



Practice Focus

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Series 3 Team Mastery

Session 9 Mastering the Art of Case-Building and Getting Buy-in and Involvement From Your Patients to Increase Case Acceptance on Comprehensive Treatment (Part 2)

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Welcome everyone to another month's edition of your Team Mastery Practice Focus sessions. Today, we are going to work on something that is so advanced that it has taken us this long to get here. We're going to begin the graduate level Team Mastery approach, to your triangles. While the nuances will seem simple, the art and effectiveness of it will depend completely on your practice and your dedication to working together between all team members to bring this highly sophisticated concept into your practice culture and your patient experience.

First, let's review the concept to the Triangle of Trust and why I designed it this way. There are three really underlying principles to why the triangle is so valuable. **First one is the concept of never leaving the patient alone**, and also having trust that's built through transparency. A true relationship, communication-based involvement with the patient and another team member at all times, and then of course **completing the triangle by having the verbal discussion, which is the second principle.**

Verbal handoffs between team members create clear communication, both for all of you, but also number three principal, for the patient. **Restating in front of the patient the main points for emphasis and control.** That's the deal. No patient left alone. Trust and transparency, verbal communication between team members, and ultimately restating the most important points for emphasis and the control mentally and emotionally as well as visually and physically with the patient who is in the middle of and a part of this great experience.

The tactics behind this are team members walking into the triangle should not speak first other than perhaps obviously to greet the patient or acknowledge. The team member who is the anchor to the triangle explains what has happened, where the patient is at with it, and what is going to happen next. This is an involvement device. An involvement device making the patient a participant. A person ingrained in part of the process, not something happening to them but something happening with them.

I assume by now you're trying to follow these three fundamental truths. First, they always happen consistently and effectively. Second, you each know your role and part and have organized role-play outline to form a particular, a specific protocol, of what is expected from each person. Third, you involve the patient so that it is not transactional but conversational.

Now, to build on this last month, we went through many of the very best case-building strategies to get your patients to fully understand to believe and buy into the bigger picture of their health and to arrive at a clinical yes to be fully committed to an outcome that they want, **which is the only thing that they're going to buy, an outcome that they want.** Each of these strategies within become part of the Triangle of Trust because it gives you additional information to share for the patient to experience.

We are ready. Okay? We are ready to build upon this concept, and everything we have learned up to this moment in order to elevate your patient interaction is where we're going next. I call it the **Tag Team Approach** or as they often refer to it as the **Batman and Robin. The Batman and Robin!** This is the single greatest way to totally and completely influence **your patients to do what is best for them and to do it together. Between two team members.** This could be the doctor and a team member. It could be two team members and to create a back and forth dialogue around what you see as possible for your patients. There is nothing better. Now, to be fair, some listening to this naturally have adopted this approach whether

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it's intentionally or accidentally. It doesn't make any difference. You're probably doing a version of the Tag Team Approach now.

The question is, is it effective? We want to take it to the next level. Now, I also say to you, is it the norm? Is it happening every time and on purpose? In fact, if you had a video of what you do with patients, most of the time, it might go something like this. There's three worst-case scenarios in hygiene or on the doctor's side. The doctor comes in, and if there is a triangle, as soon as it's over, the clinical team member exits to go do something else, to check on something else, to get something else. Instead of staying a part of the Tag Team with the doctor and the patient. You see, the Triangle of Trust is ... Let me back up and say this. I always say the Triangle is not just a handoff. It is not just a transfer. No. It's not just a transition point. It is built in designed to make sure that there is seamless connection between two team members every single time when the patient is being passed off to another person was really important significant information.

However, actually the magic is what happens in the middle of the Triangle, and the longer there is the Triangle. I don't necessarily mean in terms of expired minutes, but the longer there is a Triangle Dynamic, the more you are moving into the Tag Team Approach, and the magic is what happens in the middle of the Triangle.

But three worst-case scenarios are very simple. Doctor comes in and team member leaves. Well we cannot have a Tag Team Approach. The second thing is the doctor comes in, clinical team member stays, but they check out as if now it's the doctor's turn, and they're on the computer or moving around the room or getting this or getting that. They're not fully engaged and attentive and fully focused in the sense that we have two points of the triangle, geared towards the patient dynamic.

