Practice Focus

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Series 7
Bettering Your Best

Session 9
Better Insurance Philosophy (Part 2)

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1. Listen to the audio recording.
2. Follow along with this transcript.
3. Use the transcript to help complete your Team Activity: key points are highlighted.

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Hello, we are back again today with a part two on, "Better Insurance Philosophies." If you haven't had a chance to listen to part one right before this one, please do that because Scott goes into really cool ways to rethink our own mindset around insurance. Really good reminders and refreshers if you already know it, but helpful, because everything starts in our mind when it comes to insurance: that big thing in the practice, or at least in the patients' minds, when they arrive.

And so for today's meeting, we're going to change things up a little bit. We want to give you time to really get into the nitty gritty details and role-play together as a team. Feel free to do this as more of a formal role-play where you can go around the room, maybe have different breakout groups, or more of a casual role-play, meaning around the table, open discussion, making sure everyone's giving their ideas and maybe taking turns going back and forth.

To set you up to make sure that you have a great discussion, I'm highlighting four key areas of the patient experience where you can look at up-leveling your verbiage. When I use the term up-level, what we're looking at is what you're saying right now might be okay, and there could be nothing wrong with it, but the idea of up-leveling is where can we make it just a little better, a little stronger than the current verbiage? Don't have to change it all, but perhaps taking that rally, that back and forth of the conversation one step further, or making your initial verbiage with higher vibration language from the very beginning. So that's how we make this a successful meeting. If every single person finds that one thing that they can focus on to up-level how they are approaching the insurance conversation when it inevitably will come up, that's what we want to have written down by the end of the meeting.

So if everyone has that verbiage card, think about that. Own that card, reread it every day, give yourself that boost to put yourself in this discomfort zone, because it will be a little uncomfortable at first, but it will be worth it when it turns out to the outcomes and the influence we have. Let's dive in. Section one is going to be the phone call. So you know the typical things patients ask:

"Do you take my insurance?"

"Are you in network?"

"Do I have to pay anything?"

These are the types of questions you can use for your role-play. And when you think about the up-level, the challenge I want to give you is to try and think of it as a, "yes, and..." answer as opposed to a, "no, but..." Oftentimes we lead with, "Well no, we're not in-network, but..." And then you might say a bunch of great stuff, but they just heard the big fat "NO" first.

So nothing about this is misleading. It might take a little more time to unpack it to make sure it's not misleading, but the psychology of starting with, "yes, and..." can be very powerful:

"Yes, we can still apply your out-of-network benefits and oftentimes they're very similar."

"Yes, we will still file all the paperwork and submit the claims for you. You'll just be responsible for your patient portion."

"Yes, you can often use your insurance here. We made the decision to not be in a contract with the insurance companies because it was affecting our quality of care, but we are more than happy to help you get any reimbursement for anything you're eligible for."

So all of this, you of course adjust it to whatever's true at your practice, but the idea behind it being positive, it's not a problem. It's not a problem, it's something that we normalize. It's a, "yes, and..." So challenge yourself as you think about how you respond to this question: where can you make it more of a positive as opposed to an apology or a letdown? Which is what it sounds like when we start with "no, but..."

The second thing I'd like you to focus on in your role-play is emphasizing benefits. We know that the temptation for most patients that don't know much about insurance and dentistry is to lean on insurance-based decisions. So the big question that you want to answer when you're having your back and forth is: "Why should I come here? If I have to pay out of pocket, if I could go somewhere else where they would just take my benefits, why should I come here?" They're never going to ask you that. So when you think about this in the role-play, it's a great thing to practice so we can see, can we answer that question? And then that becomes the verbiage that we can proactively feed into the conversation.

So think about this on the phone call, where can you up-level? Second area, our clinical team. This is more chairside. This is when the insurance questions come up as you're educating, as you're going through your part of the patient experience. So the number one thing that I would say is an opportunity is the average experience in the clinical chairside time with the patient, is when insurance comes up, is to pass off to the treatment coordinator.

"Oh, I don't talk about that. Treatment Coordinator will talk to you about that instead." And that's basic. So if we want to look at up-leveling, we want to think of the fact that this is going to be a wasted opportunity if we do that. They asked you for a reason. They want YOUR perspective. They might ask the treatment coordinator too, but in this moment, they value your opinion. So don't waste that. Don't waste that moment. Let's use this time to motivate and encourage them to make more of a health-based decision as opposed to strictly an insurance-based decision.

Up-level options:

"Our treatment coordinator works magic. She's going to help you with all that stuff. I promise you she will. She's really good at what she does. She helps all patients. If you want my opinion, it's definitely better to invest in this, even if your insurance doesn't cover it all, because it's going to get worse and only more expensive the longer that you wait. It's a really good idea to take care of this before it turns into a bigger problem." No details about money or insurance, just the philosophy of it. That's all we want you to touch.

Another option:

"Oh, our treatment coordinator will answer all of those questions, but I can tell you, we can get this all done in one visit if you wanted to. It's a great way to save time, so just know our doctors are able to help you in one visit (or two visits, whatever it is)."

Another one:

"Treatment Coordinator will take care of all of that with you. However, I would recommend if you were my friend or my family, I would recommend just doing it all while you're here. You're already going to be numbed up. You might as well let us work on the rest of the area while we're here." None of it's a hard sell. All of these options, we're just taking it up one notch, giving one more reason of why it would be worth it for the patient because they're interested in your opinion. So think about how you can take it beyond just, "Treatment Coordinator will talk to you about insurance."

