



Practice Focus

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Series 9 Principles of Success

Session 2 The Power of a Single Patient

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Hello, DST universe, welcome to a very special edition of our Practice Focus. It is called “Practice Focus” for two reasons: one, it’s a focus on your practice, to state the obvious, two, it is all about taking time out the practice. What is most important to you? Today begins a very, very special approach that we’re going to take where we review core principles and philosophies that make us who we are, it’s what we’re all about. And I’m saying we, us, all together, not just me, not just you, but us together, totally unified approach.

So, today, we’re talking about the power of a single patient. This is not about a focus on a number, a focus on a goal, a focus on a statistic, this is not about a focus on a price or a procedure, this is about a focus on a human being. This is about living and breathing our true core essence of relationship-based dentistry, what I call practicing, “customized care.” While at the same time, not settling or suppressing or being complacent or status quo with order taking; meaning that the patient does not control of this relationship. You are the leaders and guides to the whole thing. If you embrace that and you live it out, heart on your sleeve, then, by golly, you haven’t seen nothing yet. Because the value and, really, the potential, the possibilities of your success lie completely, 100%, directly tied, correlated and attached to the value of every single individualized patient.

So, today, I’m going to present the Practice Focus in three key parts. First of all, the overall concept, the key principles that make up that concept, the real life implementation, part two, then I’m going to flip it over and go over key metrics that matter, this is our philosophy, our metrics that matter, and how for you to bring it to life. Throughout this, you’ll have lots of things to assess and discuss and talk about and we’ll pull out some key ideas, some activities, some things to work through. Remember, the Practice Focuses are supposed to be poignant, very specific, even though I’m long-winded, we’re going to drive it around down right to the middle so that you have more time to talk and work, discuss, and most importantly, decide and act throughout this versus just listen to me.

So, first, here’s the key, the power of one, each, every single patient. I remind you, I remind you, with the tiny exception, very tiny exception of our TMJ, sleep, implant, oral surgery, you might say perio and ortho, but the exception of this, A, because there is a certain quantity, certain quantity of patients for our full arch centers, there’s a quantity of patients we need to receive in order to make it happen. However, for everybody else, the value of one single patient, one single patient, okay, is beyond your objectives and goals. If we take our pillars of health—our gums, our teeth, our bite, our smile—if we wrap that baby up and we did not triage problems but we also did prevention based care and then we, most of all, took it to possibilities and I’m going to give you a word in just a second.

If we did that, just take six or eight units, it should be 10 or 12, there shouldn’t be any such a thing as a six or eight units but let’s just say six or eight units, okay, one single arch, you multiply that, for most people, that would get them at their goal if you added hygiene, if you added something else to it, you would get to your goal. One patient, one arch, just optimization of one single set of teeth. If we did top and bottom, if we did malocclusion, if we did worn dentition, if we upgraded corner to corner, you’re talking about one patient a day is easily, easily, you’re talking about four or five million dollars, one patient a day. I’m not here to talk about numbers, but I’m just saying one single human life transformed by way of the modalities of care you provide through oral health, it’s simple. We have to embrace the power of every single patient and then we have to go all in on the possibilities of things you can do to provide value to those people’s lives.

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Power, value, possibilities: if you get this, you get everything. And then you could say, “Well, what’s in our way of this?” Well, probably, number one is always mindset, number two is the busyness of the day, the clutter of the day, number three is the fact that you are either filled with insecurities, lack of confidence, or you for some reason, are holier than thou, self-righteous to the point that, what? You don’t want to slap some veneers on somebody? You don’t want to rebuild their dentition before they lose their teeth, before their ground down so much that you got to do root canals or pull them? **At what point do we go to optimal enhancement and we give patients the opportunity to leapfrog, fast pass to total health? The only thing limiting your patient’s value is your definition of what value is. The power of one patient is in your hands, it’s not in their mouth, okay?** That’s where it transforms, but it’s all right here; before it’s in their head, it’s in your head. So, expanding your definition, that’s the key, that’s the bottom line key.