The third thing, the team member hopefully and surely is documenting everything the doctor says and does and the chart notes are specific, they're complete. But there's no back and forth. There's no real set up with the doctor. There's no preparation. You're really doing a very weak Triangle where it is literally more dumbed down to a handoff than it is to an experience.

Hopefully all of these above scenarios, you've risen above them. You're not falling victim to any of these three things. Nonetheless, the key and the magic is the next key, the next point, and that is consistency, consistency, consistency. The bottom line is we need tag team execution every single time. Tag team execution is not difficult as long as you stay present focused and are aware. It's even better if you've done the proper preparation and you know the patient, you have chart reviewed in the morning huddles, and you have a strategy for executing so that you know, not just who you're seeing, but what you're going to say when the doctor comes in. You know how this is going to be executed out to the treatment coordinator.

We now want to bring the triangle to life and to make it last and become the actual experience. While this does happen across the practice, the obvious part we are talking about right now is on the clinical triangle, whether new patients, hygiene or operative. It needs to become a back and forth experience between the clinical team member and the doctor.

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Now here are some examples. In hygiene, I have a patient. We've discussed a few things, and we've taken a couple of updated photographs. We've just reviewed the photographs of the past. I've already had small pleasantries. We started the cleaning, and I've addressed the fact that we had some areas that the doctor had mentioned watching in the past, and today we're going to want to revisit them. The doctor comes in. We always introduce doctor no matter if everybody knows everybody already. Say a few things. Doctor says hi. Doctor says, "So tell me what, what have you discussed so far today?" "How is Mrs. Jones doing with her hygiene?" Or this or that.

Now, the doctor said, of course remember, although we don't expect them to remember everything, that there's an area of the mouth that was of concern, so we're going to set that up by saying, "We have gone ahead and taken a look, Doctor. In fact, I took an updated photograph," or, "I do have the extras here from last time. There is a concerning area over here in a quadrant of treatment that we had not yet moved forward with that I know we're going to want to revisit today." So Doctor's going to say a few things to the patient, and then, "Patient, tell me how you're you're feeling. What do you notice about this? You realize that this of course is not going to fix itself. I'm just curious, hygienist, what do you think we should do now next for Mrs. Jones?" Or hygienist asks the doctor.

The point is that there's a dialogue open and involving the patient, so it doesn't come across as dumping diagnosis. We're not just repping off the next things the patient's supposed to do, but it's an involvement. Remember involvement device. Now, we might also say, "Well, you know, I was just curious, Doctor. What do you think about doing possibly some Invisalign here? I know that Mrs. Jones has not been wanting right away to do all the crowns, but we do have a little crowding in the bottom, and perhaps this would be a good thing for us to consider." Then Doctor says, "Well, Mrs. Jones, have you ever thought about this before?" So what you're doing is you're setting each other up.

"Now, there was an area on the bottom right where we had some deep pockets. We were doing some perio maintenance there, but we were just spot checking because it wasn't extensive. Have we updated this yet, and have we taken a look?" So again, what's happening is two people conversing around the patient who was there and in room, moving the patient into that communication so that when the treatment becomes relevant and it becomes time to discuss what's exactly going to be the next steps, we've already had the conversation unfold. This is what keeps it from being as though we're just checking off a list and going through transactional dentistry. The assistant is no different. The assistant, we have a patient coming in. I've said this many times before. Assistant tells the patient what we're here to do it. We talk about whatever else the doctor's discussed in the past. Doctor comes in, and we bring it back up. We set the doctor up to engage the patient with questions about the pending treatment, the next phase, the next continuum of care.

If it's a post-op patient or any other type of patient, it's again, the same thing is relevant. We're bringing things up. Doctor or assistant is making suggestions and then doing a back and forth. "What do you think about this?" The best way to do it is to make suggestions. Clinical team members making suggestions to doctor so that they now have something they can spin off to talk about. It can go vice a versa. Doctor can say assistant or hygienist, "Have you talked to the patient about this? Why don't you just share a few minutes here telling them about the benefits of implants? I know we've been talking about this one tooth over here or about doing something with this bridge. We'd really like to consider what we can make for long term permanent solution."

