



Practice Focus

Practice Focus

Series 4 Elite Practice Evolution

Session 2 Setting Your Patients up for Success (Part 2)

Listen Online
dst.media/focus38

-
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 everyone to this month's Practice Focus session where we're back to talking about setting your patients up for success. I'm very excited that you've found great breakthroughs in very important nuances, and some high-level changes to the way you set your patients up for success that we diligently worked on last month. This month we're going to continue the theme and we're going to go straight for the goods. We are going to go to the heart of the matter, and that is the origin of all success in your practice. Of course, everything stems from this, and you know what I'm talking about.

There's a lot to dive into here so I'm going to dive straight in. Because you're receiving this, it means you're a veteran on our shared philosophies, it means you're committed to comprehensive care, and it means that you're receiving the most advanced Practice Focuses. And yet this one will seem very much like back to basics, and that is because there is nothing more basic – at the very same time – there is nothing more advanced than your approach to diagnosis in your practice.

As we always say, no dollar will ever be made or treatment produced or patient helped without first it being diagnosed. Diagnosis is your top-line number in your practice and that is the beginning of all things. Last month, we talked about pre-framing the patient's vision and the mindset and the belief about things. Now, we are going to focus on the diagnostic process, with patients, and how we go about building value with them throughout the entire experience.

Now, it's very important to understand, today's Practice Focus you're going to go through is going to be team-driven. It's going to be by you, so I'm going to run through some things very fast. I'm going to turn it right back over to you and you're going to get to work. I want this to be a very expansive discussion, and I want you to understand what we say. The best only want to get better, so how are you going to get better today at the things I'm going to mention, taking responsibility for the outcomes that your patients ... that you get with your patients.

I want to remind you about a few of our little tag lines. Our catch phrases, and more importantly, principled beliefs of patient engagement. That's what we're here to talk about.

★ **Number one, treat every patient like a new patient.** Of course, you've heard this many times. What I want to know is what do you do with it? What do you do with it? We're years into our relationship, and yet and still, patients remain unscheduled. Patients remain untreated, undiagnosed. Patients remain uninterested, even, in certain things. The question always becomes, what can we do to do a better job; to be more thorough? We treat every patient like a new patient every single time.

★ Now, for our specialists, they see a new patient pretty much every time anyways, but no matter what it is, on follow-ups, on anything that we're doing, it's very important. Treat every patient like a new patient. Look at their mouth with very fresh eyes, okay? This allows you to, **number two, take the leadership role in showing the patient the big picture about their mouth and their health.** Now, this should come back to last month where we went over the mission. We refocused on philosophy. The question is, what is the big picture for you? You should have your pillars of health, you should have the things that you most believe in. You should have the things that every patient hears and listens to, that you tell, "This is what we're about."

Practice Focus

Every team member should be able to say, “These are the pillars of health. These are the big pictures that we believe in.” How does dentistry in your practice fit into the mouths and the lives of your patients? Let’s take a leadership role in showing the patient what this is. Now, that’s a whole lot of what pre-framing was about, even though we did pre-framing at each different step in the process.

★ The next point is going beyond problems and into possibilities, beyond problems and into possibilities. Now if we do this right, next month I’m going to actually have you do some tangible, real-life patient experiences, in order to discover what you could do a better job of moving from problems to possibilities. For right now, for right now, I want you to think about simple things such as an extraction is not just an extraction, but at least do an implant. Okay? A partial or bridge is not just on the surface. What it is, is something that could be upgraded to something else. We might have an ortho that could be done first and then cosmetics, or cosmetics and then ortho. Restorations, and then sleep appliances. Do you understand? You need to think deeply about what we can move from problems to possibilities. This is also about from reactive to proactive. This is our theme every single month. Move beyond problems and look for the possibilities of the ways you can help people.

★ Remember that we always focus on, number four, pictures, proof and pain, pictures, proof and pain, okay? What are you doing to demonstrate proof? How are you engaging the patient with the photographs? What are you doing to emphasize not just physical, not just the teeth hurting, the gums bleeding, the roots are sensitive. What are we doing to figure out, okay, what is the pain point in the patient’s mind that we can use to move them forward and build the value of what we’re suggesting to them?

★ Number five, we want to ask more questions and get more engaging with patients. Very, very important. More questions. Ask the patient, “Do you understand? Do you follow me? What do you see about this? What do you think about that? Have you ever thought of ...” Okay, and again, this is reminders. Today is all reminders of core principles, but focused on one thing: and that is creating a bigger diagnostic approach with your patients. That is figuring out how to build value in the top-line number. If we’re going to have goals, daily production goals, which is the last thing that happens, we’re going to have collection goals, we’re going to have case acceptance goals, then we’ve got to first consider the biggest opportunities possible for diagnosis. We don’t have to make up the number. The numbers are going to be based on the reality of the patient’s mouth, but it’s something that you have total control over. So ask more questions.

★ Now, the next point I want to remind about here, is, use the state of ideal and optimal health as a baseline to compare against the current state of the reality of their mouth. This can be done with before and afters. This can be done with many different things. Usually they’re done with demonstration.

However, the main point is to emphasize to the patient that here’s where we’re at, this is where we want to get to be, now we’re going to figure out what we need to do to close that gap, okay? I call it building the bridge, pathway to health. State of ideal, what is your state of ideal? And you all need to be able to answer this. Now, not every patient’s going to agree with you. Not everybody’s going to say, “Yes.” But you have to base what we’re doing on state of ideal.

