



# Practice Focus

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## Series 8 The Four Pillars

### Session 5 Case Acceptance (Part 2)

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Hi everyone, I'm back here today to review our Practice Focus theme: Case Acceptance (Part 2). I know last month, you would've reviewed the Focus (Part 1) on case acceptance, where Scott took you through some things to reconsider; some opportunities where we can look at honing our focus and really stepping more into our responsibility to help influence patients, never give up on them, keep giving them a chance to reconsider, or maybe consider for the first time, in your unique way, as a new patient, how they can think of their future and really thinking of the benefits of moving forward and not going to that default of just doing what insurance covers.

And so as we think about this, before we move forward with anything new, we want you to take a moment to just review your final decision list from the last meeting you had. It's really important that in this, "part one and part two concept," that before we move on to anything new, we wanted to give you a chance to double down on your commitments and really intentionally look at where have we made the most growth? Where have we seen the most improvement? Let's flag that. Let's focus on what we want more of. Let's highlight and celebrate what's working and where we've seen a jump and that we don't want to lose sight of.

And on the flip side, is there any decision that could use more attention, a little more intentionality, something that maybe we haven't seen as much movement and it's the top priority to recommit to. So start there. Take a few moments just to assess your list, and we can build on that today as you have your next discussion.

So the theme to build on Case Acceptance for Part 2 is going to be a theme of giving, not taking. It's an interesting thing to think about. I share this as a mantra, and that's how I can apply a personal feeling to this concept that Scott helped me with, which was assessing my own mindset first.

When it came to case acceptance, when it came to really advocating, knowing that moving forward with the dentistry would help my patients the most, I had to get guilt out of my own mind. I had to get the idea of being nosy or too assertive or too questioning as a bad thing out of my mind. And so the idea of giving, not taking really helped with this. This is where this idea of I am not taking anything from my patient. By giving them an opportunity to think about this in a real meaningful way, I am giving them something. I'm not taking away anything at all. It's a beautiful idea. It's a gift. And so when we think about what this means, I think of two opportunities that have the biggest impact when we're already doing a great job and we're looking at where we can better our best.

And the two areas are: number one, becoming more curious, and number two, becoming more directive. It's an interesting thing how these two pair together. I think of curiosity as slowing down; really finding that moment where if we're asking one question right now and the patient gives us an answer and we stop and we kind of move forward, is there an opportunity to slow down and ask one more question? Go a little deeper. If you do a great job of engaging, maybe there's still one more question we can pause and add in. So wherever your moment is, whether you ask zero questions or you ask three, thinking of where can I add one more thing, one more moment where I can slow down with the patient, get a little more curious, and that's a gift.

Second gift of being more directive is movement. It's about moving forward, it's about creating momentum. And this may be more of an opportunity where we think about

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leveraging your authority. That is what you are. When we call you the patient's guide, it's because you know best. You help patients all day, you see patterns. We want to help make it as easy as possible for patients to say yes. And oftentimes in the back and forth discussion, that piece gets lost. We ask questions, we engage the patient, we build the case, and at the end, we still don't always wrap it up. And when I say at the end, I mean at the end of the moment with the patient, the end of your individual one-on-one, not the whole patient appointment or experience. But in the moment, are we being directive? Are we advocating for what you would do in that spot, or based on all the patients you see making a recommendation of how to move forward best, putting your intention out there of wanting to help them avoid an issue, and that's why you're recommending we do this and laying out what this is? So that more directive nature, that is also a gift.

So the balance of understanding, taking the time to listen to our patients, to hear their stories, to ask questions so they can feel that we really want to know where they're coming from and meet them where they're at—and not stopping there—continuing on with that direction of using your authority, showing your passion for dentistry and moving forward and making it look good, right? That's our job: to make the dentistry look good. It's important. The patients don't always see that when they're blinded by the insurance focus. So think about this for yourself. On an individual level, where could you do more giving? And when we think of that giving, not taking concept, could you be more curious where the opportunity is to slow down, spend a little more time, ask follow-up questions? Really understand how patients are thinking and where they're coming from so that we can show empathy and be more directive and move forward.