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Then the doctors let your clinical team expound upon things. Let them share. It's not "diagnosing outside their comfort zone." We're not talking about that. We're talking about letting them share and educate the patients, getting each other involved and getting the patient to open their mouth more than just you looking at it, but to talk about what they're seeing, what you're seeing and bringing the Tag Team Approach to life. So important. If we're talking about walking down basketball court, passing ball back and forth, back and forth, back and forth, this is really what it should look like. It's very important.

Now, an emergency patient is no different. We're saying to the patient, "Do you understand what we have going on here? Today, you come in for a serious emergency problem. When our doctor comes in, we're going to be discussing with you how to solve this problem that you're here for, but also making sure that we don't have any other underlying concerns of future emergencies that are just waiting to happen." Doctor comes in. Assistant shares what we've been discussing.

Doctor says, "Well, I'm very happy that you're here to make proactive steps with your health, and I'm sure that the assistant has told you about the fact that just because you have one emergency today doesn't mean we don't have another one later. What I would really emphasize to you is that we're going to look around and see what's happening here, but we really need to have you go through a comprehensive exam so that we can get out ahead of any problems that may be waiting to happen for the future. Now I'll have assistant here share with you about comprehensive exam and what this entails." Again, Tag Team Approach, suggestions, asking questions. What we're doing, it's not rocket science. It's not rocket science. What we're doing is we're taking everything they've done over the last several months and we're piggybacking it into this tag team conversation.

Instead of it just you engaging the patient or you handing off the information, what we're now doing is bringing it to life to where it becomes a fully interactive thing. It's most obvious with new patients. You understand with new patients, you're putting up photographs, you're asking, "What do you see? What would you like for me to explain about this? Do you want to know why this is happening in your mouth? What we want to do now is go to the origin of problems. Hygienist, would you please share with the patient why are we see these kinds of things, why recession is occurring, why you have it broken down tissue. What are the longterm health implications if we don't do anything?" So you're playing each other back and forth, and again, making suggestions to expand treatment to bigger pictures.

Listen to this please. Anytime there are two people with the patient, you should be focused on drawing the patient into the conversation and genuinely and authentically working together to bring up points and future-building of the case. That's what we're doing here. Furthering the vision. You can literally take any one of the tools from last month, which you should revisit and figuratively you can pass it back and forth. Photographs, models, before and afters. It doesn't make any difference. Anything can be done like this. You can pass it back and forth between two people, whether the doctor and the clinical team, or the treatment coordinator and the clinical team, or the doctor. It doesn't matter any two people.

This is where true magic is created because it actually eases the patient's mind and helps them to see whatever the point is differently, and for one person is acting from the patient's perspective and giving them a chance to talk and answer questions.

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You're helping say that things the patients should be saying. Imagine this. The smartest question I say is, "What questions should I be asking you right now?" Well, the patient isn't going to say that. So we say to the patient, "Patient, what I want to do now is I just want to share some of the things that patients have often asked or be curious about, even though they may not be able to articulate it. So if I were you sitting in the chair right now, looking at the picture I'm looking at, this is what I would be asking my doctor." Do you see what I mean? It's beautiful. Two people engaging patient, but then helping talk and speak for the patient so they can start shaping their mind around the things that we want them to be seeing, believing, desiring, wanting, committed to having an experience.

Okay. Listen. For now, I just want to keep this simple, right? I want to keep this simple. I want to further my examples. A hygiene patient with outstanding treatment. We bring it up. As soon as the doctor comes in, we're going to revisit it. Doctor comes in and listens first to what's been discussed, and it's great. "Well, hygienist, did you elaborate on A, B, C, or D?" "Okay, I'm happy to do that." "Patient, what questions do you have for me? It's kind of common sense that we can't wait and watch this thing forever, that we need to do something about it. Last time you were a little bit hesitant about that. Perhaps it's because it's not hurting or you don't care what it looks like. I'm sure that hygienist did tell you it is really not just about the physical appearance, but it's about the anatomy of the mouth. It's about how your teeth fit together. It's about underlying problems or disease that is going to perpetuate and get worse if we don't get out ahead of it right now. So I'm curious, what would you like to see happen about this? Okay, well maybe we should take a different photograph. Let's compare it the old picture with the new picture and let's just see if we notice anything."

