



Team Activity

Team Activity

Series 8 The Four Pillars

Session 4 Case Acceptance (Part 1)

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1. Make a copy of this worksheet for each team member to use.
 2. Complete the Team Activity.
 3. Fax or email one “Master Worksheet” containing your team’s collective efforts.
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Send Us Your Master Worksheet

Fax
615-807-3301

Email
Champions@DentalSuccessToday.net

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Step 1 Bird's-Eye View

To start, let's look at case acceptance in a general sense before developing specific strategy.

From a bird's-eye view, consider how well we're doing at creating impactful case acceptance.

Remember

Case acceptance—its size, value, impact and effectiveness—is first dependent upon diagnosis.

Continually return focus to this core question throughout the activity:

"How can we improve our case acceptance?"

Note

Improving case acceptance doesn't mean more yeses, it means more impactful yeses.

Questions to monitor how well we're doing:

- Are collections outpacing production?
- What percentage of patients are saying yes to treatment?
- What percentage of those yeses are to comprehensive treatment?

Based on these metrics for monitoring our success, on a scale from 1-10 (10 being the best), how well are we doing at creating impactful case acceptance?

What do we think is our easiest, quickest, simplest, instantly-implementable way to improve that rating...starting today?

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Step 2 Getting More Specific

It's time dive into the 3 keys to case acceptance.

Consider how, with great specificity, we can further improve that rating we gave ourselves in Step 1.

First

Clinical Value

Ways case acceptance can be driven by clinical value:

- Comeback visit
- Treatment conference
- Rediscovery in hygiene
- Renewed commitment to treating every patient like a new patient
- Consistent, high quality, triangles of trust
- Scripted verbiage and protocols at the front desk
- An emphasis on clinical value shared equally by the front, clinical, and business teams

How can we increase clinical value?

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Step 3 Sidestepping Self-Sabotage

Consider where we might be getting in our own way unnecessarily: devaluing comprehensive treatment and disincentivizing case acceptance.

Look at what's limiting us on the clinical and business side of the case acceptance equation.

Examples of how we may be getting in our own way in the operatory:

- *"We're going to start here..."*
- *"It's only _____..."*
- *"It's just _____..."*
- *"We'll do what insurance covers and do the rest later..."*

Clinical Team, how are we getting in our own way in the operatory: through actions done or undone, through words said or unsaid?

Remember

Identifying even the smallest opportunities are worthwhile; progress before perfection!

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Clinical Team, how can we commit to improving and eliminating those self-imposed blocks?

Examples of how we may be getting in our own way in the treatment presentation:

- Not presenting everything that was discussed and diagnosed.
- Breaking down treatment, not visits.
- Presenting only one visit.
- Presenting only one side, quadrant, phase or step.
- Stopping short of doing all we can to maintain the utmost continuity and integrity with what was diagnosed.

Business Team, how are we getting in our own way in the treatment presentation: through actions done or undone, through words said or unsaid?

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Business Team, how can we commit to improving and eliminating those self-imposed blocks?

In what ways might we improve, tighten up, how accepted treatment moves into effective, efficient, definitive scheduling?

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Step 4 Identifying Opportunities to Level Up

Assess how we're doing overall—front to back, start to finish—and develop a specific action plan to take advantage of our opportunities.

On a scale from 1-10, how are we doing at...

- _____ Pre-framing patients?
- _____ Staying true to the Four Pillars of Health?
- _____ Building clinical value?
- _____ Building clarity and believability?
- _____ Maximizing photos?
- _____ Exiting patients out of hygiene?
- _____ Expanding treatment out of operative patients?
- _____ Securing the Clinical Yes?
- _____ Executing our transition Triangle of Trust to the business team?
- _____ Treating objections as opportunities for building confidence?
- _____ Staying global and keeping the focus on the vision, not the visits?
- _____ Following-up; building urgency and integrity?
- _____ Being guides, not order takers?

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_____ Executing what's being done in the operator?

_____ Executing what's being done on the business side?

What's our data on case acceptance?

What percentage of treatment is being accepted?

And what percentage of that is comprehensive treatment?

Treatment that hasn't been broken down, diminished, devalued, dictated by insurance, etc.

Are we tracking this data thoroughly and consistently, yes or no?

Do we want to make any adjustments to the way we track this data?
