



# Team Activity

# Team Activity

## Series 3 Team Mastery

## Session 6 Building Value (Part 4)

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1. Make a copy of this worksheet for each team member to use.
  2. Complete the Team Activity.
  3. Fax or email one “Master Worksheet” containing your team’s collective efforts.
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## Send Us Your Master Worksheet

**Fax**  
**615-807-3301**

**Email**  
**[Champions@DentalSuccessToday.net](mailto:Champions@DentalSuccessToday.net)**

# Team Activity

## Step 1 Review Building Value

### **What is value?**

Value is built in the minds of your patients based on benefits they'll receive, or consequences they'll avoid by doing the treatment you recommend.

### **What do patients really want?**

Patients don't want dentistry, they want benefits and avoidance of consequences.

### **What should the diagnosis process look like?**

Diagnosis is meant to be interactive: patients should be engaged and participating. The more the patient speaks, and the more questions the patient asks, the better.

Diagnosis isn't meant to be dictated to patients while they're reclined in a chair with their mouth open.

The diagnosis process is all about how the patient feels throughout its creation. It should be laid out when patients are upright, immersed in an experience, as you draw out their desires and vision for their health.

### **How can we quickly build rapport with a patient?**

Praise patients and offer them congratulations taking the best first step (seeing you) on their road to optimal health.

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## Step 2 Digging Deep Into the Common Objections

### Objection 1

The Value / The Importance / The Belief / The Deserve

### Objection 2

Time / Delaying / Waiting

### Objection 3

Spouse Not Present / Not In Agreement

### Objection 4

Insurance

### A Closer Look At Objection 1

#### The Value / The Importance / The Belief / The Deserve

A patient not valuing or believing they deserve what you're offering will halt your process. When patients believe treatment is important, many objections that would typically come up later in your process simply fade away.

If the value is great enough, even if there are other objections, the patient will actually overcome them with their own decisions and desire. This is powerful!

### Overcoming Objection 1

#### The Value / The Importance / The Belief / The Deserve

#### Use your tools:

- Use storytelling to illustrate your points with more detail.
- Showcase proof with pictures.
- Provide materials which reveal how your practice is different.
- Use your interview to highlight your clinical philosophy.

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- View your interview as the foundation for your clinical experience.
- Focus on getting the clinical yes.
- Utilize triangles of trust.
- Bring in the doctor to cast the vision of the outcome.
- Have the doctor reinforce potential benefits and consequences.
- Ask questions!

## Tip

Questions are key to developing value. A bold and influential question is asking the patient if they have any questions for you. This builds trust quickly and gives you the opportunity to knock down objections early in the process.

## Remember

When you eliminate the objections early on, you're setting you teammates up for success later on in your patient experience.

## A Closer Look At Objection 2

### Time / Delaying / Waiting

We handle this by attaching responsibility and time-sensitivity to treatment.

## Overcoming Objection 2

### Time / Delaying / Waiting

### Attach responsibility to acting / irresponsibility to delaying:

*"If you know something is good for you, how quickly would you act on it?"*

*"Of course, any smart and responsible person would do something beneficial for themselves as fast as they could."*

*"Some doctors don't help their patients until they're hurting. To us, that's the sign of a bad doctor. Our job is to completely solve this current issue, and, keep you from ever hurting in the future."*

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## **Attach consequences to delaying:**

*"I'm curious, what exactly would you be waiting for?"*

*"I'm confused by that statement. You understand how important this is, we've already talked about it. Remember that waiting too long is the reason we're discussing this treatment to begin with. I don't want you to wait longer and needlessly suffer even more consequences because of it."*

*"Neglect and delay has led to this circumstance. I have to tell you, I can't in good conscience say it's ok to wait. No, we need to take care of it right now. It's very important."*

## **Attach stories to instill confidence:**

*"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've waited to get my beautiful new set of veneers.' Not once."*

*"Every single one of our patients has said to us, 'You know what, when it's all said and done, I only wish I would've done this sooner.' And that's exactly how you're going to feel, too."*

*"I've seen this happen with patients in similar situations to yours. The ones who chose to delay treatment always regretted it. Call it tough love, call it a little encouragement, call it just doing what's in your best interest, but I think it's the right time for you to move forward with this."*

## **Tip**

If it's diagnosed, it must be done. Why else would it be diagnosed? Engrain it in your patients' minds that if something is discussed, it's relevant, important, and should be acted upon with speed.

