



Team Activity

Team Activity

Series 8 The Four Pillars

Session 5 Case Acceptance (Part 2)

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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

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Team Activity

Step 1 Review Our Decision List

Begin by reviewing our data and decision list from Step 4 in the previous Practice Focus Team Activity: Case Acceptance (Part 1).

Reference last month's Team Activity Master Worksheet to quickly answer these questions.

What percentage of treatment's being accepted? How does that compare to last month?

What percentage of that's comprehensive treatment? How does that compare to last month?

Are we tracking this data more thoroughly and consistently than we did before? Yes or no?

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

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Reviewing our decision list from Part 1...

Where have we advanced, made strides, and grown?

Are there any prior decisions that need more intentionality, revising, and recommitting to?

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Step 2 Giving, Not Taking

Let's build upon those decisions by turning focus to our posture toward patients.

Consider and discuss how to more deeply advocate for our patients by first examining ourselves, and our perspectives, on how we're presenting comprehensive treatment.

The mindset that supports a practice built on comprehensive treatment is one that knows:

We're GIVING, not taking, by gifting patients the chance to take action on their health.

We are not:

- Feeling guilty about treatment or finances.
- Pre-judging or passing judgment on anyone...including ourselves!

We are:

- Curious, directive, momentum-makers.
- Advocates (CHAMPIONS) of optimal health for all our patients...and ourselves!

Can we level up our GIVING through curiosity?

Where, when, and how can we ask more questions, even if it's just one more question?

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Can we level up our GIVING through directiveness?

Where, when, and how can we create movement and momentum?

Can we level up our GIVING through listening?

Where, when, and how can we encourage patients to engage and help create their experience?

Can we level up our GIVING through advocacy?

Where, when, and how can we make expert, authoritative, recommendations?

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Can we level up our GIVING through education?

Where, when, and how can we teach how to think about dentistry, the value of investing in it, and the role insurance plays?

Can we level up our GIVING through “yes, and-ing” patient thought processes?

Where, when, and how can we turn “whats” into “whys?”

Can we level up our GIVING through making dentistry look good?

Where, when, and how can we slow down, add passion and shine, to what we’re presenting?

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Step 3 The Power of Good News

Remember, if treatment can be delayed, it will be delayed.

Discuss how we can clearly communicate all the good news to inspire quick, healthy action.

If a patient says, “I can’t do it because...”

Forget the “I can’t do it” and immediately focus on the “because...”

Are we repeating limiting phrases we’ve heard (from ourselves, our team, or our patients) and incorporating them into our thoughts and language at the practice?

If so, what specifically?

How can we replace those limiting words and energies with, “Good news!...” to raise the vibration of our thoughts, language, and influence?

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Step 4 Turning “Maybes” Into Momentum

The biggest opportunity in case acceptance isn't turning a “no” into a “yes,” it's turning a “maybe” into a “yes.”

Let's discuss and decide how we'd like to turn “maybes” into positive momentum.

When a patient says “maybe,” are we dedicating enough time to exploration, education, question-asking, listening, and simplifying the next step?

How can we improve?

List specific questions, follow-up protocols, and language we're agreeing to use.

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Let's decide how we set the Treatment Coordinator up for success so these wrap-ups go as smoothly as possible.

Whenever we're talking about treatment or the Treatment Coordinator's involvement, pave the pathway to success by using the word, "decision."

Where and when is there opportunity to pre-frame discussion of treatment and interaction with the treatment coordinator?

How can we get ahead of objections and create momentum for the next appointment?

Example

Plan for this much time, we'll be discussing and deciding on X, you can bring your spouse, etc.

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Step 5 Make It Real

Lastly, make it real by looking “80% forward and 20% back.”

Choose one patient from this past week we could’ve done better with, and choose four patients scheduled this upcoming month that we will better our best with.

Patient we could’ve done better with:

How could we have improved our process for case acceptance with them?

Transition into future-thinking and look within these areas for inspiration:

- Triangles of trust
- Consistency of protocol
- Verbiage
- Sharing the “good news”
- Discussing and educating on the role of insurance
- Asking questions and letting the patient participate in the diagnostic process
- Getting the clinical yes
- Treatment presentation on the vision, not the visits
- Bringing the conversation back to benefits and turning “whats” into “whys”
- Follow-up
- What happens if a patient say, “no”
- Game-planning in the morning huddle

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Patient 1 we will do better with:

How will we better our best process for case acceptance with them?

Patient 2 we will do better with:

How will we better our best process for case acceptance with them?

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Patient 3 we will do better with:

How will we better our best process for case acceptance with them?

Patient 4 we will do better with:

How will we better our best process for case acceptance with them?

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Step 6 Bonus

We can choose to go the extra mile by reviewing how we did with the four future-focused patients we highlighted in Step 5.

Name which team member's responsible for circling back and reviewing these with the team, and on a scale from 1-10, rate how well we did within the specific areas we outlined for each.

For Patient 1, who's responsible for circling back around to review with the team, and when?

For Patient 2, who's responsible for circling back around to review with the team, and when?

For Patient 3, who's responsible for circling back around to review with the team, and when?

For Patient 4, who's responsible for circling back around to review with the team, and when?

As we go, let's document our 1-10 ratings here to track our outcomes...and our growth!

With Patient 1, how'd we do?

With Patient 2, how'd we do?

With Patient 3, how'd we do?

With Patient 4, how'd we do?