So as we apply this to the growth opportunities that Scott laid out in Case Acceptance (Part 1), he went through three ideas of number one, building clinical value, number two, the believability, and number three, that sense of urgency. So just to quickly revisit these, when I think of building clinical value, something that's really powerful is going beyond just telling the patients what needs to be done. That's often the education side. That comes naturally with existing patients: we go through again, what needs to be done, the "what," and we want to flip it to the "why," really helping them understand why it's important. And so something that's quite radical in the clinical case building space is to speak of investing and really changing the philosophy of dentistry as a grudge purchase, which is what sometimes patients come in feeling it can be, and flipping it into something that's going to be a benefit, something that's a real beautiful investment that's going to pay them back.

So when I think about this, it's the idea of flipping dentistry from being an expense to an investment. And if you can help set this in the clinical space and reinforce it in the treatment presentation space, that reinforcement of multiple people showing the patient that we think this way is what builds philosophy and what strengthens that trust in the patient's mind when they're hearing it from multiple people. So it can be as simple as if you just add one sentence in the clinical space when you're chairside with the patient and you're recommending and revisiting what you are saying needs to be done next, to build in that idea of:

"Patient, just the reason that we do it this way and the reason that we're advocating that we take care of all of this and move forward with the next steps in this way is because we want this to become an investment for you. We want this to be something where it gets to be on your terms. Yes, it will require an investment on your side, but it is something that's going to pay you back.

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And it's the cheapest it's going to be, is if we can invest in as much as possible now. The more we delay, the more we wait, the more we gamble on what happens next, the more likely this is to become an expense. And that's where it becomes on the problems terms. That's where it's not up to you anymore. It's when that issue decides to flare up that you'll probably end up having to come back for an emergency. And that's where you just got to spend what you got to spend at that point, and it's a lot more than just the financial cost. There's a lot of cost to that. So let's make it an investment. That's where we're coming from. That's why we are going to keep talking to you about it, because we believe that we can help you make this great choice."

Building clinical value, putting a little bit of your bias in there, giving them a different way to think about dentistry instead of the, "I'll wait until something breaks," or, "I'll just do what insurance covers and gamble on the rest." We can introduce this as a new way to build clinical value.

Number two, with believability, this is a huge part of curiosity, understanding that clinical yes and the patient really understanding what's going on in their mouth. The biggest opportunity here is to lead to outcome and really understand their thought process. That can be an interesting thing too, where we can "yes, and" their thought process.

If someone says, "Well, I don't want to do it." "Well, why don't you want to do it? I'm curious. Can you share a bit more with me?" "Well, I just want to do what insurance covers. I don't want to spend anything more. It's very important to me. I don't want to spend anything more." "Okay, patient, I hear you. I understand that saving is important. If saving is important, then would you be interested in doing this while it's the cheapest it's ever going to be, or would you like to do it later when it will be more expensive? Those are really the two choices, and it's never going to get cheaper than now."

Right? Just simple, simplifying the outcomes of the next steps. It's this or that: which would you prefer? Which sounds more in alignment for you? And really helping them not get stuck in that myth of doing nothing and waiting, and they have time and we'll see how it goes. That's where a lot of patients are, it's not usually a flat out no. So when we think about that, how can we make it more simple when it comes time to make that final decision on the clinical yes? This or that, what resonates with you?

And then the last one and the sense of urgency, this is where that curiosity piece can come back in again and we can ask better questions. This is where if the patient's not feeling that organic sense of urgency from education and you explaining the what, getting that curious. And we can ask questions such as:

"Well, patient, let me ask you, would you be disappointed if we do wait until next year and now we're looking at a bigger problem? Would you be disappointed if it ends up being more expensive next year to fix? Would you feel regret if we wait and we have to lose the tooth? Or would you feel regret if now we have a bigger problem and it's going to require a more intensive treatment? I'm just curious."