## **Remember**

Every person will put off today what can be done tomorrow.

## **A Closer Look At Objection 3**

### **Spouse Not Present / Not In Agreement**

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Whether it's full-mouth work, surgeries, implants, any speciality work, even quadrant work, simply commit to having the spouse around when it's time for decision-making.

It will squash the spouse objection, and, the spouse has now quickly become your next referral into the practice. Simply put, the more people you have around during decision-making, the more people will turn into treatment.

## Overcoming Objection 3

### Spouse Not Present / Not In Agreement

If the spouse isn't present during decision-making, there's a four-step hierarchy for handling that situation.

#### Four Step Hierarchy If the Spouse Isn't Present During Decision-Making

##### Step 1 / Part 1

**Frame spouse support by asking your patient:**

*"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 you can eat all the food that you love?"*

**Let the patient answer, and respond by saying:**

*Good, well I thought you'd say that. We've never met a husband that didn't want what's best for their wife (or vice versa)."*

#### Four Step Hierarchy If the Spouse Isn't Present During Decision-Making

##### Step 1 / Part 2

**Transition into scarcity within the schedule and your advocacy for the patient:**

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*“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.”*

## Four Step Hierarchy If the Spouse Isn’t Present During Decision-Making

### Step 2

#### **Get them on the phone.**

If the patient wants to speak to their spouse, offer them the chance to use the phone and discuss. Hand them your telephone or give the patient some space and time to call their spouse on their cell phone while in your office.

## Four Step Hierarchy If the Spouse Isn’t Present During Decision-Making

### Step 3

#### **Set a follow-up appointment.**

Do this by asking when the patient will be speaking with their spouse, sending them home with photographs to share (not the treatment plan), and say:

*“Let’s have a conference call together. We can go over everything in case you have any questions, because obviously, I can answer any of those for you. This will put everyone at ease, and of course, I’d be happy to answer any and all questions from your spouse.”*

## Four Step Hierarchy If the Spouse Isn’t Present During Decision-Making

### Step 4

#### **Bring them back to the office.**

Do this by saying:

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*“Great. Why don’t we just push pause? No reason to go into any more detail today. I totally understand if you want your husband / wife to be a part of this discussion. How about we set a time where you both can come in and we’ll spend a few minutes with the doctor and then we’ll walk through everything that we’ve gone over here today?”*

## **Tip**

Don’t let the patient wiggle out of making a commitment to a next step to keep your process in motion. We don’t want to lose them to a state of limbo or need to chase them later.

## **Remember**

The spouse isn’t entitled to, or capable of, becoming the doctor. The spouse gets a vote as to what’s in the best interest of their husband / wife, but the spouse doesn’t get an opinion about the clinical outlay of the pathway to health. Don’t turn over those reigns!

## **A Closer Look At Objection 4**

### **Insurance**

#### **Be blunt and share the real purpose of insurance:**

*“You may have been misled about what insurance is, and that’s ok, but now I’m going to give you the truth. Insurance is just a small supplement. It helps with basic routine maintenance care: cleanings, a cavity a year, a crown, something like that. What we’re talking about is taking you to a state of optimal health.”*

#### **Shift into responsibility:**

*“At the end of the day, it’s only the responsibility of two people: you and our doctor. No one else, and certainly no insurance corporation.”*

#### **Transition into being the advocate:**

*“If we were basing your treatment on what the insurance company dictates, they’d let you slowly waste away to nothing because the more money they keep, meaning, the less money they give to you, the better they’re doing. That’s the game they’re playing, and certainly not the one we’re playing.”*

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## **Illuminate a factor of differentiation:**

*“There are plenty of places you could go where all they’re going to do is suck your insurance dry. However, at our office, we actually care about you and getting you back to health, not just extracting whatever we can out of your insurance.”*

## **Close with a decision needing to be made:**

*“If you’re looking for your insurance company to determine your health decisions for you, you’re at the wrong practice. It’s ultimately up to you: do you want bean counters at the insurance company dictating what you do and don’t deserve, or do you want to take your health into your own hands?”*

## **Tip**

Use the Health-O-Meter Chart and show patients that they have to buy their way back up to health in order to effectively use their insurance every year.

## **Remember**

Never justify insurance during your conversations, as it conditions your patients to focus on it. When it comes down to presenting the financials of your treatment plan, if insurance is involved, quickly celebrate if the patient got any amount from insurance, and then immediately move on to what the patient’s responsibility will be. Don’t ever linger on the insurance here.

