



Practice Focus

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Series 7 Bettering Your Best

Session 8 Better Insurance Philosophy (Part 1)

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Maegen: Hello everyone, and thank you again for joining us today and coming back together around the roundtable with your team. Today you've got Scott and myself, and we're very excited to bring this topic. I would say it's probably one of the top topics that comes up. No matter who we're speaking with, it seems to find its way into every conversation, into every practice. And that topic that we're going to be diving into today is on insurance. And insurance is one of those things where it is a lot of places we can go with it, and there's a lot of places you've gone with it. So today, we're going to be tapping a little bit more into the philosophy of it, into thinking of things a little differently, into unpacking the insurance topic, so it's not so much an obstacle, and instead, becomes an invitation. So Scott, with that said, why don't you open things up for us on your take on what the practices need to know about insurance?

Scott: All right, Maegen. Well, listen, thanks for having me. You've been crushing it. Everybody loves these. The best teams do the work. I love this, gather around the table. That's just a special idea right there, in and of itself. And understand, that's where the magic happens. It's not in the operator, it's around the table, because that's where you hone your ability to go make things happen. So, this is a great place to be for the best teams out there. And Maegen, every time you speak, I write shit down, and I take notes, and I think, "Wow, this is good stuff!" And I like to think once in a while I come up with something smart, but your idea of insurance not being an obstacle, but being an invitation, by itself is a game changer.

And what I love is you said, "philosophy." We have endless things on how to handle insurance, what to say here, what to do there, how do we present it with the treatment plan, what do we answer with on the phone? Yeah, we got all that stuff. The bottom line is that you must learn to customize, with every patient, the conversation. And you have the number one most important tool to use for your lifetime is called the truth. It's all you really need, it's called the truth. So, you can tell the truth about insurance and you can figure all this out.

But Maegen brought up the key piece to the entire deal, and I will say it slightly differently, but it is your mindset around it. It is your attitude with it. It is the philosophy of how you are going to allow this to exist within your life and within the patient relationship. And I want you to understand first and foremost that you are choosing how you allow insurance to exist in your life. You understand? So that by itself, we can shut off this recording now, and you could just have a conversation about that. Because I will tell you, are you letting it force itself in, or is insurance injecting itself into you? Are you allowing it to do this thing? Or are you purposefully choosing the way in which it exists? And that's how you can use it, as Maegen said, as an invitation.

So, I have five points. I'm going to share them. And then I'm going to let Maegen, as she always does, bring it down into brass tacks of exactly what you can do. So, the first thing that I want to remind you about, and I'm saving the best for the very, very last thing to say, I want to remind you that where your focus goes, so goes the patient. And no matter how they focus when they come in, on a phone call, on a patient interview, in the operator, in the treatment presentation, no matter where their focus is, it's easily redirected.

Practice Focus

Scott:

It's like ricochet. It's like taking the sun, the beams, or the laser beams off the mirrors. Literally you can redirect the patient's focus. So you need to understand that that is possible, and more importantly, that the patients, just like their energy, just like their mindset, just like their own belief and value, same with insurance, where your focus goes, so goes the patient.

So, if you are being a reactive person and you are letting the patient's focus drive your focus, you are being a loser. Okay? Now, we can be empathetic, we can be empathetic, but think about it. Think about even the best sports teams, the best athletes. If you're at the mercy of the opponent, you are reacting to them. But if you're a winning team, you are leading people to a place. So first of all, control the focus. Set the focus, determine the focus, redirect the focus, be the focus. All right?

The next part of this is, I want you to get out of your minds that insurance is good or bad. Just like today. Today doesn't have to be a good day or a bad day. It could just be a day. It could just be a day. And today with insurance, it doesn't have to be a good thing or a bad thing, it can just be a thing. So, it's really important that we do not have to attach even... Look, we say insurance is the enemy. Well, this is true, but that's also negative feelings. So maybe, keep your friends close and your enemies closer. Maybe we just say, "Well, insurance is what it is; we leverage and utilize." So, part of this is learning that it doesn't have to have emotion attached to it. It can just be something that is a part of the deal, utilized. It's not good or bad, just is. All right?

And then the other piece of this that I want you to think about, and this is the part, and I'm going to switch it to Maegen completely, I really want you to think about, you must make your relationship, the pathway to health, your mission within the practice, your conversation with the patient, about something more. It just has to be about something more. That's the key. As long as it's not about the money and not about the insurance, not about the treatment. Now again, this is a broken record. You know this. This is who we are. It's about quality of life, it's about health, it's about relationship. And in doing this, by being about something more, you are not about the thing, and therefore you minimize its impact.