Third area: triangles of trust. Now the tendency here when insurance comes up is to repeat the insurance hesitation. That's what people tend to do. They say things like, "Patient knows these are the next steps, but she wants to check her insurance." And right there, we solidify insurance as the biggest roadblock and it only hurts the treatment coordinator. So instead of repeating the hesitations around insurance, let's focus on emphasizing reasons that the health-based decision will be worth it. We don't need to repeat the insurance hesitation, I promise you they will tell the treatment coordinator themself.

So, better up-leveled verbiage:

"Patient has some questions about the pace of the next appointments and maybe the timing of how they schedule, but we talked about how we could get this all done in one visit if she wanted to and save her time."

Might be:

"Patient has some questions about the investment, but we're really proud of her for making a smart decision about her health. She deserves to be pain-free no matter what."

Coaching, cheerleading, advocating, motivating, this is the time. This is where they really need to hear it. So let's not spend so much time on repeating insurance. This is the one area where we want to actually go the other way and cut it out completely; focus on health.

Final area: treatment presentation. Don't lead with insurance. A lot of the time, the feedback I get from team members that tend to go right into the finances is, it's actually a compliment, they say their team does such a great job building the case and leading with goals and all that good stuff with pictures, that they feel like they can just get to the money portion when they get the patient. The problem with that is, again, it's a missed opportunity. It's a missed opportunity for influence.

If your team has done such a great job doing that, then let's leverage that. Let's remind them, let's get them back into that mindset. So number one tip is: spend a minute repeating the goals, repeating some excitement with the patient about what doing the dentistry is going to do to make their life better.

Things like:

"How was your time with the team?"

"Tell me what you were most excited about."

"When you think of being on the other side of this, how do you think this is going to make your life better?"

"Was there anything you heard from the team that surprised you?"

"Was there anything that worried you?"

Just some nice human to human connection. You don't have to spend 20 minutes on it, but let's spend two. Second way to up-level: no itemized lists. No more itemized lists. It's the biggest way to hurt ourselves and make everything about insurance, and that's where people start cherry-picking treatment. So instead, giving the total investment, presenting the insurance as a coupon and helping the patient work their way down from that reality. So not making insurance the big deal, just something that's going to be taken care of and making the focus on the total investment.

Now, the thing with this is we know that even if you do this, insurance is often the biggest roadblock for them. And they'll start with, "Well, I can't do that. I can't do the total investment." And so the temptation from here is to just go straight into the insurance acceptance. But take a pause and let's just give the patient a chance. And the simple question of, "Well patient, what can you do? What were you thinking?" And they might surprise us. They might go to half. They might go to, "I can do it all, I just got to wait till next year." And so depending on the timing, depending on what's going on, let's give them a chance.

So this is where we want to think about if they say insurance, if they say, "I just want to do what insurance covers," this is where it's a good moment to role-play. Do we just take that or do we fight for it? Do we make any other recommendations?

Something like:

"Patient, that's a great start. Is there any possibility we could also take care of this tooth, because that will take care of a full quadrant. And that's a great start. If we can get you to a quadrant, that's going to be a really good way to make sure that this problem doesn't keep getting worse, and we'll make a plan for the other quadrant next."

So just ask up. Worst case scenario is they'll say, "no," and stick with insurance. And then that's up to you to decide how you want to move forward. So the purpose of this is not to control their outcomes. The purpose of this is to see how many times can we go back and forth and make a proactive suggestion to see if the patient can do more, versus waiting for the patient to just tell us and guide us on what they can do. No pressure. It's just a suggestion. If the patient says, "no," we can respect that. But the question is, how hard do we fight for it?

So with that said, break into this activity of role-play. Think about these four areas. The four areas being: the phone call, chairside with the clinical team, the final triangle of trust to the treatment coordinator, and the treatment presentation. And as you go into this, the purpose of it is to see how long can we go back and forth before we give in.

Now, the last thing I want you to think about as you go into this role-play exercise:

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One of the kindest things you can do for people is to go to bat for them. And this is what this is. We are not pressuring, we are not forcing. In fact, we're fighting for the patient. And when they can see your passion and they can see that you really believe in them, even if they're upset about their situation or they might have some feelings about this overall, they can't fault you for being passionate and fighting for THEIR best interest.

And that's a really beautiful thing. So when you think about this as you make your final commitments at the end of your role-play, remember, it's not about the outcome of what the patient does. The way we're going to mark success is, how well are you owning your part of the co-creation? And what we mean by that is in the conversation, do we just give in when the insurance comes up, do we just brush it off to the next team member? Or do we take a minute to go back and forth with the patient and do that consistently with every patient? Even if you do that and they all turn around and say, "just insurance," you can feel like you won because you fought for it. And that's going to be the best way to have fun with this role-play.

And that's the final thing I want to end on, is please do have fun! This is meant to be silly, it's meant to be lighthearted. We can take it seriously at the end when we make our final commitments, but use real patients, use cases of people that that you know, and their personalities, and be playful as you go through this exercise. It'll make it a lot more fun if you're not so serious. So with that said, best of luck and thank you so much for continuing to level up together as a team. It truly takes a village to create success like this. Go get 'em.