



Practice Focus

Practice Focus

Series 3 Team Mastery

Session 8 Mastering the Art of Case-Building and Getting Buy-in and Involvement From Your Patients to Increase Case Acceptance on Comprehensive Treatment (Part 1)

Listen Online
dst.media/focus32

-
1. Listen to the audio recording.
 2. Follow along with this transcript.
 3. Use the transcript to help complete your Team Activity: **key points are highlighted.**
-

Practice Focus

Welcome to our Practice Focus today, and I'd like to dive right into this so you have as much time to work together as humanly possible. Last month, we put all of our effort into practicing questions with the goal of building muscle memory for your engagement with your patients, both to be proactive and getting patients more involved in their own experience, and to build closer connections to create rapport, and ultimately, understand where your various patients are coming from with their own personal mentality and perception of dentistry and what you do.

We took that to the very next level, and we worked on questions that could be used to rebuttal, when necessary, to various objections that you hear all throughout every day. I'm hopeful that you will continue to practice this and that you will take time to create a list of your ideal questions and develop your tools by the way you use your words and questions that you can routinely and consistently execute every single day.

Now, the biggest challenge we all have is doing what's easy instead of doing what's best. As you would expect, I hear all too often that we've slipped back into old ways, or you've gotten lazy with the triangles, or we are taking more pictures on "most" patients, and so on and so forth. I say to you, you're certainly better than that! The key is to commit to the consistency and to stick to it. Help each other to overcome complacency and to have every patient engagement that you own and are responsible for on point every single time. Because truly, that is what it's all about.

Today I want to take what we've discussed all the way up until this moment of time and build on last month. As we have really many times before, I want to talk about what I call case building. Case building, and this does in fact mean case building clinically with diagnosing and treatment planning. But remember, no dentistry gets done until it's first diagnosed and then it makes its way all through the entire process that you have worked so hard on to master and to apply to your practice process approach and the overall philosophy of patient care.

Case building with purpose, and to establish and work up towards case acceptance, is the entire objective of all patient interaction. As I say every month, helping get them to, "Yes," is the only way you actually get to help them at all. So, in line with that, this month we're doing something very different, because I'm going to simply talk through several different additional tools and things that you should be doing together and with your patients to help make case acceptance easier and much more likely to occur on total and comprehensive treatment.

Now, that said, it has to be comprehensively treatment plan and thoroughly diagnosed to begin with. You can do the best job at all of that, and if the patient is not fully committed, believing in, and desiring, and wanting the outcome, and taking ownership over their responsibility for and deserving of what you're inevitably going to present them, then you're truly just going to be disappointed by the end result.

So, I'm theming this tools and strategies to get your patients on the same page, to help improve your case acceptance on comprehensive treatment. I've titled it, in keeping with our team mastery series of these Practice Focuses lately and "Mastering the Art of Case Building and Getting Buy in and Involvement From Your Patients to Increase Case Acceptance on Comprehensive Treatment."

Practice Focus

I'm going to go rapid fire and you're going to write down various ideas and notes that are stimulated from what I talk about, and then, you're going to make a list of the key takeaways and the actions that you are committing to make improvement on, and to implementing, or just doubling-down. You're focused on consistency and you're already firing on all cylinders.

Now some, or hopefully, many of the points that I discuss with you today will be reminders. Simply reminders what you should already be doing. Nonetheless, better, faster, more consistently and so that we can help more patients every day. What I'm going to share with you today revolves around not just new patients, but all patients, and you will have different ways to approach and apply these as you work with the different scenarios of patients that are even the hard to reach ones that you can't get off the block to move forward with anything and they've been stuck for years.

Next month, and we're going to return to some role-playing examples and we're going to go through part two of this very and ever important and often missed or at least certainly underdone case building effectively to achieve greater case acceptance.

So as we dive in, we're going to go hard at 15 small points with big meaning and with big leverage that they have opportunity to.

And the first one I would like to discuss with you is what we call **pre-framing**. Now, pre-framing is talked about in different ways at different times. We have discussed in many cases on the phone digging deep into the patient engagement. We have talked about sending them through a welcome process, providing them with educational material, with patient stories, even with possibly before and afters or with all of your reviews. Pre-framing can be done on the phone prior to the experience. It's certainly done in the interview when the patient is in the office. But pre-framing is for every type of patient experience. Every time you have a hygiene visit, you have an opportunity to pre-frame. Pre-framing is talking about what's the point and the purpose, why they're here, what our goals are to achieve. It is setting the patient's mindset to understand.

A lot of times we say patients come to us because, and we fill in the blank. That's a form of pre-framing. When we're on the phone, the patient has a problem, we say, "We're going to take care of this problem and so much more. We're going to help to prevent any other problems from happening." That's pre-framing.