Just curiosity questions, understanding how they think, it can be very powerful to get back to that sense of urgency. "Well, I agree. Patient. Yeah, that's the benefit of taking care of it now while it's still just a filling that's needed, so let's take care of that."

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So wrapping all that back up, Scott also made this comment of, “if it can be delayed, it will be delayed.” I think that’s very powerful to think about. So when we think about how we can build on this and continue to hone our skills of case acceptance and being influential, the biggest thing, again, is when it comes to the objections, just think about them as an invitation instead. When the patients are saying they, “don’t want to do it because,” forget about the first part before the “because.” We don’t have to take that so seriously when it’s everything after because that matters. And so when we welcome that, when we can listen in and get curious and understand how the patient’s thinking and how they’re getting here, that’s where the conversation begins.

This is where now, we can meet the patient where they’re at, which doesn’t mean dropping down. It means staying high up where we know we can help them the best in dentistry and showing them there’s not that much difference between what you’re saying and what I’m saying. This is really similar actually. This is where I’m coming from. Is that making sense? So always emphasizing the reason it will be worth it, making the dentistry and the next steps look good. And the only way we can do that is on outcomes and how it’s going to make their life better or how they can save future issues or money. Those are the things patients really resonate with after they’ve heard all the clinical education and we’re trying to bring it back to a decision.

So with all this said, wrapping it up with the final piece that jumped out to me with Scott’s Part 1 is avoiding those limiting phrases. “Let’s just start here. Can’t do all that just yet.” Limiting to tooth or quadrants, starting with just what insurance covers. These are the biggest areas of opportunity sometimes, just our own language and framing of it.

Sometimes you hear patterns. You hear patients ask or say the same objection so often that we build it into our sentence structure of when we’re talking to the next patient. But it’s not good to be so literal and to anticipate. We almost want to have amnesia on anything they’ve said about a “no,” and instead keep focused on the best case scenario and really making it look good.

So instead of these limiting phrases, remember the power of good news. “Good news, we can get it done in two visits. Good news, you’re not too far gone. Good news, once this is done, we’re back to checkups and cleanings. You’re in healthy maintenance mode. Good news, if we do it now, it will be less expensive in the long run. You will save money in the future by taking care of it today.” That’s called making it look good, helping the patient reframe, thinking about it a little differently. It’s not a grudge purchase so much, it’s something that’s going to save them something in the future or make their life better. And they really need to hear that because at the end of the day, it’s the finances that come down to spooking the patient after we’ve built a beautiful case.

So around that, and to set that up in the clinical space, in your verbiage in that treatment presentation itself, it’s really important that we don’t just go neutral with our language. We’ve got to bring it up to that high vibration. That’s where there’s influence. That’s where we have an opportunity to have the patient level up with us. So good news, motivating reasons to move forward, not mirroring the patient’s literal reasons why not. And sometimes if we’re not intentional, we do that accidentally. So be very mindful and consider this as you go through your discussion.

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The final recommendation that I would say is the biggest opportunity in case acceptance is our “enemy,” so to speak, is not necessarily a “no.” A lot of times it’s a “maybe.”

“Let me think about it. Let me talk to my husband. I’ll get back to you. Maybe next year. I’ll say yes to this, just not all of it.” And so there’s a really nice thing that when we think about the back and forth, the verbiage dance with patients, something that can be very powerful is how you end it. After you fight for it, after you go back and forth with the questions, after you get to the end of your time with the patient, **how do you wrap it up?** Was it just a nice discussion? Was it just a nice back and forth debate, or did you bring in that movement back in, that direction, that where do we go from here? What are you advocating? What are you recommending the patient do next? If you were in their shoes. **What is the next active step you would take?**