I'm going to shift to Maegen now before we run up against the clock, because I know we want to give you lots of time here to work together. Maegen...

Maegen:

That's great, Scott. I really like what you said about it not being a good or a bad thing. It's very important to not think of it one way or the other, and that's step number one to making sure insurance is not something to be feared. Because from the role-play that I do, and something that I notice and I pick up on, is when people start talking about insurance and they're using their insurance verbiage, you can feel the tension. You can feel there's a tightness that's coming out, and there is a little bit of a hint that it's not a good thing. It sends a signal to the patient anyway that there's something to be feared here. And so we have to be very mindful that we don't carry in anticipation of there being a problem, or anticipation because we've heard so many patients not be so happy, we cannot carry into the next conversation.

Practice Focus

Maegen:

And so something to think about, number one up top, is watch your tone. Make sure we're not apologizing. Make sure we're not having a negative, "Oh, well, that's not exactly how it works here." Or, "No, we're not in-network, but..." You hear it, you hear the tone, the apology in the tone. And so we want to watch for that where it's not good or bad, it's simply a resource. It's something that's okay, wonderful, patient. We'll talk more about that in a minute. And taking that control of the conversation, and not having any negativity seep in. That's number one to look at, is watching your tone.

Second thing to look at is verbiage. Like Scott said, we've got so many resources out there, a lot of good scripting, verbiage, all that good stuff. But the biggest thing here is, try not to use the insurance company's terms. They design them because they work against us. So even that simple one of in-network versus out-of-network, one inherently sounds good and one sounds bad. And so that's very intentional. It's very important that we watch that and we're not playing by the insurance company's rules. Those are designed for us to fail. So we want to think about where can we use different language.

And to Scott's point, tell them the truth, tell them the real truth about how it works in neutral terms, and it's interesting how that alone can be more honest and more calming to a patient that feels like they're getting the truth. So that's one thing, number two there.

And then number three thing to pay attention to is, yes and no just simply isn't enough. When patients say, "Do you take my insurance? Are you in-network?" Just giving them a yes or no, it's not enough. We've got to give a little bit more information for someone to make the right choice for themselves.

So, I have this example I've been using frequently lately that says, if you walk into a store and there's a product you're looking for, there's two choices right next to each other: one's \$5.99 and one's \$15.99. Well, everyone's instinct is going to be to pick up the \$5.99 one, until you see what the \$15.99 one offers. Sometimes it's on the packaging, sometimes it's a warranty, sometimes it's a quality that you can see, sometimes it's the sales person coming by and letting you know, "Oh, this one's a buy-it-for-life item. The \$5.99 one comes back often. I would recommend going up if you can." This is how we make choices.

And so we want to think of this as, we are showing the patient the \$15.99. Doesn't always have to be a bad thing. Sometimes it's not even more in price, sometimes it's just in the patient's mind they think it will be. So it's very important that, if we are going to be showing the patient it's a little bit different here, we got to show them what they get for that difference. What do they gain? What is special about our practice, our experience, our product, our results, that's going to make the difference for them, and allowing them to make a more informed choice for themselves. And so that's why we say just simply, yes or no of are you in-network? Do you take my insurance? It's just simply not enough. We got to show them what else they get. And that's number three that I'll share for now in terms of the specifics.

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Maegen:

The other thing just in terms of philosophy, before I send it back to you Scott, is we want to make sure we're aligning ourselves with the patient, not feeling like the patient and the insurance are aligned against us. And so it's very important we're using language that shows the patient that we are their guide, and that this is something that we are here for them for, and we're going to help them with clarity and transparency throughout the whole experience. And it starts with this conversation as an invitation.

So, when you think about insurance, it's a guaranteed topic of discussion. Guaranteed the patients are going to think about it, they're going to be questioning it at some point, but it doesn't have to be a negative one. This is where we get to choose how we can up-level the conversation and make it productive, and help the patient feel closer to us by the other side. So, the final concept that I'll leave you to ponder is, every single patient is an insurance-driven patient, until they are not. Until they are not.

Some of them, maybe on their own, can figure that out through their own experiences, and when they call, it's not an issue. But most of them, it's through our interaction with them that we help convert them. So no longer hiding behind, "Well, the patient was just insurance-driven. The patient was insurance-obsessed, that's why we didn't move forward." Well, the next question is, what did we do to make them not that way? What did we say? So, I'll leave you with that as something to ponder, and I hope it inspires you to continue on this journey to becoming more of a guide and stepping up for the patient in a way that's very meaningful for everyone involved. Scott...

