so important for you to make it real, practice real examples, real patients, you know situations. And I’ve gone a little bit long today, a little bit long because I wanted to make sure we get it all in.

Lastly, for our team development exercise today, I’m going to really put you on the spot and I want to ask you about where your beliefs or personal realities get in the way of helping your patient, when it comes to each of these five core treatment acceptance killers. You understand where I’m going with this. It is important first and foremost, so important, always it boils back down to this, your beliefs and your value perception must be strong enough to help move your patients forward, regardless of what you personally might feel, even realistic or practical for others. Never forget, I always say, “Patients can only say yes to what we give them a chance to say yes to.” That is your responsibility, giving them a chance, telling them the truth, providing them a path to optimal health based on what you do for your patients. You also have the greatest responsibility possible to have integrity with the diagnosis and help move, motivate, compel, educate, inspire your patients to accept treatment now; today.

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Because any good thing is better sooner than later, and often times, you may have to build up your beliefs and your deserve and your value levels first, then like a magnet, it's very easy to get patients to move forward fast without resistance.

Your confidence and energy and positivity and conviction is the greatest way to destroy and deter any objections from getting in the way of helping your patients help themselves get healthy. Done right, this month, I've given you the most powerful lesson of all to help you move the needle on your case acceptance and to make more magic happen, with more patients every day, by moving them to yes, without anything getting in your or their way of doing so. Now, it's time to discuss and practice and make sure you're all on the same page. Take your time. Every word matters. Your seamless reflex and avoiding being defensive or justifying will help you gain more trust and credibility from your patients while keeping control and motivating them to move forward.

Please do the team exercise as well, where you get to share openly about things that you need to build your muscles and confidence with when it comes to these five things so that you're strongly representing the practice and helping be an advocate for your patients, not an excuse-maker or an excuse-accepter for them, but really an advocate, a guide and a cheerleader to push them over the edge.

As always, it's my pleasure to be here with you today. Get to work. I'll be back next month and we'll shake things up with something quite different.