This is where we can, again, with existing patients that have said no, maybe start to get some movement back into the case. With new patients that where we’re still earning their trust and getting to know them, continuing to build that trust in us that we know what we’re talking about and there’s a concept in their brain that’s being developed of what they can say yes to when we give them that clear direction. So whether that’s up-leveling, speaking to single tooth to quadrant language, whether that’s if you’re already getting quadrants, starting to think of things as halves or arches and using that language, that’s directive. That’s giving the patient a different concept to think about of what they could say yes to at the end of the conversation. **So think about where you can wrap it up in more of a vision as opposed to a visit.**

The other area of opportunity is decisions with the treatment coordinator. Whenever we’re talking about the treatment coordinator, use the word, “decisions.” “Our treatment coordinators are amazing. She’s going to help you make a good decision for yourself, on your terms, fully empowered with your own time. And like we said, don’t wait on this. We’re going to help you at your pace, but she’s going to be amazing to help you figure out what decision is best for you.” Right? “When you meet with the treatment coordinator, she’s going to help with the next steps.” There’s a momentum to this language. There’s something’s going to happen, something’s going to be done. It’s not just an info session. **So practice using that word, “decision,” any time we’re talking about the treatment presentation or the treatment coordinator’s involvement.**

**And then the other idea is getting ahead of what we know the biggest objections are going to be.** So if at the end of the time with the patient, they still don’t schedule, they still want to just move forward with the cleaning or the one tooth, and we’re okay with that, we’re going to get that done, **the next area of opportunity is setting up that momentum for the next appointment.** So, “Okay, patient, we’ve got your cleaning set. When you come in next time, please plan to be here for an hour and a half. At the end of our time together, you’re going to sit down with our treatment coordinator and go through decisions of what to do with the rest of your pathway to health. Now, we know last time you mentioned you’d like to talk to your husband. He’s welcome to join. So if you’d like to come to that appointment, if he wants to FaceTime or call in, just wanted to give you a heads up. We are very used to that here.”

There’s momentum. We’re getting the patient thinking about things and keeping the case in motion. I like to think of that as the case is still cooking, still alive in the patient’s mind. They know that there’s something in motion, not something that’s been shelved and hopefully forgotten about.

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So again, as you think through this, we're just looking at honing our craft. We're just looking at that one area, that one phrase, that one next question or one next direction that you can personally commit to. And so as you break into this activity, think about it as case review. Think about where we can make specific applications. Scott always says, look 80% forward, 20% back. So look at things that are coming down the line, coming up this week, next week, this month that you want to look at, that we can pre-plan some verbiage and some steps to build in that momentum. And then think about how we can add in more clinical value: more believability, more of a sense of urgency, that's the theme for that case acceptance that we want to continue on.

So as you go through it, some areas where you can specifically look: morning huddle preparation. Really taking it beyond just the what needs to be done and getting it more dynamic. Why did the patient say no? What are we going to approach them with this time? What can we get curious about? What question can we ask the patient? What's the next direction? And how can we tie it back to their victory? Right? Really looking at this like a game tape, studying it, thinking, what can we do to help this human being influence the human being? Morning huddle prep.

Treatment, or excuse me, triangle of trust verbiage, and consistency, making sure they're happening. Chairside verbiage, treatment presentation on the vision, not the visits. Follow-up and next steps. What happens if they say no? How important are we making it all about insurance, and is that where the conversation's taking up most of the time? Or are we actively bringing in the health and the outcomes that the patient wants to see happen next?

And see how you do in these areas. Review it out of 10. See where things are going really well, and we don't want to change anything, we want to just stay on consistency, and then maybe there's some areas that we haven't spent so much time on yet and it's time to revisit.

So thank you for taking the time to focus in on this. We so appreciate you continuing to better your best. The key to this is curiosity: being curious and being directive. That's going to be the secret sauce here. So thank you for bringing your wonderful discussion, your brains together, sharing your next steps and decisions with us. We hope you have a wonderful meeting, and we look forward to seeing what you come up with next. Thank you so much.