In hygiene, we say, "We're going to look into the future of your mouth. We're going to take an assessment not just for your teeth, but assessment of where you are and where you should be with your health."

Pre-framing is all about language and creating a mental visual picture in the patient's mind. There are specialists out there. We go through pre-framing about what life is like when the patient is able to have a good night's sleep and when we help them with their airway, obstructive sleep apnea issues.

When we talk about ortho or perhaps we're doing implants or surgeries, and again, we want to pre-frame what is the best possible outcome that the patient comes to us for and what we're able to do to patients that they may not have otherwise known about.

Practice Focus

I have not really gone into great psychological depth of pre-framing before with you. I really want you to talk about how you take a patient's mind and pre-frame the outcome, the vision, the objective, the case acceptance, the "yes" in the patient's mind throughout every aspect of the experience.

Now, the second point, which we do all the time, but you need to ask yourself if you're doing a good enough job at it, is to make sure that you were clearly and proudly standing before the patient telling them what are we here to do and what is our role in our patients' lives.

Now, way back in the day, I explained this to all of you, that you tell the patients that we want to accomplish certain things with you. Every patient in our practice, we want that healthy mouth, one that functions properly and has a beautiful smile. Again, you take out my words and put in yours. We need to ask ourselves, are we clearly stating and defining to the patient what we are here to do?

The third thing of course, is getting the patient to discuss their goals and what their vision of success is. Now, these are obviously in no particular order because they're applied to every team member and doctor at different places throughout the patient experience. So you could mix and match all of these applied to the phone. All of them applied to the treatment coordinator. All of them applied to the doctors. All of them apply to every clinical team member in different ways.

So the third point is, are we making certain to ask for and get the patients to articulate the goals and the vision of success for them? And then you're going to follow up in almost every case with the goals of the patient. You're going to follow up with what we call the "what else question." Now you have certainly practiced this. It's been in other Practice Focus discussions we've had, but it's certainly critical for you to have the muscle memory of the, "what else." What else would you like to see happen with your smile? What else are you concerned about with your mouth? What else is standing in your way of moving forward to treatments? Again, all of these tools are available for everybody to utilize. You're each going to learn how to do them in different ways.

The next point I would like to talk about is building rapport. Building rapport. Now, we could have an entire Practice Focus, and I probably should have, one specifically on the building of rapport. Rapport is designed around the idea of developing trust and what we call affinity. Affinity is that people like people who are like them, and that depends as long as they like themselves. Okay? What we want to do is we want to quickly identify and create rapport with people, and I really do believe that every topic I'm giving to you, we could have an entire Practice Focus on it, but it would take you so many years to get through the key aspects that I believe that you're smart enough and capable and experienced and you have the confidence to be able to execute these right away.

And so, the point of rapport, it's finding some commonality in the patient that you can share with them. This is done on phone calls. This is done on reactivation calls. This is done in interviews in the treatment coordinator consult room. This is done with assisting. This is done with hygiene. This is done with doctor.

Now, if you do a great job, okay, you will have built rapport throughout the entire experience and handed that off to your next team member in line, so that they can piggyback on the rapport building.

Practice Focus

Now, you all can be politely critical of each other and saying when somebody is not doing a good job building rapport or giving you something to work with. If every team member has to start from scratch and find that rapport, oh, you're going to waste all the time there is in an entire visit.

Now, the other secret thing here, is that you want to help your team members get the rapport based on the things that are in common with them. So, it can be rapport with other person. You can say rapport of, "Yes, the doctor and went to the same high school as the patient did." Or we say, "Well they have three grandkids too." Or we say that, "Well they love playing basketball or they like watching this." So you can pick up something.

But for every team member, it's good for you to have your own personal rapport with the patient as well, because again, this gets the patient to feel comfortable, warm, and more willing to listen to you.

The next, the tool or idea here that I would like to give you related to strategy is what we call the layers of health. Now, for every doctor, the clinical philosophy is somewhat different. For everybody, I mean, it's pretty much common sense if we're talking about gums and teeth, bite and smile, airway. We're talking about this, but if we're going specifically down to a particular patient challenge. If we're dealing with extractions, we talk about the next layer of health, of why the extraction is necessary, of what happens next when we need to fill the hole. Okay? And we can talk through options or ideally of going straight to a state of ideal and optimal health, which I'm going to talk about in just a second.

So when you are treatment planning, which comes first from diagnosing, you have to create the layers of health. By doing layers of health, you're helping the patient to understand the way the mouth fits together so that you're not just thinking about the specific problem or tooth or diagnosis to procedure, but we're actually building, again, I say the word, a vision for the patient. You can see how there's a theme to all of these, and this is every person's responsibility, every team member's responsibility, to constantly educate and bring to life the layers of health in your practice philosophy of what you do.

