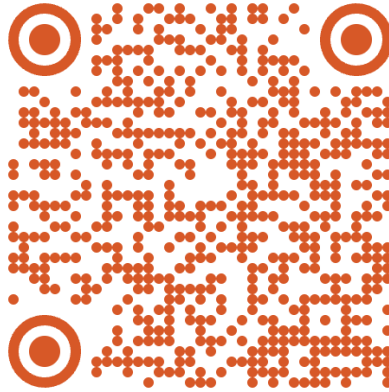




Practice Focus

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Series 9 / Session 6

Mission, Not Motion: Breaking Through Limited Beliefs with Insurance, Production, Money and Schedule

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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 everybody, and welcome to another Practice Focus. For this month, we're going to focus very specifically on the following objective, and that is called: breaking free from production insurance and patient dependence and securing complete treatment and full prepay as much as humanly possible every time with everyone. Okay. Now, there's really three key premises here that I want to make. As you know, there are four pillars, which we've been doing sort of a big-picture review, diagnosis, case acceptance, prepay, schedule control.

We can only control the schedule inasmuch as what we get accepted and what we get paid. Otherwise, these two things will become our glass ceiling, our limited factor, our plateaus, and therefore, our schedule will be bottlenecked in production value. We will go to work on trying to cram more in to raise the production number, when in fact, it will not be possible. Instead, what we have to do is how we can expand the scope of care, the value of every appointment by suppressing insurance and ultimately elevating the decisions that patients make.

So I'm just going to give you a few things to think about related to this, and that's going to be really where we invest our time today, is discussing together as a team how from the intake process, on the phone, into the operatories, the comprehensive exams, the new patients, as well as every patient being treated as a new patient, and very much so in the presentation of how we go about showcasing the complete health treatment plan—the pathway to health—and also that we're asking for all the money all the time. Now, we're not going to revisit every single basic principle that you already know to follow.

Instead, I want to focus in on two things that are related to mindset, and then one specific thing that is all about tactical execution. Today's Practice Focus will be laying in your hands for all of you to do a self-assessment, and also to really recommit to paying attention to the tracking, the data, the actual outcomes—not the activity, not just the statistics, but the actual outcomes—and managing this by a patient-by-patient follow-through or completion of care aspect because that's ultimately what tells us how we're doing.

The first thing is we're going to go to creating opportunities and controlling outcomes. Now, what's important is this is not about going through the motions. This is about securing success on the mission. And while this will seem like, "Okay Scott, another soapbox lecture and hyperbole," the key is going back to our motivation, our reason why, our philosophy. That's why I start with the idea of mission, because otherwise, if we're not focused on the mission, we will default to the motions. Not the motion, the mission. And the mission is to create opportunities and to control outcomes.

We create opportunities in the morning huddle. We create opportunities in our diagnostic approach. We create opportunities through our conversations. I just gave you three takeaways right there. We control outcomes through our end-of-day, review and reflect, our accountability, our no patient left behind. We control outcomes by ensuring our triangles of trust have no gaps from one team member to the next. We control outcomes by making sure we're always presenting big picture, complete health, the entire pathway, and securing the investment as great of pieces as possible, and not breaking it down into visits.

So today, I want you to focus your Practice Focus training on you personally and on your patients. The first for you is growing your deserve level. Is knowing that what you're doing is worthy, but also what that means is raising your expectations. You will not achieve greater

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than you feel you personally are worth. And whether that's the phone and tackling insurance and being bold about the concierge relationship-based practice you have; whether that's our assisting team, our surgical team, our ortho, TMD, our hygiene team, whatever it is, our perio team, making sure our doctors, that you expand your expectations. You raise your deserve level in order to be able to get the patient to reciprocate. Okay. The hole you give through is the hole you receive through. That goes to the hole in which your muscles about deserve are what you're going to give back.

Number two is you have to think bigger: thinking bigger about our diagnosis, thinking bigger about our ultimate vision, thinking bigger about our investment structure, our fees, on how we bundle, thinking bigger in all these ways. And then you have to be bolder. Bolder in your questions, bolder in your non-negotiating, zero tolerance, what you allow and accept and tolerate, you have to be bolder in making sure you're championing the patients forward.

And then finally, you have to remember that we are way beyond triaging problems. We're not solving things. At best, we're creating possibilities, or I should say, the lowest common denominator is prevention: solve problems, prevent future problems. But really where we are playing is on possibilities. We want people investing in a long-term plan for their overall health. We want people investing in quality-of-life enhancement and in permanency. Okay? So what that is is taking possibilities and moving them to actualities, and that's what you're going to tell the patient: "We're talking about possibilities. Here's how we make this your reality."

