



Practice Focus

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Series 7 Bettering Your Best

Session 3 Better Triangles of Trust (Part 1)

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Scott:

Hello everybody. Welcome to another powerful Practice Focus. So this is the opportunity we have to work on mastery to taking things really to the next level in everything you do. And I always say it's not about new stuff, it's about the fundamentals, the principles being revisited, being made consistent and reliable and doubling down on what really drives results. And it's easy to get caught up in clutter and noise and distracted versus focused and really disciplined and diligent with whatever's going to move the needle. One of the most fundamental, I hate to say the word, "basic," because we're going to make the basics advanced, but basics that is in all patient experiences, all flow, all processes within your practice are the triangles of trust. And we want to build on our last couple Practice Focus sessions, we're moving into the real time patient engagement and how you interconnect with each other.

Now, I don't care whether you've had the same team members for the last twenty years or you got new people in the last two days, always coming back to triangles of trust because it's like any kind of sport. All right? You're only as good as your next pass, not your last pass. And when we think about moving the patient through the experience in a practice, it doesn't matter how good you did yesterday or last hour, what matters is with every patient you remain present, in the moment, and you are sort of in that flow: that state of ideal where you are connecting all the pieces and the people and the patients to the experience.

And the secret to that is beginning with the end in mind, all the way back to your practice philosophy, to your phone calls, to how you schedule, then ultimately with the patient when they walk through that door, understanding what does success look like at the end of it. And between the beginning and the end, the start and the finish, we have these beautiful triangles that create and guide us forward. So I have my good buddy and best friend here, Maegen, to share with you her brilliance. She's going to kind of ping back and forth with me a little bit and we're going to cut to the chase today because we want some significant role-playing done in your meeting and your training session. So we're going to keep it quick here with the 15 or 20 minutes on triangles so that you can go to work with each other on elevating your consistency and effectiveness in communication. Maegen, your thoughts?

Maegen:

Well, it's a great topic Scott, and I think it's one of those things that everyone does some version of. And the point that we want you to really hone into today is not if you're doing them or if you're not doing them, but how can we make them better? And that's a big, big topic because I don't think there's a single practice we've talked to that hasn't mentioned that communication is a really top priority for them, both with the team and with the patients. And the beauty of the triangles is that it covers both.

And so when we think of the triangles, it's important to remember that difference between an average handoff, which is more about ourselves, it's more about efficiency within our flow and making sure we've got the next team member set up. That's important. **But where the triangles really become triangles of trust is when we make it about the patient, we make it about their story.**

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Maegen: So I want to go right into it, like you mentioned Scott, I'd love to hear from you. When you think about are the best of the best in our DST universe, what do you notice the best practices, the strongest triangles, what are they doing right?

Scott: Yeah. Well listen Maegen, thanks for all that and I 100% agree. We're going to kind of finish with philosophy and vision, so I'll start with tactics. Every triangle has a purpose. So the main thing is to remember what the purpose is. The purpose is to move the patient forward to the next step and the next team member in the experience. So we're not trying to accomplish too much. And Kevin and Maegen came up with a brilliant idea of the past, present, future of telling a complete "story." That's the word I want you to write down right now. What's the story that the patient is involved in, helping write, with every interaction, and that we, me, I in the triangle, wherever I am taking care of the patient I own, conveying and transferring over the story to my next team member.

So I would say, Maegen, the number one most important success factor that the best of the best do is always adding reason why and reconnecting to goals. The patient's goal cannot be something written on paper. It must be something brought to life with every transition point within the practice.

The second thing everybody does right the best is they don't dumb these down to handoffs. They don't pass the patient, they pass the story, they create the next element of the patient experience in real time with the patient interactively. Also, you really continue to stay focused on the question and the answer that you are engaging the patient with so that as you move forward with triangles, you're able to restate what the patient says, but in a more meaningful, influential, powerful way to guide that patient forward. I would also of course tie in in the tag team, clinical tag team triangle, and we probably maybe be the next Practice Focus, so we could break these babies down into the essence of each one is really understanding the clinical yes.

So in the triangle number one, it's goals and expectations. It's begin with the end in mind. It's our pillars of health and what you're going to go through today. In the tag team triangle, it's all about that reality of health, future vision of possibility and then boiling that down into clinical yes, an agreement between the doctor and the patient outcome. And then in that final triangle is the summary version of what success looks like and what the agreement has been. It's bringing the clinical yes forward into life with that treatment coordinator, patient concierge.

So the best of the best, remember the purpose of each triangle. They create a story with the patient and then they move that forward, they bring it to life with the next team member within the subsequent next step or triangle. Maegen, that's what I would say.

