



Practice Focus

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Series 5 Personal Growth and Practice Development

Session 9 Creating the Interactive Dental Experience

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Welcome to this month's Practice Focus, everyone. Get ready, because just like last month, we are doing something completely different that we've never done before. That's why this is your mastery level track and we are focusing on the highest level of implementation and execution. And that's what you're ready for. We have taken several months and dedicated it to patient communication; the conversations that we are going through with every possible aspect of what you say to each other, what you say to your patients and how to use your words to enhance your patients' experiences and outcomes. This month, we are going to turn to very specific tactics and strategies around one core topic and theme, and that is patient engagement. I'm calling this The Engaged Patient: Creating the Interactive Dental Experience.

Okay. I'm going to define patient engagement as three things, all which build on our relationship and experience discussions and your intense Practice Focus work from last month, which includes your list of words to use in practice and patient vocabulary, as well as your list of taboo words to never use and eliminate from your mind and your mouth. So here we are going to bring to life three aspects of patient engagement.

First, the overall concept of what I call the Interactive Experience or Experiential Dentistry. This is how you make dentistry happen with, not to, someone and how you bring your patient along as a participant instead of a bystander. This happens predominantly through your patients actually doing something, as in literal terms. And it happens by you asking questions to get them talking and taking ownership in the process. This is big, and I'm going to challenge every team member from your personal position and perspective on it.

Second, I want you to assess and get more comfortable with specific tools and resources that you have to use in order to make your experience more engaging in the process and with your patients. This will vary from position to position and the area of the practice, and we'll look at it from all angles and perspectives, and I'm going to have you brainstorm together how to make it better. This is where bigger, more comprehensive cases are built, and where complete case acceptance occurs and all other magic happens. This is the difference from having to convince patients to being able to educate and influence them, and facilitate their positive, smart decisions. The more engagement that you have here with proper tools, including the standard pictures, proof and pain, then the easier everything else becomes and the more committed your patients will be.

Finally, the third point of patient engagement is the less literal and more figurative part that is the result of the first and second, and that is keeping your patients engaged in the process, whether that is from the phone call to the front door, or inside the four walls of your practice, or after the fact and coming back for their hygiene appointments or follow-up or therapy visits, or moreover just moving through their treatment plans as a whole down their pathways to health, or through, I should say. What are you doing to keep your patients engaged in their own health, in their own ownership of their health, in your experience, in the relationship that you're creating with them, in the realtime conversation you're having? How do you just keep them top of mind, present-focused, eye contact, and otherwise literally engaged in the conversation?

These three things come together to make a complete and effective interactive experience, a two-way street type of mutual relationship, and they remove the transactional approach to a visit and to a patient. By the way, the more you commit to and hold yourself and your patients accountable to engagement, the more they will love you and rave about you, leave

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you reviews, bring you referrals. All of this goes far and above just closing cases and making money and their ownership of their health. It really is the difference between practices that are just better than average and practices that are the very best. And the results will be higher patient values, greater case acceptance, but also so much more.

This becomes that rising tide that lifts up everything else in your practice that we talk about. It's where you want to be investing your time on improvement, because in addition to the communication, nothing has a greater impact on your ability to build better patients than this: how you engage them with their health and your process and make their experience and relationship with you interactive.

There you have it. This month, I've laid it all out for you at once, and now I'm going to go back and give you the questions to go through as a team and the things to work on to make this one of your most productive and impactful patient focuses yet. Because after all, what else is there that determines your success and brings to life your vision, mission, purpose, than this? Patient engagement.

Now because all this goes hand in hand together, I'm going to give you the first and second part of patient engagement as a one-two punch and have your team work them at the same time. Here's how it will look.

First, I want you to assess: in what ways can you make your part of the patient experience more interactive by answering these questions...

What do you need to know about your patient to better help and serve them and give them an effective experience to lead to a successful outcome?

Then, I want you to immediately follow up with this question: **what do your patients need to know from you to do the exact same thing?** Now, that takes some serious thought and some outside-the-box, honest assessment, not just about how you're doing but about your state of ideal.

This goes from phone to hygiene and new patients to long-standing patients of record coming back in for an emergency and everything in-between. This goes from the evil double-edged sword of insurance, and of course from the doctor as well. Done properly, this could take you the entire time and several additional meetings just to do justice by each team member's role and responsibility of how you bring to life patient engagement. **I want you to literally go from phone call and address. What do we need to know from them? What do they need from us? Patient intake: whether treatment coordinator or otherwise, what do we need to know from them? What do they need to know from us? Assistant or hygienists: what do we need to know from them? What do they need to know from us? And the doctor, same thing.**

This is very different than our usual communication flow and our triangles of trust. I want you to take the patient engagement concept literally, and really drive out of each person having a responsibility, you being the guide to give information and to get information. This also should move you forward into the list of questions that you ask and the questions that you answer, but maybe not answer by the patients saying it, but by you just delivering information.