Scott:

Well, Maegen, this is just incredible. I love it. Yeah. Look, I'll give you the last two points I wanted to make, and it just moves right along with Maegen, and this is what you now need to go to work on. Okay? It's no different than pre-judging money, pre-judging desire, pre-judging the car they drive, the clothes they wear, the age they are, the smile they have. Don't pre-judge insurance. It doesn't make the patient good or bad either. In fact, if they have insurance, it's a beautiful thing. We should be able to facilitate a better pathway to health faster for them because they have some chips on the table already. If they got no insurance, hooray for us. We're uninhibited, unimpeded in the integrity of our conversation. If it's somewhere in-between, well then again, it's all good news. All right? It's all good. And the patient needs to feel that.

So the thing that I would say, and Maegen just gave you the most perfect, perfect philosophy about insurance, and most importantly about patients, and I just put the hammer on the nail. So, finish it with this: you must design, devise, your strategy, and everyone's got to be aligned on the same page. There cannot be any incongruence in the way the insurance is melded throughout the practice conversations. So, if we have flashcards, and we turn over lots of beautiful things, and all of a sudden then we get the big whammy and we flip up insurance, boom, everybody should have no problems! All right? No negative emotional reaction, no queasy stomachs, no whatever, and be able to smoothly just roll, roll right over it, roll right through it, roll right with it.

Practice Focus

Scott:

So, that's that. And then I want to finish by saying, it is your responsibility, it is the greatest joy you have, in helping to retrain your patients, to elevate, to reprogram, but the key is to elevate, and to reshape. And I want to tell you, to reshape, Maegen has this beautiful term called, "co-create." You reshape, co-create. That's how you do it. The patient and how they view and understand insurance is no different than anything else. Listen, the patient has grown up their entire life to think, getting a filling or a crown...if I need dentistry, I'm a bad human. If I need dentistry, shame on me. Okay? "No Cavity Club" as a kid, right? They say, well...so the entire lifetime of this person is, they have been taught to think, "I am bad if I need to do work." We have to get rid of this.

It's the same thing about insurance. We have to get...all they have done is they've been trained a certain way, preconceived ideas. Un-train them. Remold them into a better, more positive, happy place, that you are all on the same team, and you're on a meaningful mission, and enhancing their quality of life. No matter what is in the way, no matter what we have to use or we don't have to use, doesn't matter, it is about something more. It's about something bigger. It's about something more beneficial that you get to help them with. And that's the picture we have to have in their minds. Your energy, your excitement, your attitude, your confidence, your value, belief, conviction, and most of all, your philosophy around this whole thing is what is going to become the rising tide in your practice to make insurance just another thing, like everything else. And really we could swap out the term and we could put in any other issue, and all the same things we've just discussed here today would apply.

So Maegen, I'll let you send them home with whatever they need to do now, or we can end it right here. I know we'll have some great thinking and action activities here for them to apply. Team, it's all about decisions. This is not about blowing things up, it's about nuances, it's about refinement, it's about mastery. That is why you are here with your Practice Focuses. What you have to do day to day, it doesn't change. It is only customized and unique and authentic with each and every individual patient. Let's go make it happen.

Maegen:

Great, Scott. That's great, and I want to end where you began, which is with the truth. Really, it comes down to the truth. And at the end of the day, even if it's not necessarily something that we like to hear, the truth ages well. So when we think about this with our patients, being bold, being brave, being confident, being positive when we talk about this, but telling them the truth, the real truth about their health, the real truth about the insurance misconceptions, the real truth about how to truly take care of themselves and have a guide that cares about them along the whole way, this is something that people appreciate. And it really does, it leaves you...like I say, "It might not be what you want to hear, but you appreciate that someone went on a limb and was transparent with you."

And so it's a really beautiful relationship. It's a really beautiful way to start the relationship, even on the first phone call, and to carry that through the appointment any time insurance comes up.

Practice Focus

Maegen:

And I just hope everyone finds a way through the conversation today to look at that, “guide concept,” and think about how we can really make it our responsibility to tell the patient the real truth about insurance, and really at the end of the day, that they deserve it anyway. That they really do. They’re worth it anyway. And bringing that into the conversation, until they hopefully start to believe it a little more. That’s a real gift at the end of the day, to help people make that transformation.

So, I hope that inspires you. I hope that makes a maybe not-so-fun topic on the phones become a fun topic today in your team discussion, so we can have that conversation with more positivity and more control, and really, confidence: that this is still the right place, and yes, you called the right people to take care of you, and yes, we’re going to help. This is just what it looks like.

So, I hope you have a great discussion. Thank you again for coming around the roundtable and making these amazing teams even better, and this will hopefully give you a little inspiration to get things started. So, thanks again everyone for the time today, and hope you have a great discussion.