Now, you want to make certain that when you're talking about, and this is the next piece in the layers of health, okay? You want to make sure that you are utilizing the tools you have available to yourself. And this is using the patient's mouth as the example. Using the patient's mouth as the example. This is why I say, "Use what you've got!" So you're pointing out things, and of course I've long told you to use all the technology necessary, whatever is going to help bring this to life in the patient's mind to create layers of health. You want to have tools to use to do that.

Now, this can also be the posters. This can also be the different educational pieces. This can also be the two most important parts, which I'll tell you in a second. Now, why we go from layers of health, to tools to utilize this to demonstrate, is because you want to bring the patient full circle to what we call the "origin of the problem." This is simply saying why something is happening.

So, I've taken these four key pieces here and tied them all together: layers of health, tools to utilize to prove it to them, and then the origin of the problem, and why something has happened or is happening. Now, if you do these four pieces all together, you're going to build such a believable case and a very comprehensive case.

Practice Focus

If the patient understands how it all interlocks, how it all comes together, it's very, very, very frequent. Even in your amazing practice that you do such a great job, that we just point out problems. We patch holes. We put on bandaids. We tried to convince patients of just one thing they can see versus all the things that are necessary that they need.

Now, once this is fully established, you have the opportunity to explain to a patient how we can fix it and how we can prevent it. Now, it could be fix one tooth prevent it from another tooth happening. It could be fix this and then prevent it from happening again in the same area. It doesn't matter. Obviously you're the clinicians here, but what we have to make certain is that we're telling the complete story.

Remember how we've discussed, "the confused mind never buys." The confused patient who lacks clarity never says yes to treatment. Well, this is why we're talking about case building, because if you take it to a full circle perspective, you will fully be able to understand where the patients at in their mentality and you have to build the complete vision, not just comprehensive treatment planning every tooth and quadrant and area and functionality and aesthetic. I'm not just talking about this. I'm talking about the patient has to have a clear and complete vision of how all of the dentistry makes sense and fits together.

Now, the next tool I give to you, which I am only reminding you about this because we've discussed it and hopefully this sentence exists in every patient visit. We then want to find out is the patient with us, is the patient with us. The only way to know if they're on the same page is to ask them, and I like to say, "What do you want to see happen?" Or, "What do you want to do about this?" Or, "Where would you like, patient, to go from here?" These are the best ways to ask the question, and this is where you're giving the patient the ability to restate to us what they want to see happen in their mouth and what they actually want to get done. That's going to tell us if we're on the same page. If we're not, then we know that some of these points that I've gone over so many of them that we need to backtrack and we need to dive deeper in.

We have not created a vivid picture. We have not built enough value. We have not created the urgencies or the importance so that the patient is ready to say yes. This is so important that we deal with still in the operatory prior to moving to the money.

Now, at this point, I'm going to finish you up with four very, very critical pieces and these are really a culminating factor of everything we've done to build the cases. Now, what I call "establishment of the state of ideal" is really to define what optimal health is and what it looks like. Now, remember, every one of these tools is available at every part of the experience. I certainly could be talking about it over the phone based on the problems the patient has in their mouth. If I do a good job, I can certainly show it to them.

Now, we don't want to get the cart before the horse. We just want them to come in. However, it's important to reassure them that they don't deserve to be in pain. They don't deserve to be unhealthy. They don't deserve to have missing teeth, whatever. Okay? They deserve to have a great cleaning. We can talk with them about state of ideal, but mostly this is designed to be utilized within the patient experience. It could be a patient of record forever. It could be a patient coming in for an emergency issue. It could be somebody that just in the context of their existing treatment plan and that we maybe did not do a great job of making it comprehensive so now we're coming back and we're teaching and educating to the patient what is the state of ideal. How do we define optimal health?

Practice Focus

Now, especially once you've developed all of the problems, you now have to bring to them the solutions. I mean you're talking to them about it. Between the treatment coordinator doing the interview, if it's a new patient, before all the existing patients. You're making certain that you're not leaving this up to chance. They're giving the patient a clear perspective of what optimal health looks like. Therefore, why we have treatment plans or about to, and diagnosed to them in this way and all we do is pick apart stuff. The patient will be very less likely to accept something in a comprehensive fashion. If we have closed the loops, if we've closed the gaps, if we've bookended the discussion and we've gone to the point about showcasing to them what it's supposed to look like, why we are going to say or we already have said what we're doing. This is so, so under-utilized, to establish with the patient, the state of ideal and to define truly what optimal health looks like.