**Now, it’s time to review the Money Objections...**

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## Step 3 Review Money Objections

Throughout every step of your patient experience, and when discussing any of these objections, you're simply trying to get patients to these two decisions:

1. That the patient wants to be at your practice and have you handle their dentistry.
2. That the patient isn't showing up to your office to do nothing.

**If the patient has an objection about money, now you don't need to get flustered. You can anchor it back to one of the four main objections and find the root issue of their concern. When you do, use your tools to overcome them.**

**When a patient says, "I can't afford it..."**

**Simply respond by asking:**

*"What can you afford?"*

**Subtract that amount from the treatment presented and then ask:**

*"Ok, that's a great start. Now, how would you like to take care of the rest of it?"*

**This gets you back to questions, which is a good place to be, as it keeps your process in motion.**

**If the patient brings up money too early in your experience / conversation, circle back to advocacy and value:**

*"Listen, at this point it's way too early to be talking about dollars and cents. I understand, and we're going to get there, but today we're focused on making you healthy. 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."*

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*“Here’s the good news: our doctor isn’t looking at your wallet, your checkbook or credit cards to find out what we need to do in your mouth. Our doctor is looking in your mouth. So, your mouth is going to tell us what the treatment needs to be, and then of course, you’re going to make your own decisions.”*

**This is a great, subtle way to shift the “blame” of the price tag away from you and back to the patient.**

**It’s not “your fault” nor is it the patient’s choice as to how much treatment costs.**

**Their mouth is determining what needs to happen.**

## **Tip**

Whenever discussing financials, always present it as a *“very affordable plan.”*

## **Remember**

Reinforce that you’ve never had a patient who didn’t truly believe in the value you’re providing. So, if there’s hesitation, turn it back to asking your patient questions.

*“We’ve come up with a very affordable approach, and that’s what we love to do. We want 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?”*

**Ok, it’s time to begin role-playing...**

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## Step 4 Role-Play

### Instructions for role-playing:

- Divide into small teams of 3 or 4 people per group.
- Begin by someone sharing a common patient objection from the Objection Category 1.
- Together, practice responding to the objection.
- Practice responding to the objection together.
- REPEAT for all 4 objection categories.
- Finish by practicing your response to the 2 Money Objections.
- This is an open-book activity, so refer back to the transcript for help!
- Make sure everyone gets a turn to respond each time around.
- Practice for 10-15 minutes before summarizing your experience.

### Tip

Patients can only say yes to what you give them a chance to say yes to!

### Remember

Your confidence, energy, positivity and conviction are the greatest ways to diffuse objections and help your patients help themselves back to health.

**Write your sample objections and responses on the following pages.**

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## Objection Category 1

The Value / The Importance / The Belief / The Deserve

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Response

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## Objection Category 2

Time / Delay / Waiting

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Response

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# Team Activity

## Objection Category 3

Spouse Not Present / Not In Agreement

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Response

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## Objection Category 4

Insurance

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Response

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# Team Activity

Come back together as a team and have each small group share one or two objections and responses with everyone. Write them below.

Learn from each other, and commit to consistency in your responses!

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Write any commitments about how you're going to handle certain objections as a team.

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**Tip**

Your confidence, energy, positivity and conviction are the greatest ways to diffuse objections and help your patients help themselves back to health.

# Team Activity

In your small groups, practice responding to the 2 Money Objections.

Make sure everyone gets a turn to answer.

## Money Objection 1

“I can’t afford it.”

### Tip

For help, refer back to page 9 for inspiration on how to respond.

Write your personally-crafted response.

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## Money Objection 2

“How much is this going to cost?”

### Tip

For help, refer back to pages 9 and 10 for inspiration on how to respond.

Write your personally-crafted response.

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# Team Activity

## Step 5 Self-Reflection

### Instructions for self-reflection:

- Have everyone answer this question individually: taking all the objections and responses in this activity into consideration, do you think there are any categories of objections in which your own beliefs hinder getting the clinical yes, and, getting your patient to optimal health?
- If so, which objections are you least comfortable with and why?
- Consider this question from the perspective of YOU being the patient: if you were the patient, where in the process would you be tempted to object?
- If you have any hesitations or discomfort, that's ok, write them all down!
- The only way to get beyond hesitations is to get them out in the open and to ask your team for help in getting over those hurdles.

Write your answers to those questions and your expanded thoughts about them.

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