



Practice Focus

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Series 7 Bettering Your Best

Session 5 Better Clinical Yeses (Part 1)

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Scott: Hello everyone. Welcome back to a really special Practice Focus segment with myself and Maegen. We're always excited to be here, because the whole point of the Practice Focus is really to level up. I'm always reminded by one of Maegen's most brilliant lines, where she'd say, "It's really not, are you doing it or aren't you doing it? It's really, how well are you doing it?" And I would say, "How consistently are you doing it?" Today with our Practice Focus, as we've been doing recently, we're taking a very specific and particular topic, pillar, key point, and going to go into an advanced in-depth level on it and that's what you're here for. That's what the Practice Focuses are all about.

Just like as we say, championship team, you don't wait to lose to get better. You're going to use this to double down on your awareness, your effectiveness and your commitment to this. So before I tell you what it is, let me just introduce, who needs no introduction, and is very much our key asset in all of our development and the person who constantly challenges us all to push the limits and gives us ways to do it, Maegen. Welcome to this month's Practice Focus. How are you?

Maegen: Thank you Scott. I'm doing great. I'm happy to be here. I think this particular topic is one of the most fun ones we get to have, because it's really where you see the light bulbs go off for the patients in that moment that's really special in the patient experience. Excited to jump in and why don't you kick things off for us, Scott, with just walking us through the topic today, and from your perspective, why it's such an important part of the patient experience.

Scott: Thanks Maegen. So team, without further ado, we're going to focus in today on the most important yes you could ever possibly get inside of your practice, your patient experience: we call it the clinical yes, clinical yes. Now before I define this, okay, de-fine this, what I want you to understand, is the clinical yes is so interesting. It's so special, because in this, we could say case building, diagnosis, discovery, we could talk about all that. But last year I think it was, we did a one-two punch, real deep dive on building better cases and helping the patients see a bigger picture vision. Today what we're doing is we're just saying, "clinical yes," because it allows you and your team to really talk about the nuances and, both qualitatively what you expect for your clinical yeses, and then also I would say quantitatively what you want to get clinical yeses on.

And we want to keep this flexible today because this could be perfect for our specialty practices with a specific modality of care with sleep or TM or ortho or surgery or perio or implants. And then it could be also more for on a traditional side of care, where we're just talking about the comprehensive nature of the treatment plan, and I would say as a result of this, several minutes from now, one of the things you have to ask yourself is, "Are we getting a clinical yes on the right thing? Are we getting a clinical yes comprehensively?" And if we're doing a pathway to health and we're letting somebody give us a clinical yes patient that is just on perio, or just on a quadrant, or just on the chief area of concern, all this nonsense, all these scapegoats of being losers and wimpy, then we have to have integrity.

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Scott:

And so, one of the key things today for your clinical yes, it's not just about are we getting on with the patient? It's all of you together using this Practice Focus to assess the, what's the right word I'm trying to say here? I would just call it the integrity of the clinical yes, and it's about, like I always say, "It's not about case acceptance, it's case acceptance on what?" So you would say it's not just about a clinical yes! It's clinical yes on what? And as a team, we need to be on the same page and really in lockstep with this because that's where you could do a very half-assed, shitty triangle of trust and everybody's, "oh no big deal," and we're passing off a clinical yes and then we wonder why we're not getting bigger cases. We wonder why our schedule is plateaued with small-value appointments. We wonder why.

And it may be that everybody's doing such a beautiful job, the downside is we have allowed too small a definition on a clinical yes. We've let ourselves accept a clinical yes that really is not of the magnitude, the meaning, the significance, the value, that is going to help us achieve our goals. Not to mention help the patient, okay? And I say that because if you are practicing the clinical yes into the definition that I created, the standard of excellence that we determine it by, then you would be your own conscience, and through every step of the patient's experience, all of you together would be each other's conscience as to whether you're doing it right. So clinical yes, is an agreement between the doctor and the patient, and I'm happy to say hygienist and patient, even assistant and patient. It all depends on what type of patient and what process we are in within the patient experience. But generally speaking, I don't just want to say a new patient, but for any patient, this is an agreement between the doctor and the patient about the outcome. We set some goals and then we decide on an outcome. We define success. And when we have a definition of success, we thereby have a pathway to get there. And since we always talk about success equals optimal health, we would say pathway to health. The clinical yes would be on this.

Now why do I say it that way? Well I say it that way because it's not about getting a clinical yes on X number of teeth or a clinical yes on a specific number of a tooth. It's not about a clinical yes on deep cleaning or perio program. If we do that, what happens is all of our focus gets directed down into prices and procedures, instead of keeping this broad and having the discipline to achieve and arrive at a clinical yes that is more conceptual and more idyllic. We want the clinical yes to be about that, because that allows us to then go backwards, reverse engineer the outcome by building the most comprehensive pathway to health possible. And by setting up our treatment coordinator, our business team, to receive that clinical yes on a treatment summary, not all the details, which is allowing them then to have more control over the size of yes, schedule, payment, investment that they're able to get.