Now, by doing this in the way in which I've explained it, it will keep you from making the biggest mistake of them all, which is what I call: dumping diagnosis. Taking the patient's mouth, picking it apart, and just dumping diagnosis onto them instead of doing the dance, instead of truly building the case. Building the case, which is what I've gone through with you today. Start to finish. Okay, so you want to avoid dumping diagnosis and our team members can tell the doctors and hold them accountable to be their conscience, like I've told you many times, to make certain that they're not doing that.

Now, the two secrets that make all this sort of come to reality are talking from the pictures to the patient, with the patient, I should say. I got to watch my own language. Talking from the pictures with the patient and utilizing the models, the tools you have to show how an implant fits into the bone, show how the tooth goes on top of it. The mouth that fits together that you're using that you have that you can show them the proper occlusion. Anything that you can utilize, excuse me. You want to take their pictures and apply the state of ideal models and you want to then talk and relate that back to the patient and you want to create just like we create triangles, which I'm going to mention next. We've also create a triangle of understanding.

"Patient, this is what we are looking at together. You can see what I can see. Patient, this is what it's supposed to look like. You see how it's supposed to fit together. Yours does not. And patient because of these things, what we see and what I just showed you, this is now what we have to do." This is the triangle of understanding, right? Very, very important for everybody to get in the habit, but especially doctors, develop triangles of understanding. This will lead to far greater clinical yeses. This will lead to an obvious agreement by way of the patient because they have no other choice if we've created the triangle of understanding.

Now the very, very last point I want to make and then I'm going to turn you loose, is to fully commit to take every handoff, every transfer, every (insert whatever cliché word we use in dentistry), and turn it into and do a full-fledged triangle of trust every single time, and make certain that it's done verbally. When you interject another team member or doctor or anybody into the patient engagement, the person who's been with the patient should do the first speaking of the triangle verbal discussion. Then the person that's receiving the patient should restate or engage in some manner, the patient, in front of the other team members, so that we close the loop. We have the full communicative triangle there. The more triangles, just like I say the more pictures, the more a case acceptance and the more yeses that will be had.

Practice Focus

So, I don't need to restate any specific things, but I'll just go back. We discussed pre-framing, telling the patient what we're here to do, discovering what the goals and vision is. We're asking the question "What else?" until we exhaust it at every point of contact that the patient is supposed to be talking back to us. We're building rapport for all team members involved, getting the patient to like us and understand commonalities of human nature. We're going through the layers of health and utilizing all tools necessary to showcase that. We're going straight and all the way backwards to the origin of the problem and discussing why something is happening, and then and only then, how to fix it and how to prevent it in the future.

We're then talking about what the patient wants to do, what does the patient want to do, what do they want to see happen? Getting them to verbally articulate this and based on that, we're establishing the state of ideal and defining optimal health and we're avoiding ever dumping the diagnosis onto a patient not ready to hear, because we haven't built the proof and the development of the case in the way in which I've done here today. And then finally, we're making certain that the triangle of understanding is created by taking the mouth, the pictures, the realities and bringing it back to the models of what it should be looking like and then relating that to the patient of here's what we're now going to do in terms of clinical dentistry, in terms of treatment planning, in order to get them to the state of optimal health or state of ideal that we have created together with them.

Finally, everything discussed and decided must be moved through a triangle of trust with another human being by way of the person who's with the patient, the person who's now going to take over the patient so that there's complete verbal clarity, understanding, and transparency with the patient being involved, engaged, interacted with as part of this process.

Now, that's a wrap friends. Taking this seriously and applying this to as many areas of the practice, areas of your roles and responsibilities, doing as many of these things as you possibly can. You will find the real magic in influencing, motivating and compelling your patients to move forward with more dentistry faster, and you'll build so much more value and interest in your patient's mind that you'll run into, oh so much. Let me rephrase this. You will be able to overcome so many objections before they ever happen.

You will run into fewer and fewer and fewer things that you have to overcome on the backend. This is all made possible, most of all, it's made possible by your confidence in yourself and the value of what you do and the goals and benefits you are committed to helping your patients realize and achieve.

Your action steps are very simple. You're going to take every one of these and discuss them now that I've gone through them and go over them together as a team and develop your commitments and takeaways and what you're going to do with what we've discussed here today. Remember, the best thing is to use all of them, use all of them, to build the case, to build the case. However, you're going to pick and choose as you wish. If everybody can make a commitment to improving one or all of these aspects in very specific ways. Remember, actions make you feel good. Excuse me. Ideas make you feel good, but actions make us money by way of helping our patients get healthy, and it is all about the action. So turn this discussion today into action with your patients and I'll see you next month. Make it fun. Have a great time, and get to work.