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Now, if you do this right, going from team member to team member to team member all the way through, you will see the natural compounding of information and the building up of the patient's engagement, resulting in a culmination of case acceptance and a patient-for-life kind of mentality.

Okay. Of course, don't stop at these two questions. I want you to finish this off by comparing what you wrote down as state of ideal from both sides to your current reality, and then talk about what you can do to improve on these. And don't forget to be open-minded when you listen to feedback from your team after you've presented your own personal reflections.

Now we'll add the second punch, which are the tools and resources that you have to better engage your patients in your part of the process. On the phone, it might be a checklist you walk through, or be the welcome package that you detail out, or something you email while you are talking to them to confirm they received it, or a text message. There is the obvious of the health history form, and hopefully some type of welcome video you want them to watch. I would emphasize here not just what you want them to do and what you want to know from them, but also how you're going to ensure that they are successfully engaged in and following through with the process.

An easy example is what we're going to do to ensure they complete their forms and show up on time, or at the very least: what is our clearly defined approach and system for this in engaging the patient before they walk through the door? Who owns it? What is the state of ideal? And what can we do to improve and enhance it? You also have the other obvious related issue to insurance and the whole dynamic around it.

Now, inside the practice from the treatment coordinator, maybe it's a laminated piece of paper that goes through the pillars of health, or a poster on the wall, or a more personal questionnaire that you talk through. In the treatment room, whether it's an existing patient or a new patient, what do you need to know from them? What do they need to know from you that makes it more engaging and effective experience to lead you to your desired outcome and the objective and how you can make it better, and what tools you're using to do that?

I want you to go into more detail than you ever have before, and actually role-play out how you talk about an x-ray, about how you'd bring up questions related to the photographs, about what tools the doctor uses to diagnose.

Do not shortcut this, please. The more clarity everyone has about what tools are being used by each person, you will have repetition in all the right areas and no overlap in all the areas that there shouldn't be. What we are doing here is building continuity and ensuring a congruent patient experience from start to finish with a participatory patient engaged with the entire process.

Okay! Once you have exhausted this and each team member has taken time and talked through and literally presented to your team all three questions on punch number one, and then going through and presenting your tools and resources, and brainstorming ways you can be more effective or additional things that you might not be thinking that you can do.

And then really, use them and move on to the final question.

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And then the third part for you to do as an entire team, and that's this: where do you lose your patients in engagement and in actuality? When they don't follow through a treatment or they don't reappoint for hygiene, how do you follow up and track them?

And really it's the most basic point, but I want you to get bigger than that. I want you to think about on the phone where patients that don't schedule or don't show up, or they don't come in with their material completed, where do we lose them? Why do we lose them? Why do you think this happens? What about inside your practice, from the front door walking in to walking out again? Where do you think patients become disconnected, disoriented, they get overwhelmed, confused, or they get lost in the shuffle or in the conversation? Let's just keep this open-ended and have a great discussion around it, and then make sure that you're closing these gaps. And you should find that you were work on part one and two actually help to resolve and advance part three.

But if you did miss anything at all, fix it. Commit to it. Take care of it right now. I want you to finish with an actual step-by-step checklist, like a board game, of where the patient starts and how they finish and everything in-between, with each part of the outline being a specific tactic to how you are keeping the patient engaged and making the experience interactive, and who, in name and position, owns the execution of each one.

Hey, that will complete and culminate the engaged patient system and experience for you. There you go. Now, listen, this is a big one. As I said, it's very big. In the first part, we'll take the most amount of time. The last part, not so much, but you really do want to culminate with a formalized engaged patient hierarchy, and really, standard of excellence and execution that you're going to go with.

This is very fun. There is nothing more frustrating than a patient who is indifferent with what they're going through, or you thinking everything is just perfect and you're crushing it, all to be disappointed or let down by your patient in the end. Don't let that be you. Take control and responsibility for creating, facilitating, helping be successful... the engaged patient.

Now, this changes all of that, because just like full circle communication and the connected patient experience, the real secret to the whole process is: engaged patient. The degree in which they are and you keep them engaged is the degree in which they will believe in, accept, say yes to, and of course, invest and follow through with the complete, comprehensive vision of health and their pathway to health that you've created for them.

The whole secret to the engaged patient, my friends, is this, and technically, it's more yours than their responsibility. So let's see what happens! Have fun engaging each other and helping each other improve the way you engage your patients and really bring to life experiential and relationship dentistry in a more interactive, fun, dynamic, and most of all, effective way. I'll talk to you next month.