



Practice Focus

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Series 7 Bettering Your Best

Session 6 Better Clinical Yeses (Part 2)

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Hello everyone. It's Maegen here with you as we continue our series on Bettering Your Best.

Last session, we focused on the clinical yes, most important part of the whole patient experience, where we start to shift from education to a decision. And it might not be the only formal point of the conversation where you do this, but it certainly is the most formal part of the decision-making process, where we check in with the patient. That's where we see where the progress is made. That's where we do the pulse check. And that's ultimately where we take everything we've talked about and see where they're at, see what agreement they're ready to make with our doctor directly.

So last time, we had gone through some really great refocuses, some good discussion questions to take a look at your own process. And today, we want to take a look back. We want to reflect on some of the decisions, the takeaways, the biggest feedback you received at the last meeting, and see where have we improved, where have we seen progress.

And we're not going to be looking so much as, "Are these happening or is it not happening?" We're going to look instead at the quality of these clinical yeses, the quality of where we can take things up a notch. Because as we talked last time, there's no glory in getting insurance yeses. The patient's already made up their mind that they're going to say yes on insurance before they've often even called you. So what we want to look at is influence. What we want to look at is opportunities to help the patient really shift from "need" to "want."

So three key points that I wanted to refresh for your discussion today. This is building off of what we talked about last time, but hopefully will put everyone back in that mindset of looking at quality versus quantity when it comes to the clinical yes.

Number one, people buy on stories. That is a thing that we all do in our own minds. It's very rarely a price tag that is going to make the be all end all of a decision. It's certainly a factor, but there's this quote that I really like and it says, "No one has ever made a decision because of a number. They need a story." So the number one question to think about is how good are we making that story sound? And is there an opportunity to make a bigger deal out of where our patient is at on their journey, even beyond what they tell us?

And so, we want to look at our storytelling abilities. A few key things to look at is being proud of your patient goes a really long way. It's rare in life that we get praised, that we get congratulated for decision-making. So to have this opportunity here where we're proud of our patient, we're proud of them for listening, we're proud of them for engaging, we're proud of them for maybe acknowledging some past decisions that got them to this point. And so, we want to use this opportunity to tell their story from a place of being proud, congratulate them on their decision-making. It's really important that we refresh the patient's story, so whether it's us talking to them, whether we're doing the handoff to our treatment coordinator, we want to tell better stories.

We want to use things like, "In the past, Mrs. Smith thought like this, but after today, we're really proud to hear her say this." Or, "Mrs. Smith, I know you had some doubts about if this could be for you. I want to reassure you, you're absolutely at the right place. And yes, you deserve this. Yes, you deserve to have the outcome." They like a story: past, present, future. It's a great way to redefine where the patient's at and just find a connector point with them so we can level it up.

Practice Focus

Number two, be directive. Be directive on the best case scenario to move forward. We like to call this, “the assumptive yes.” Not speaking of “if” you move forward, but rather “when” you move forward, “when” you are on the other side of this, “when” we get you back on track with your pathway to health. Everything is assuming it’s a yes. We’ve already made up our mind mentally, that we’re doing this. And sometimes the patient needs to hear our confidence to have it mirrored back.

Another phrase that works really well is reminding them, “Completing this, taking care of these steps, making this investment, is going to get you to your goal of (fill in the blank)...” ...get pain-free...have a more functional mouth...be able to enjoy your favorite food again...be able to sleep soundly...have no more missing teeth. These are all great things to remind the patient what do they get for saying yes, and let’s make that the forefront.

Now, the other thing that we see is very powerful is when our doctors directly ask the patient, “What would you like to do next?” “How can I help?” “What would you like to see happen next from here?” Very direct. And this is where we start to get the patient shifting from education to decision-making. And so, we want to look at how directive have we been.

And number three, making sure that we’re packaging up the treatment, and the way that you want it presented is the way you want it accepted. It should all mirror each other. So we want to remember the clinical yes is not just case acceptance. It’s not just a decision. The question is, “a decision on what?” Because it’s not hard to get the insurance acceptance. That part’s already been decided in the patient’s mind. So if we give ourselves that challenge of bettering our best, it’s aiming for more, it’s aiming for a decision of acceptance on more at a time.

So, as an example, we talk and we make the recommendation when we’re securing the clinical yes, when we’re making that agreement with the patient of what they want to see, always ask up. Or better yet, when we’re recommending the next steps, frame it as bigger, talk about it in terms of sides or arches, try not to drop below a quadrant when we’re talking to patients about moving forward. Once we do the nitty-gritty of the education, which is where we have the small, little pieces, we want to make sure we’re not asking the patient to add up those small, little pieces to a bigger acceptance. We want to make sure we’re doing the flip. We’re giving them the, “Hey, let’s start with your left side and we’ll take care of all of these.” And that’s going to help the patient follow in the way that we hope to see them say yes to more at once.