Maegen: That's great. And you mentioned the reason why, it's so important, so important to bring that to life and something that I hear often through our teams is that clinical teams, our clinical teams do a great job of doing this in

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Maegen:

the office. They're building the case as they're sort of creating this vision and sometimes people think, "Well, we already did it there so it's already well done, we can just move the patient along." But if you're not carrying that reason why for the patients, their personal reason why they want to move forward, into that triangle of trust, it's a really big missed opportunity.

So we can't stress that one enough. It's ultimately what creates value in the case acceptance and all that good stuff. So, the benefits of moving forward, making sure we're emphasizing that, anything we can do to really champion for the patient in that triangle, it's that last final push. It's so important. So I'm glad you mentioned that, Scott. Let me know if you want to shift into a little bit of... we don't like to focus on the negatives, but the common things that we see that might be tripping ourselves up in the triangle. We can go there unless you had something else you wanted to add to the philosophy.

Scott:

We could go still deep in philosophy and reminding people, you have to bring things to a conclusion. So if you leave something open-ended, then it's really hard for the next team member to do anything with that. So for example, if the patient is on the fence or delay or something like this, we want to use the triangle to embed the punchline, the power factor or the influence. So such as example, why it's vital, but we cannot delay and we've discovered some things, cannot delay. Patient's health depends on it. Doctor, take it away. Or treatment coordinator, I know you can find a way to help Mrs. Jones move forward today because of how significant the impact is going to be or because of what we must avoid in losing her teeth or continuing disease or whatever. So just remember, you have a lot of responsibility in each person in the triangle to conclude your part and lead into segue to next, which brings me to the stuff in the way.

Where do we kick ourselves? Where do we self-sabotage? Where do we really let down ourself, the patient, the next team member? And conceptually, I'd just like to say it's when we "happen to patients," instead of "happen with patients," it's when the patient is a bystander and the patient is not included within, right? So that's why I always say 3.3 people always patient at the top. The patient is the commonality, the only person in every triangle, the only person a part of the entire experience all the way before the front door, in the front door, before they leave and after they walk out, the only person is the patient! So we have to understand that they're the commonality. We have to connect on the outside revolving around the patient as a nucleus. And people do lose sight of that. You see it in diminished cases, you see it in diminished value, you see it in fighting for money instead of facilitating an outcome.

So that's one. And I know Maegen, you talk about minimizing the importance and also repeating bad information, that's a lot of what you share about. And I guess the last one where I would say the big self-sabotage is not making things urgent, not making every single benefit time sensitive, every single decision and now decision, not a delayed decision. And that really we have the ability to instigate that, to be the catalyst for. So that's what I would say. Remember, it's far better to tell folks on how to do it right than how not to do it or how to do it poorly. Nonetheless, you have to be mindful of these things

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Scott: and that's why I always go back to stay present, stay in the moment, be with that patient and incorporate them into this. That's how you get them to buy responsibility, to take ownership over their health. The triangles have so much magic in addition to being case expanders, vision broadeners, okay, in case acceptance, solidifiers is what they really are. Maegen...

Maegen: That's great. And I think there's something you say often, Scott, I hear you say, and it's, "What you focus on, you get more of, every time." And so we know that's the case as well. And we're going to bring it into triangles because when you think about it, sometimes we think it might even be helpful, maybe it's just an innocent comment, but we tend to repeat what the patient tells us because we want them to feel like we heard them, we're listening, we're paying attention to what matters to them. At the same time, if we're slipping in any excuses, any limiting beliefs, any reasons for delay that the patient has mentioned in the op. and we're repeating that in the triangle of trust, we are focusing on the wrong thing. And that's where it takes extreme mindfulness. There might just be one phrase, one thing that you've gotten really good at these, but there's that one phrase that you keep saying that's it is repeating a patient excuse.

That's what you want to zero in on because that's where if we focus on what's holding the patient back, it almost strengthens that hurdle for them versus if we help them overcome it, if we say things like, "Patient has some questions about the next steps..." Or, "Patient has some questions about the pace of the next appointments, however, him and doctor are on the same page, they're on the same page that they want to get to their goal of being truly pain-free once and for all. So he's going to talk to you, you might have some questions, but we're really proud of him for picking that goal." We're focusing on the positive, we're focusing on what we do want their attention on, and not the excuse or the hurdle or the obstacle that's in their way.

And so it's okay if you need to spin it around a little bit. Let the treatment coordinator know that maybe the patient's not quite there yet to a full acceptance, but we're going to keep fighting for them up until the end and setting them up for success. So that's where I would also pay attention to when you have your team discussion is where are we still sneaking in those limiting beliefs and repeating the patient excuses and how can we up-level that?

And then the final thing I think, Scott, you mentioned this as well, but just to stress it again, hopefully no one else is doing this anymore, but we really want to make sure the patient is always included in the triangle of trust. It's really important for them to hear the reality of their mouth. Sometimes there might be something that you need to tell doctor privately, but I would also question that a little bit and think about why you're holding back from saying it in front of the patient.