So, here we go. The power of one patient, every patient, each patient, number one, **treating every patient as a new patient every single time.** I’m not going to try to make an acronym out of that, treating every patient, I should have had a T up there, treating every patient as a new patient every single time. Not once in a while, not every six months, okay, not the first person of the day, every patient as a new patient every single time. And I can say, what does that mean for a consult? What does that mean for a limited exam? What does it mean for a conference exam? What does it mean for a treatment conference? What does it mean, okay, for the first hygiene appointment of the year? What does it mean for their second? What does it mean if they’re on a three or four-month re-care? What does it mean if they’re coming in to do one quadrant but not the other quadrant? They’re finishing the upper arch but not the lower arch? **What does it mean, based on where they enter or they’re at in your practice, in your schedule, with which area or category of care, what does it mean to treat every patient like a new patient every single time?**

This is something for you to define, it’s something for you to have a playbook with. We tell you, we give you suggestions but it’s for you to carry it out. Is everyone walking into the morning huddle and, from me as a clinical assistant, as a surgical assistant, as a hygienist, as a whatever, as a doctor, any doctor, **are you coming to the morning huddle saying, “This is what applying every patient a new patient every single time means for this person at 9:00, at 10:00, at 1:00, at 3:00...”** Because that’s the strategy you should be bringing in your morning huddle. Short of that’s not getting it done. It’s not embracing the power of one patient, it’s not providing customized care, it is about where we’re taking this person, not where are they, where are they going. And again, where are we taking them which is number two.

Number two is complete health. Again, broad, big picture, all in, the pillars of health. What is complete health? Our definition of this, application of this is what’s going to the contract or expand the power of a single patient. **And number three, value multipliers.** What do we got? Value multipliers. We might have value multipliers to take a patient to a new level of care, that could be perio, it could be whitening, it could be sleep appliance, it could be expansion, it could be aligners; **but also the number one value multiplier is referrals, every time.** First, the spouse, second, up or down, parents or kids, no matter what age they are, if you’re doing anything like that, up or down. So, first you have the spouse then you have up or down, then you have adjacent, you have workplace, you have social media followers. Like I say, the number one multiplier of all exposure in marketing is arm around a patient, selfie, checking in on their social media channels, theirs not yours, or letting them pin or tag you while they’re there and you’re expanding immediately, that’s a multiplier. Who does it? Not many.

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What else we got? Well, reviews. **Lowest level, but it's still important.** What else we got? **Testimonials, that's the highest level.** So, I would say review here, testimonial here. I would say social media check in here, I would say direct referral here, okay? I would say friends and family referral stuff and I would say workplace engagement, healthcare partner, refer me upstream to your supervisor, your boss, your HR person, your owner. All these things, that's what a referral multiplier is, that's what a value multiplier is. We also have that person, procedures and other things, modalities of care, we have...many of you are doing our PRF, our facial aesthetics, our care program with Dr. Miron so you have value multipliers in existence with the patient.

All right, so let's go to the value chain. Value creation, the power of one patient. Here's the deal, from where they start to where they finish, it's actually a circle, it's a continuum, but I want you to think of the life cycle, relationship building, all right, relationship building. So, one of my great friends, Sid Parker, always talks about above the nose, I want to say. I'm not sure, he creates a lot of original stuff, but it's probably that. So, I'm going to say above the line, below the line. Above the line is the head, the heart, even though that's below, okay, **I'm talking about the relationship touch points that are non-clinical.** So, above the line, below the line, below the line is the mouth, is the clinical, it is the education, it is moving the patient forward. So, **from the start to the finish, okay, with the patient experience, the relationship never ends.**

But in terms of the experience, so we have the phone here, okay, we're getting to know the patient, we're engaging here, we're building a better patient, we want emotional deposits in a bank account. The patient's going through their typical process, health history forms, videos, whatever, they're showing up. Then clinically, we have the clinical intake, okay, the case development, case development of the patient expanding on, again, the value of the patient. **With each one of these, there's a plus factor.** Obviously, here we have the way they walk into practice, the way they're brought in and preparing for the clinical arena. Then we have the major first, we'll say, third triangle of trust really is the clinical, yes, but the business team member where we're now scheduling for discovery visit or, excuse me, this is **discovery visit, decision visit, full pathway to health.**