Practice Focus

If we're just patching holes and looking for the problem, you're going to have one of the lowest common denominator diagnosis, versus, if we were really looking at what is truly state of ideal for this person.

★ Next one, emphasize the patient deserves the benefits of the treatment. There's many keywords, okay, besides emphasize. That means make it important, make it big, make it significant. Put this in the forefront of their minds. The patient deserves, emphasize what the patient deserves, the benefit, the benefit of the treatment. I didn't just say, "Deserves the treatment," benefit of the treatment. We have to make sure that throughout everything we're doing, we re-emphasize the patient deserves, deserves, deserves, deserves. It really boils down to always focusing on telling them and giving them permission to say "Yes," permission to say "Yes."

★ Number eight, resist and avoid letting the patient commoditize or diminish the value by interjecting any focus at all on insurance and money. You must make sure that you are not guilty of this either, okay? So we do not allow money and insurance to get interjected into the integrity of the diagnosis. Now, simple stuff like you don't diagnose, you don't prejudge the pocketbook, you don't diagnose the insurance, treatment plan, you know, the lowest common denominator. These are things, again, you know. What I'm saying is, what can we do to do a better job of keeping the patient from commoditizing what you do, from reducing the value of the dentistry, the value of the outcomes, down to an insurance and a money-based decision. We must eliminate these things. Once again, you have to make certain you're not guilty of this either.

★ Number nine, ensure that you present all treatments, the total picture all the time, and do not break down with words or with steps or with anything that the mouth is in pieces and parts instead of the whole. The number one way to grow the practice, to create leverage for yourself, is to make sure that we're giving patients an opportunity to accept treatment in totality, okay? That's the number one way: getting the patient to accept treatment in totality.

Now, that means that as you build the vision, you build the big picture, you build the value, that you then don't go to them and present it in pieces. Very important. It may end up that way anyhow, we want to keep the patient in motion. That's all true and we understand. But what we're really looking for, though, is we're looking to get the patient to accept comprehensive, okay? Accept the end result in totality. That's what I want you to commit to. I want to make certain that the way you present the treatments holds the integrity of the diagnosis. Critical.

Okay, I could continue the list, but it's a great start to the reminders, to the reminders, okay? Now, our first activity is to rate yourself on a scale from one to 10 on each of these core principles.

Rate yourself on a scale from one to 10 on each of these core principles. You can each write down what you think you are, okay, or what you think you are not. And then, it doesn't matter, by the way, if it is clinical or not. Please, it doesn't matter if you answer the phone, you're doing insurance, you're a hygienist assisting a doctor, treatment coordinator, anybody, okay? You all engage in these things. You may not be the one taking photographs, okay, but there's other points on the puzzle here that you certainly deal with every single day in your verbiage, okay?

Practice Focus

Now, some of this is systems. Some of this is verbiage. Some of it is protocols, some of it's just patient, you know, back and forth. So we need to make sure in the triangles of trust that all of these things are congruent between both team members. So what I want you to do as a team, is to decide on where you're at on a scale from one to 10, and then ask yourselves, "What could be improved to get you to a 10?" That's it. What could be improved to get you to a 10? If we're going to close the gap on these items, what could be improved to get you to a level 10 performance?

The key is, of course, to become more and more consistent and effective because you undoubtedly do this so well most of the time, most of the time. I want you to be at your best all of the time, because every opportunity to help a patient, we have to assume we won't get it back, okay? It is your responsibility to make the most of it, to make the most of it for them.

Okay, now, this most likely will take the entire time to do, which is fine, by the way. However, I'd like to move forward with one other basic activity to set us up for the next month: part three of helping patients, where we will actually go over some diagnostic examples, and talk about how to get patients to move off the money. Now, I want you to outline your approach to diagnosing the following. Actually outline, outline the approach. A new patient with a comprehensive exam, a long-standing patient in hygiene, an emergency patient, a patient that's in the doctor's schedule doing something or finishing something up. Yes, I know it's obvious, four stages, okay? For our specialists, you can break down your new patient categories in order of type of visits based on procedure.

I want you to have a different team member walk through each of these examples out loud with the whole team and go step by step, what happens clinically in the operatory, to build the case, to create division, to diagnose the dentistry. This includes going through exactly what the doctor does or doesn't do, as well as to update or create the chart and finalize the diagnosis leading into the treatment plan. Now, you may very well be spot on the money and nothing is missed. You may very well be already so good. There might be some things, though, that have been left out, or, shortcuts taken. We don't need to be critical. We just want to ensure that we have a diagnostically-driven practice and that every single patient opportunity is first and foremost assessed by what we can do to help them today, and that we aren't going through the motions, missing things that really matter. It's also critical as you go through these little critiques, you critique each other, that everyone is on the same page with the thorough diagnostic protocols.

I want to finish with a list of what we learned and what we're committed to doing more and better. And remember that nothing happens without diagnosis, and that when we grow that number, our greatest number of all, the opportunity to help patients, we literally grow everything else. It's very important to move everything together cohesively as a team. Every person must diagnostically approach every patient experience with consistency, congruence, integrity of what the practice philosophy is.

I want you to have a lot of fun with this. Review nine principles. Some you'll spend a lot of time on, some you'll just fly right by. Remember, we want a level 10 performance. We want to break down the diagnostic flow of the clinical engagement to make sure that we actually are doing the things necessary to create the thorough and comprehensive vision possible, and we want to get everybody on the same page. We want to step this up, my friends, step it up to the next level. That's where you're headed. I'll see you next month. Get to work. Have a great time.