So that is the biggest thing, is clarity when it comes to those big pieces, the best case scenario. “It would be in your best interest...if we start with the left side and then do the right side...because...you’re going to be back on track with your health much faster. We’re going to make sure you don’t get more issues down the road as this gets worse.” We give them clarity. And so it’s very important we remember, “the confused mind never buys.” We want to get clarity from the doctor in the room before we move the patient forward.

So if you are giving options, try and drive them to the decision on the best option for them before we bring money into the picture, before we talk about the price tag of this, just really taking what the patient has shared with us is important to them, and helping them solidify that to the real outcome that they want.

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And remember, if we don't do this, if we only start with the very next step, and we're going to inch the patient forward step by step, one one little piece at a time, this is what leads to distrust. This is where we start to hear that feedback of the stereotype of the dentist, "There's always something new every time I come in." So if we want to remove that completely, let's be honest. Let's package it up as a whole mouth. Let's package it up as sides or arches minimum. Let's package it up in completing the treatment and the next steps in as few visits as possible. And this is what helps build trust on the flip side.

So those are the three key areas to refocus on today.

The last point I wanted to mention is watch out for these things. And this is where we want to make sure—the clinical yes is in the room, absolutely—but when we transfer to our treatment coordinator, you have an opportunity to re-solidify it one more time. And so, when we present the patient to the treatment coordinator and they're about to go talk about the investment, it's very important we don't use words that water down the treatment.

So we want to watch out for phrases like:

"Only a little problem."

"It's a small issue."

"It's a slight challenge."

"Let's just start with this for now."

"Let's watch this and see where it goes."

All of this normalizes that it's okay to have small issues and it's okay to wait.

So just to be very mindful we aren't using any of that language that downplays the importance of health and downplays the importance of proactive dentistry.

Instead, we want to congratulate and be proud, "We're really proud of Mrs. Smith for considering taking care of this before it gets worse." "We're really happy that Mrs. Smith is seeing the value of not letting the disease spread any further." That's what can really help patients make the right choice.

So as you go into your discussion today, we want you to rate yourself. So this is where we talk about it's not, "if we're doing the clinical yes, or if we're not." The question is, "How well are we doing?" So in this discussion, we want our treatment coordinators to give feedback on what has helped:

Where has there been a very strong clinical yes that has helped you with case acceptance?

What is the language that's been helping?

What is the thing that the doctor's saying in the room that we want to solidify and emphasize again when we hand off to our treatment coordinator?

Practice Focus

Ask for more of what you want.

And also giving our treatment coordinators permission, ask for certain things to be stopped or to watch out for certain phrases that might be getting in the way. So that's from our treatment coordinators.

Now, clinical team, we want you to bring up cases and examples of where you think you did a great job on the clinical yes. And getting feedback, again, from the treatment coordinators of how it can be translated even better. And then, as well, looking for opportunities of where could we level this up? Where may we have let the insurance acceptance be good enough? And where can we instead help the patient get that vision of acceptance as bigger and better?

And then lastly, let's role-play. Let's take recent patient cases that you're discussing and see what does the stronger clinical yes sound like, what's that reinforcement in the op or directly from our doctor that we could dial in even further. And that same phrase, "where can we then emphasize that one more time," in the triangle of trust to our treatment coordinators.

And final discussion point, very important, is meetings. Meetings and accountability. We talked last time about having that meeting between the doctors and the treatment coordinators to review the clinical yes and that triangle of trust and really dial in that process. We also talked about end of day huddles as being a great opportunity to do this. And of course, morning huddles as well, to set the intention and choreograph the day.

So review your meeting structure, see if we need a stronger meeting structure, see if we need to recommit if we're letting other things get in the way of that meeting, how can we make that more sacred? And let's talk about ways we can have more efficiency and use these meetings to help yourselves.

And that's really the key to this. The rinse and repeat. We make our commitments, we see how well are we doing, where have we seen progress, where can we look back and know we've got some work that we want to still develop? And then having those meetings and checkpoints to see where are we doing well, where is it happening, where is it coming to life, where are we supporting our patients to make that decision a little faster in the process? And get that "need" to a "want" quicker, before they start to look at the finances.

So I hope you all have a great discussion today. The clinical yes is such a powerful moment in the patient acceptance process, and to really have their trust in that moment and to give them a recommendation, everyone appreciates having a guide in life who has their best interest at heart. And so, making sure we're leading with that, with our good intention, with really being that coach or personal trainer for our patients to make better decisions. And we appreciate all of you championing this in your own way and bringing it to life with patients each and every day. Thank you so much. Hope you all have a great meeting.