So, we're going business, clinical, business, but building relationship every single time. **Delivery of photographs so that patient has proper take-home material, all about value creation.** But look at this, now we have either execution of treatment, so this is where you produce, this is your delivery. So, we want a great experience here, not just here, great experience here. We're still up-leveling the patient, up-leveling. Then we have outcomes, all right, outcomes. This is your referrals, your reviews, your testimonials, this is, maybe, the next phase of care, this is the next phase of care.

And then, ultimately, you have a finishing, case finishing, and celebration. **We have to celebrate, we're celebrating outcome every step of the way.** So, the point is that every team member fits in, every team member fits in on the value creation lifecycle and you're asking yourself, **"What am I doing to engage with this person to expand and strengthen relationship, and how am I adding value in order to make the patient more valuable?"**

So, from start to finish, what we're saying, remember my philosophy, core principle is **building a better patient.** The power in every single patient is, again, in your hands, to mold to develop, to nurture, to cultivate.

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So, just to finish your responsibility, responsibility, okay, is not just to screen A, Bs and Cs on the front end, but it's to develop A patients throughout. And then your responsibility is to give more time, energy, focus, allocation of resources, space in the schedule, follow-up, everything to the patients that want to go all in with their health. We basically ration ourselves equally, we treat every patient the same. You know what? Every patient a new patient every single time, we give them the benefit of the doubt.

But where somebody wants to start moving, you got to open up space and let them run. Because if you're serving, let's just say, 100% of the people equally, you're going to give the same time to the people that want nothing to do with you or their health and you're going to miss out on all the people that want to go all in. It's the 80/20 rule on both sides. So, at the very simple point, the people in the bottom 20%, you either get them out or you at least got to mitigate the damages of how much they're sucking out of you. And then the people that are top 20% that want to go all in, well, you got to make up space and time for those people.

So, if you want to become, this is what this is, Advanced Practice Focus, it's very simple. If you want to drive bigger impact on your patients, if you want to help change more people's lives, then you've got to get in the habit of ferreting out, of nurturing up, of cultivating the top 20% of patients. And if you do it properly, your practice will be filled with 50% of those people, if not, 80% of those people. But if you're playing the middle, okay, you're going to miss. And so, this is the top 20%, the power of every patient is that, with the right people, you don't need so many.

We give everybody the benefit of the doubt but then we rub it up against complete health and we look for value multipliers, we take them through the value creation process where every team member gives the next team member a better patient than they first had. Is the patient better after they leave your hands, after they leave your engagement? Every time, okay? Are they better? And that's the deal. If every one of you is up-leveling the patient from phone all the way out the door, in and out the door in the clinical engagement, are you building and expanding patient value with every interaction?

Okay? So, bringing these people to life, the people that want to go all in, top 20%, you got to go with it. People want to go all out, you got to move them out so you can get the people who want to go all in, get more space and more room to play. Now, how this comes out into the power of one patient is very, very simple, okay? If we are actually patient-centric, actually patient-focused, actually about relationship-based care, just lost the wheel, lost the wheel is what happens, okay, when you're moving this fast.

So, right here, okay, actual patient relationship-based care, here's what we have to do. We have to know: what is the total potential of opportunity compared against what are we actually giving? So, the actual outcome in health compared against this. So, what we have to do is we have to once again define the pillars of health and how this thing plays. If you are not monitoring this, okay, actual versus potential, then we have absolutely no idea what the gap in value is; and then the other side, how we can close the gap.

The next one is what's the patient compliance? Patient compliance: are the patients following through? In order for the patient to follow through, we have to follow through. Are they actually engaged from phone call, to appointment, to showing up, to comprehensive exam, to full presentation of treatment, to finishing the pathway of health? How many people

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are acknowledging and celebrating the completion of the pathway to health? What we focus on, we get more of.