Are we worried about hurting their feelings? Are we worried that they're going to get scared or they're going to get overwhelmed?

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Maegen:

Just challenge that a little bit and see if there's a way we can take whatever needs to be said and really let the patient be involved in it as opposed to having a hallway conversation or a private discussion. That's something that can be very powerful and often what the patient needs to hear to build that importance and that urgency to really do something about it. So that's the key thing.

Scott, I think let's focus back on the good stuff. Let's get back into what really tees up our team members here. We talk about the connected patient experience and we're really as strong as the last person who set us up in the patient experience. So if you can share for us what you see is the best way to really tee up our next team members.

Scott:

Yeah, Maegen, thank you. Well here's the deal team, let's get to work. We're going to have to probably two-part this because there's some real discovery you need to do. And what I'd like to ask, challenge, okay, adamantly request for everybody here, I really want some role-playing, and the thing that you can do at this moment is ask for what you need from one another. Talk through, I don't care how many times you've done it, you do triangles everyday all day long with every patient, but you've got to watch some game film and the end of the day huddles, you should be doing that. You should be seeing, "What went well? What went so good? And then where were there loose ends?" Guarantee loose ends happen when there are loose time, when there are gaps in communication and when people don't solidify and finish their part of the responsibility. I don't care at any point in the process. So you don't beat each other up, but you got to give each other real feedback.

Here's where people miss though. The morning huddle's all about creation, but the morning huddle should also be about strategizing your triangles of trust. Especially new patients and especially every single clinical tag team triangle doctor engagement. That is really the point of the morning huddle, is a doctor and clinical team member, "What is our objective with this patient? What needs to be prepared in advance? What is our goal by the end?" Now there's going to be real time discovery, there's going to be new photographs, there's going to be fresh diagnosis, but at least based on what we know today. So what I want you to do, and Maegen can clean this up, I want you to move forward, all right, with assessing typical day, typical flow if there is such a thing, each triangle, I want you to break it down and say, "Hey, here's what we feel is going really well. Here's what we feel like could be better. And here's when things go awry."

Basically, same thing Maegen and I just did for you we want you to do for yourselves, and I want you to think about what changes, priorities, added questions, maybe bullet point out some protocols, some refinements, some finesses, some finesses with your triangles. I want you to go all the way around the rooms, go through all the patients, all the team members, all the categories of visits and map out and assess and reflect on your triangles of trust.

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Scott:

Secondly, I want you to challenge yourselves to what you can do to better set up in the morning huddle, the triangle strategy and the outcome of patient. And then the end of day huddle, “Where can we tighten up on closing gaps being quick on loose ends so that things don’t spin out of control?”

All right? And then the best you can, role-play a few triangles from each team member that you interact with in a typical day. And on the front end and back end, that’s mainly going to be our business team giving feedback to clinical team, clinical team and doctors giving feedback to each other. And then we can certainly role-play out new patients on the front side from patient consult, treatment coordinator into the clinical team. So it’s kind of blank slate, it’s a little bit broad topics, but the key point is on the transitions, is on the triangles, is on the flow and the information. From this, you’re going to spit out a whole bunch of beautiful ideas of how you can level up. As Maegen says, take it to a level 10. And then when you do that, we’re going to circle back and we’ll talk more about psychology and influence.

We’ll talk more about what to avoid. So for example, the more times money and insurance is a part of your triangles, even if it was a part of the initial discussion, the more you’re going to fail, you’re going to do the patient a disservice. The more influential and the bigger you make these conversations, the better you’re going to be with your patient outcomes.

Remember this, and I leave you with this: triangles of trust connect communication, they enhance experience, and they build better patients. And therefore, achieve greater value and greater outcomes every day with every person. Maegen, I’m going to let you close this out and sign us off and give your parting words and appreciate everybody. Let’s go, Practice Focus time.

Maegen:

Thank you Scott. And I want to reiterate something you said at the very beginning, which is, “The magic is in the role-play.” So make sure that as you’re having the conversations, you leave some time, most of the time hopefully, to really talk about past patients that you guys have seen. Talk about people that have come through and see how you can level it up. So not necessarily repeating what we’re saying, maybe start there, repeating what we said, and then see how can we make it even more valuable.

How can we maybe take something out or reframe something that’s holding them back? And that’s going to be where we can have some fun with it. You put your own identity and branding on it with your verbiage and we just get to see how we can tell better stories for our patients. That’s ultimately what they’re connecting with and that really gives them that final push to see value in the investment.

So thank you so much for taking the time to better your best. Hope you have a discussion and excellent role-play, and we look forward to seeing what you come up. We’ll see you next month.