So Maegen's going to make this all a whole bunch more clear and easy to understand, but today we're talking about clinical yes. And I've already given you like six different things that you could discuss with each other about. Do you have the right definition? Is the size, scope, concept of your clinical yes even being tracked or monitored? Do you have a closed feedback loop on your patients even going all the way into morning huddle, what kind of clinical

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Scott: yes do we want to achieve on this patient and how are we going to do it? And then end of day huddle, did we? If we did, what was the outcome on the backend?

You see, you can take just this 10 minute speech I'm giving and you have so much work to do, because it's not, we're getting them or we're not getting them. That's basic. It's when we're getting them, are they good enough? Could they be better? And how? And more importantly, I'm taking you to the root of the clinical yes, by definition, and saying our practice growth, our breakthrough, our expansion and upgrading of people's health all comes back to the integrity, the root of the source of the clinical yes. So I'm going to stop here, Maegen, throw it over to you and allow you to make it better and apply as you wish.

Maegen: Well it's a great introduction, Scott, you covered so many points like you said. And so I think the best way I can probably take it from there is just to find that thread that runs through it all, and the keyword that's keeps coming up is, "value." It's really that idea of this pinnacle point in the experience where it is a literal question. We want to ask our patients what they want to do and it's shifting from all the amazing education that you guys are all really great at and asking the question of, well, how good are we taking it from education to a decision? And that's really where that clinical yes becomes so valuable in the patient's mindset, is because before they even talk about finances, just taking a pulse check of where are they at? Do they even want this thing? And so the other two words that come up is shifting from a, "need," versus a "want."

Really being able to frame it to make it look good, to make the next steps and what you're recommending go beyond just what they need, but why should they do it? How is it going to make their life better? You used the word, "outcome," and I think that's a great word as well when you think of the clinical yes, is what do you want to see longterm? How can we help you? And so I think it's a great thing to focus on when you talk about these conversations being an opportunity to keep bettering our best and looking at if we're doing a great job, what does it look like? How can we do an even better job at making that recommendation? Not just what the patient needs, but how should they schedule their next appointments? Why is it going to be worth it to put in their extra investment beyond insurance? How is this going to pay them back in the long run? And kind of answering those questions and walking through it with the patient before they even look at the money.

I'll pass it back to you Scott. I know this is a topic that comes up often, and certainly from the conversations you're having, you really do see what the best practices are doing to keep the clinical yes strong and maybe some common areas of opportunity, you like to call it, where you can step up and really strengthen this, so I'll let you take it however you want, but I think it would be very helpful to explore some recommendations.

Scott: Thanks Maegen. Yeah, great advice. Listen team, there's I think three major points. The first two are relatively easy and then I'll talk about some ways to get it, make it better. Now remember, I already gave you a bunch of stuff; your

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Scott:

alignment. Maegen and I use this word, and Kevin too, a lot on being congruent and alignment and harmony. Okay, so between each other it's vital for you to have a clear understanding of what success looks like with your clinical yes, since that's the topic we're focused on in order to be able to carry them out. The first thing to remember about this is that the business team should really never have challenges with financial stuff aside from helping patients figure it out.

If there is a question left about, "Should I or shouldn't I?" If there a question left about, "Is it worth it or not?" You understand? Then we screwed up something. We didn't do enough in the clinical tag team triangle because the clinical value and the achievement of the highest strength of clinical yes and the significance behind it should usurp and trump all other objections, other than the basic stuff: money and scheduling. But not a value situation, not a, "Should I or shouldn't I? Is it worth it or not?" That kind of stuff should be overcome in the clinical experience and the secret will be the conviction in the clinical yes. That's the bottom line.

What I just set you up for is a discussion, although we hate saying it this way, a discussion front to back, back to front, on, are we on the same page with this? Are we all seeing the same thing? And clinical team, request feedback from your business team. What do patients say? Where do we get stuck? How could we do a better job giving them clarity and confidence in their clinical yes before they exit? And same thing, business team, provide feedback. But then also you can say what can we do to better support on the clinical side before and after the patient goes through the clinical experience and the engagement in the operatory?

The second part I would like to share: clinical team, you and your doctors, this must be a tag team. Maegen gives a great analogy of the tennis match with the patient back and forth, back and forth. You don't just take an answer and then it's like dead, done, right? You continue asking questions, you volley back, you gain more information and then you move it forward. I want you to think of that same idea with each other, our clinical team, hygiene assistant or surgical assistant, implant assistant, ortho assistant, TMJ, sleep, it doesn't make any difference what you're doing.

With your doctor, you've got to think of it as you're volleying back and forth with each other. So sometimes if the doctor believes we have a clinical yes, you might ask additional questions, or you might say, "This is really great, doctor. Patient, I just want to make sure you're clear." The same thing, doctors, you walk in or during the experience, your clinical team should be super engaged. Remember it really shouldn't be walk in, walk out, right? It's two people tag team. That's why we call it the tag team. No patient left alone, nobody walks in and one person walks out kind of a deal, but you should play off each other. And doctors, if you need more information, you expected more discovery, if photographs weren't up or photographs are up, but there needs to be more questions and engagement, you got to go back to clinical team members and say, "What about this? What about that? Have you covered such and such?"