How many people even know, last month's patients, where they're at? What about last year's patients and who finished the plans? What if, instead of how many people we see and how much production we do, what if we celebrated how many people complete their pathways to health? You would blow your practice up! You would transform everything you're doing, because one patient all in on complete health a day is all you need. Remember, our objective is to treat every patient like that patient and get more of them to swim upstream.

What are anchor appointments? Anchor appointments are top 20 percenters. How many top 20 percenters do you have every morning of every clinical day? If you got one or two, okay, you should be able to transform what you would consider your goals. Goals are baselines, we are focused on patient value. The value we deliver from them, the value we extract back out, okay, that's the deal. When we can embrace the power of one patient, the one patient principle, the power of the one patient principle, you're talking about this. So, you've got to make sure there's total compliance and follow-through.

And then lastly, and most importantly, inspect what you expect. What you track and pay attention to improves, and that means, weekly, there must be an accountability factor. Every patient that was presented treatment, there's software out there to do this, but you got to review it. If most important in your life are numbers, look at the numbers. If most important in your life are the patients, better look at the patients.

So, weekly reviewing, we present it and accept it. Each patient, figure out the gaps, trail it back, see how people are doing; and I'm talking about clinical value here. This is not just did the business team close it, it's did the clinical team build the value, okay? Value in equals value out, let me just tell you. Okay, monthly. Are we paying attention monthly to overall things? Overall new patient value, overall average visit value, overall patient lifetime value. Your case acceptance is going to be up or down based on categories and sizes.

That means, for new patients, I don't want to know how many patients did something, I want to know what's the value of what they did. It's easy to get everybody to do something, but is something, doesn't mean it's significant or meaningful. So, we get 100% case acceptance on not much, you ain't helping anybody, okay? 50% case acceptance on life-changing dentistry, big deal, okay? But we have to make sure we track. Track the humans, okay, track the values, that's the deal. Weekly, monthly. Three metrics, those are the keys.

The next one, very simple, is making sure we're monitoring our success in our visualization of a great day. Morning huddle, every patient a new patient, next step on the pathway to health, where are we taking this patient forward, everybody in full alignment. End of day huddle, accountability, no patient left behind, all loose ends tied up, and where are we at? Okay, end of the day. Next day, fresh start.

Remember, our philosophy for our one patient, our one patient, okay, the power of one patient is to educate and elevate, to enlighten and empower for other people to make smarter and better decisions staying with our theme: best and greatest. This is not about production, this is about potential, and that's something I know every single one of you can get behind. It's also exciting, it's also invigorating, it's also motivating to patients.

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So, let's move every patient forward. In order to grow, let's embrace, right here, the power of one each, every patient with your principles of implementation, with your bringing to life value creation process, where every single team member is enhancing and adding to, and know our responsibility is to give more room, and focus, and space, and time, energy and allocation to the people who want to go all in.

So, more of our day is with the top 20 percenters, but everything we do is about growing and grooming more of these top 20 percenters. Remember, okay, potential versus actual, compliance on the follow-through, celebrating the ultimate outcome of completion of pathways to health and tracking weekly the individual people, tracking monthly our metrics that matter, baseline acceptance tied down to value and size.

And then every day: educate, elevate, up level the morning huddles, future vision where we're taking people, application of, "every patient a new patient," and then inspect what we expect. No loose ends, no patient left behind, and have a lot of fun embracing, owning, living, going all in on the power of every single patient by knowing that the value is in your head and your hands first, and therefore, you will make a great value-enhancement difference and, ultimately, greater impact and influence on your patients when you boil it down to the people. Not the production, not the procedures, not the prices or the money or the insurance, but each and every patient. And that, my friends, is what you are all about: relationship-based, customized, complete healthcare for each and every patient that entrust their life and future and well-being in your hands.

Let's boil this down into some actionable steps, let's review where we're at, let's come up with some key priorities from each person, from each area of the practice, and overall impeccability and integrity with carrying out our philosophy and our mission with everything we do, with every single patient we see and care for.

Go get 'em, I believe in you, and this is where it's at. This is the ultimate leverage, X factor and value creator. Take care.