



Practice Focus

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Series 7 Bettering Your Best

Session 7 Better Clinical Yeses (Part 3)

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Hello everyone, and thank you again for coming back together as a team. This is where the magic happens: is in the room with everyone's perspectives, their new things they've learned, and most importantly, bringing that intentionality into the future. And so today, we're going to continue our series on clinical yes, building a better clinical yes. What we know about this is with amazing teams that are already doing well in closing cases, when we look at what does better look like, it's just bigger and better yeses, bigger and faster yeses, as well. Getting patients healthier, truly in a complete way, quicker. And what we also know is it takes a village. It really does. It takes every single person in the practice. We never know who's going to be that one that tips the patient over the edge.

They say the right thing at the right time. Maybe you handle an objection in a way that they hadn't thought about before and we just don't know who it's going to be. And so today, we're going to shift gears. As I mentioned, we're not going to start anything new. We're going to take what you decided, your commitments from the last two sessions on building a better clinical yes, and we're going to apply it to a case review.

Now, it's a little bit different than the typical case review. Most often, people look backwards and they think about what happened and we reflect and we maybe make some new decisions to go forward. But the past is done. There's not much we can do with what's already happened. The future, on the other hand, this is worth spending some time on. This is where we can really look ahead.

Perhaps you have a tracker where you've already started to input the patient. Perhaps you just open up your schedule and we look at upcoming patients. And whether it's one patient and you do a deep dive review from every single person in the practice, or you get through every new patient for the next week or two, the point is we want to look forward. And we're going to look at how we can choreograph the flow of the patient experience to build on the clinical yes at every checkpoint, as the patient passes through every single team member. And this is where the purpose is intentionality: to be more specific with our game plan, to challenge ourselves to go outside the comfort zone.

Perhaps there's been a verbiage we've been meaning to try and just haven't found the right moment or felt quite confident enough. This is the time to set our intention and to be even more dialed in for these next new patients that are going to experience your practice, your team, your whole patient experience.

So let's dive in. To set you up, here's some things to think about as you conduct your case review. What can the business team share from the intake call to humanize the patient a little bit? So if you have a new patient coming up in the schedule, someone did an intake call, and this is where we can find out what's important to this patient. What's maybe not important to the patient? What's something that's a reason they left their past practice? Is there any event that's coming up that motivated them to move forward? Is there anything that's bothering them? Is there anything else we need to know about this patient that you really just can't capture all the time in notes? So elaborating on the notes that you have and prepping our clinical team for what type of patient we might have on our hands.

Now, every patient's different, but there are patterns, there are trends, there are character types of patients that we tend to run into. They have similar roadblocks, they have similar things that stand in their way from saying, "yes." We hear it all the time.

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So we can use this to help each other to say, “Hey, it kind of sounds similar to Mrs. Smith, here’s what we did with her. Let’s make that the game plan to try here.” And that’s how we keep building.

So business team to set up. Clinical team, this is where we can recommit to the tools we’re going to use to build the case. Do you have the right camera in place? Is everything ready to go? Do we know what series of pictures and x-rays and scans we’re going to use? Do we know the verbiage that’s going to accompany this? So for example, if we’re using intraoral pictures, the verbiage of asking the patient what they see after you show them the pictures: “Hey, this is the tooth that was bugging you. What do you notice is the difference between this tooth and this other tooth here?” And helping them to co-diagnose, engage with you. This is all part of the intentionality setting of this case review.

Hygiene team, if there’s an existing patient that you have that you want to make a new patient again, we’re going to recreate the experience, re-present the treatment chairside, bring up that treatment early, give them the whole appointment time to think about it. We recommend moving it to the first few minutes of the appointment, not the last few, which is what a lot of people do usually at the end of the appointment. So intentionality, more intentionality, working as a clinical team, we can dial in and be very proactive about our commitments.

Doctors, how can you be more directive? How can you create more urgency about moving forward? How can you provide more clarity to the patient? Less options, more recommendations. Less just stating what needs to happen, more giving them exactly your recommendation of how they can move forward in an optimal way, in their best interest of getting healthy.

So this is where we want our team, especially our treatment coordinators, to provide feedback on what’s working. What is the great stuff that your doctors do that works really well to help support you? And asking for more of that. Maybe there’s something that isn’t happening that we’ve talked about, hasn’t been put into motion. Let’s set some intentionality around that today.

Overall, we recommend being more directive to the patient. What would you, as the doctor, like to see next? How would you recommend they move forward? And always challenging ourselves to speak a little higher. So if we’re doing right now, quadrant, can we instead talk in sides and arches? However it’s set in the op by doctor, it makes it a lot easier for the treatment coordinators to just reinforce what you’ve already recommended. So overall, looking at ways we can reduce the options and the wishy-washy presentation of treatment. And instead being more specific, being more confident about really championing that patient forward.

Treatment coordinators, do you have what you need to prep for the treatment plan? If we have a presentation coming up and maybe the patient’s already come in for the new patient experience and now it’s time to sit down with them and go over the finances. What do you need from your doctors for clarity? Is it very clear? Do you know what your plan B is if they say no to plan A? Are there too many options and we need to narrow it down? Have you calculated the paying in full savings? Oftentimes people have a 5% savings on certain cases, so we can lead with this in the conversation. What’s going to be the verbiage you use? What’s going to be the verbiage you use when insurance and money comes up as a block?

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Because we know it will. What's going to be the plan if they don't move forward or they want to think about it? What's the follow-up game plan and the verbiage you'll use to support that? And that's the full circle case review.

Now, we want you to celebrate as well. If you have a chance to look back on a case that went really well, we're big believers on what you focus on, you get more of. And so make sure we leave some time for that, but try and keep the case review 80% new patients coming up, people we have an opportunity to create magic with, and then maybe about 20% on past cases that have already happened.

Good luck. Go get 'em. We know that the magic happens when the team comes together, and we appreciate you continuing to regroup like this and really create an amazing experience for your patients. Thank you so much and have a great meeting.