Blah, blah, blah, blah, blah. Okay, you get it. "I'll tell you what. If you have any more questions, please let me know." Hygienist says, "Well, what do you think about this, Doctor? What do you think about if we go ahead and schedule for this other area of concern over here? We could probably do the crown and a couple of fillings all at the same time. That would save everybody some time. You and Mrs. Jones here, too. Then at that time maybe we could revisit the rest of the concerns of the perio that we can't seem to get ahead of on the bottom right." Whatever. Okay. Look, you have all the clinical expertise far better than me, but the point is that you're tag teaming, you're piggybacking on each other's conversation to solidify outstanding treatment.

You have an operative patient. "Well, we discovered something new to address. Today as I was preparing the patient for you, Doctor, what I did notice is that we saw some inflamed gums on the lower left. We have large gap over here where it's quite obvious. It's hard for the patient to be flossing respectively, and we also have food getting stuck there all the time. Yeah, I think we just need to take a look at this. I'm anxious to see what you think about it. You know, I hadn't brought it up to the patient yet, but I know that in the past we had touched on the possibility of whitening if they'd ever had any interest in that. Most people are. Maybe you want to share it with the patient about what this would be like."

Or vice versa. Again, we're elaborating. We discover something new. We bring it up and address. New patients, reviewing photographs is the easiest thing to do. That's where I would begin your role-playing here today, but you do want to role-play every example. You want the role-play new patients and hygiene or operative depending on where you put them. We want to role-play emergency. We want to role-play existing treatment. We want to role-play no treatment and something new has been discovered. That's what we want to do here. It's very important to develop the tag team.

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Remember, we're bringing this to life. Now for specialists out there, no offense, but this is a lot easier for you. You have fewer examples to work with, but you absolutely need to make sure that the Tag Team Approach is there. It doesn't matter if you go to sleep or ortho, if it's implants, if it's perio. It doesn't make any difference at all. You always want to move to the state of ideal. You want to move to optimal health. That's where we're headed. The entire point of the Tag Team Approach is to bring the vision full circle, is to keep the doctor honest, keep their conscience clean. From them diminishing treatment, from them saying things such as, "Well, I guess we should just start over here. Well, I think your insurance renews next year and then..." Now that's the advanced version. We're going to go to that next month. So, for right now, we're going to assume everything's going perfectly. We're going to role-play state of ideal, but understand, what you're doing is you're holding each other accountable in real time, in real conversation, in real dialogue with the patient in the triangles.

I shared with you enough. It's your turn. Now, what I want you to do is go back to role-playing with one team member playing patient and then two others doing the Tag Team Approach. If you really want to step it up, take actual patient examples, pull up actual records and photographs and relive real patient interactions. Then do it for patients that are coming up in the future. That's what the best people do. Challenging each other and make certain that you are involved in the patient, but you're controlling and creating dialogue back and forth. Our end goal here is simple. A more committed patient, a more comprehensive case, a more complete clinical yes, and full and thorough case acceptance. There are of course our usual three keys to success with every patient. Be prepared, be present and be patient. Be patient. It's not going to happen instantaneously. You have to dig deep, and remember the most important point is this right here. Nothing else matters other than this. This is it. This is ultimately what you do. I could add be persistent and proactive too, but you get the point. You can't be in a rush and too hurried. Even if you're behind, the point of a tag team is to help each other get to the main point faster and bring the patient up with you to full awareness of and desire for a true state of optimal health.

Now, for our business team, you aren't left out of this. You can also be doing the same thing with your initial patient interviews, and you can do this on the treatment presentations. You should by the way be treating every old patient that hasn't had a conference exam, is being reactivated, or even coming in for emergency due to negligence. Do the full new patient experience once again. You also always use the same Tag Team Approach on the final triangle and absolutely on every case presentation where a formal treatment conference is being done. It can and should be adopted. Wherever there are two team members with any patient at any time, always. In addition to this, our business team can give real feedback about patient concerns, confusions, where and how things break down, and once the patient leaves the clinical side, it will all come together. It will all come together. You will discover mini breakthroughs, some small, some big, as to how you can be more successful and effective with your patients.

The Tag Team Approach culminates everything from the patient engagement, communication, case building and triangles all at once. I'm excited to see what you do with this. Remember, practice as if it were real, and make the most of the experience. Document your decisions, improvements, and protocols, and above all else, don't let this be the only time you do it. This is one where we repeat it as often as possible because this is where the magic happens, and the more comfortable and natural you are altogether on this, the more success you will have. It's time to get to work, and I'll talk to you soon.