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Scott:

Part of this is all of you remembering to hold each other accountable. Owning your part, your role within this dynamic. And if one of you is letting anybody else, it doesn't matter to me which team member it is, including doctors, you're letting anyone else do too much of the heavy lifting, then you got to discuss it. It's not fair. Not about fairness in terms of equity, I'm talking about fairness that any one team member is doing more to compensate for someone doing less. The reason is because if we do it properly, we're culminating into a clinical yes and our influence is compounding with the volleys back and forth, with utilizing each other to drive more engagement and impact on the patient.

So first and foremost, building clinical value, and that's need, want, deserve. Secondly, making sure that this is a tag team that just like you're engaging a patient, you are volleying back and forth, whether that's on pictures, proof and pain, whether that's on diagnostic protocols, and that is why we go back to our clinical philosophy, our pillars of health, our diagnostic protocols. If there's congruence and alignment in every single patient experience, then the doctor and the clinical team member will be able to have continuity with each other as you build consistency with every patient. Lastly, lastly, the thing I would finish with, is Maegen's talking about what do the best teams do and what are our opportunities? You got to track it, you got to talk about it, you got to role-play it. As we often say, again and again, the single most important meeting that takes place on a weekly basis is doctor and treatment coordinator.

But I don't want to disclude people, it could be hygienists, it could be assistant, it could be any, it could be the whole team. In the best case scenario, you're not going to have 42 people, or even 12 people probably, but you might have little teams, little pods that you should be reviewing every human being that had treatment presented to them, especially for sure new patients. And we would double down and check, "Hey, we saw these patients last week, how did we do? What was the clinical yes? Did that result in case acceptance, money and schedule? If it didn't, what could we have done better?" And so that game film back and forth is vital to leveling up. And of course, again, looking at the week ahead. I really already gave you the best thing, which is the daily taking your morning huddle to the next level of not just talking about we're already past the treatment, so we're talking about the patient. We're not just looking at the chart, we're talking about the patient. Talking about triangles of trust, we covered that last time. But now we're talking about what kind of clinical outcome do we want to achieve with this person? What kind of clinical yes? So often practices default right back down to what we established on day one we would not do, and that's be an order taker.

A clinical yes is not like we're sitting around here letting the patient know their options and then letting them place their order for their health. No, the clinical yes is an objective that we are wanting to achieve as a state of ideal with this patient and then every aspect of the experience should be leading us to that ultimate goal.

And then lastly, at the end of the day huddle, again, this is where we would say, where was there a challenge here? Our clinical team, you should want to know that every patient said yes, and if they did not, what was the reasoning

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Scott: behind it? What are the next steps? But also, where did we go wrong? Where is there opportunities to learn, to course correct and improve, specifically on this patient, but then also just in general? And that's how you hold each other accountable, you maintain really great and amazing communication and you constantly increase your integrity of the clinical yes with your patients and as a team as a whole. So Maegen, I know we're going to wrap this up here quickly, but I hope I gave some things there. I'll let you have the final word on how to make this applicable here for the team's meeting and then I know you'll be back next month, taking this and really unpacking it into some very specific key areas to level up.

Maegen: Definitely, Scott. I think that's a great place to pause right now. You gave really wonderful topics to discuss as a team. And what I would add to just keep shaping that is use real patient examples as much as you can. So if there's patients you can think of in the past week or two that are top of mind, you want to run the role-play using the scenario of what happened and then run it back a second time. After you've had your good discussion and you know where there's area of opportunity and maybe some new verbiage or a new step you want to be more consistent with, we call this, "mind mapping." It's a great way where if you can do it once the ideal way, the bettering your best way, in the safety of your team meeting, it's going to give you a lot more confidence once you're in real time with the patients to go for it because you feel like you've already done it. I'll leave it at that. I think the discussion questions are great and really just appreciate everyone continuing to look at those opportunities to stay sharp and keep giving that influence to patients, because as that guide, it is our responsibility, and this is a wonderful opportunity with the clinical yes to just keep staying strong with that. I think that's a good place to stop there, Scott. What do you think?

Scott: It's great. Team, let's get to work. Let's first make sure that we understand with every type of patient, with every type of procedure or whatever specialty, niche or realm, ultimately, comprehensive, complete health dentistry, that your clinical yeses are well-defined, that you all understand them. And then you need to go to work on that clinical tag team triangle, thinking about the volleys back and forth, and then also on the feedback loop with the business team and clinical team. Remember, the clinical yes should be a reflection of your clinical philosophy, your goals for patients, and that should be built based upon having integrity with the pillars of health for every person and developed by your diagnostic protocols. All of these things are your tools, methods, resources, strategies to achieving that clinical yes. Reflect on this specifically, then role-play back through, and then look at your day strategically, and then ultimately set some priorities and goals.

Thank you Maegen. Team, let's go get it. Make it happen. This is, as they say, "Where the rubber meets the road." Just like you're never going to get case acceptance on more than you've diagnosed, you're never going to get more scheduled or money paid, okay, than your clinical yeses. And at the end of the day, no patient's going to receive the value and benefit, and the life-changing care you provide without all those things being in alignment and being successful. Take care, everybody.