So all these things are first in your mind. Now, what does that mean on the field of play? What does that mean in the operatory? What does that mean in conversing with patients? That's what I want you all to decide. Are you leveraging pictures, proof, and pain for every single different category of visit? It's just a critical piece to make sure that we're consistent. There's continuity between every team member at every point of engagement. Now, we're also training patients. We're not just training you. Training patients is that it's their responsibility to own their health outcomes, to own an optimal state.

Okay. I want you to understand that if we do not change the definition of patients' minds of "health care," it is not about dentistry when needed. It's about dentistry, so that you don't need it. All right. It's not simply about fixing things. It's about optimizing things so that they never have to be fixed. You have to take the patient through that continuum. It is their responsibility either to invest in maintaining and making better or to invest in negligence and fixing problems at some point in time. The first, smart, by the way, and cheaper. The second, more expensive and very inconvenient. It's uncertain. The only certainty is investing in ownership over outcomes.

Next, that you have to give them pride, not just of ownership, but permission to invest in themselves, permission to invest in yourself. That means you can't say stupid things like, "cost." You can't empathize with patients that, "It's a lot of money. I know." Whatever. No, you're not going to do that. What you're going to is raise the bar. You're going to change the game. You're going to rewrite the definition. And you're going to give them a new target. You're going to give them permission to invest in themselves and pride in ownership!

And then I want you to always remember and be emboldened by whether you are on contracts with insurance companies or not, you're off contracts, you're fully concierge, non-assignment, no billing, whatever it is, it's irrelevant!

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Because we are doing a switch of insurance. Instead of heads, it's tails. Same coin, different perspective. Insurance for your practice is, at best, it's a coupon, it's a supplement, it's a contribution. It is not the whole thing. It is not the main point. It is not the dictator of. It is simply something that is utilized for something greater, a different decision, a different objective that's made between you, in this case doctor and patient, but in terms of the team, you're facilitating. Insurance is one piece of all the different financial opportunities: the cash, the check, the savings, the credit cards, the home equity loans, the lines of credit, the financing alternatives, the payment arrangement alternatives, because nowadays, there's multiple prongs. There's not just financing with interest or 0% interest. There's also payment options that you're not holding in-house. And then, of course, we have friends and family, we have credit unions, we have health savings accounts, and one option within all of this, just one, is insurance. Okay?

It's very important we switch that around so that you're in control over it. It's a one tool in the toolbox, is a slight and tiny "lucky day" contribution and coupon. Remember, the only way all this works is if that we are not stuck in prices and procedures and pieces and parts. We are not stuck in visits. We are focused solely on the vision of the whole thing. That's why it is about a master plan for their long-term health. That is why it's about a pathway, a plan, a pathway to achieve those goals. When you do that, it's much easier to position all of this. So I want you to do a little checkup right now with each other.

When you execute your patient engagement from phone to follow-through, are we talking about the thing, the step, the visit, the "it?" Are we talking about dentistry and what you do? Are we talking about what the dentistry does and why it matters? Are we making this about the patient and their health? Everything has to go back to reason why. Main point and purpose, mission, not motion. That is the same as I said for you. It is exactly the same for the patient. It is our responsibility to help facilitate that with you, and it is your responsibility to take leadership and responsibility over the patient for them. Now, let's talk about some actions, some success tactics.

Number one, I kind of already elaborated on, is the paradigm shift on insurance and money. I've cleansed you of "cost." We need to make sure we've also cleansed ourselves of that, and that you are not just doing a paradigm shift in your mind. You're also making sure the patients are making that paradigm shift as well. Otherwise, there's no point in talking about it. This is not something you keep a secret and hope for. This is something you throw on the table, you lay out transparently, and you make the switch, and you get full commitment from the patient about the different perspective and the paradigm shift.

Next, the three steps to focus all on past, present, future, problems, prevention, possibilities. Remember, all of these three steps are attached to everything you do. They are layered in your conversations. They apply directly to how you build your pathways to health and diagnose. The three-step focus is match everything, everything:

Past → Problems

Present → Preventions

Future → Possibilities

Remember this: we are doing discovery visits to create desired outcomes. We are doing decision visits to create action plans to achieve. We are create...doing financial facilitation visits on how to make it all possible.

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No point in figuring out the investment until we have the plan to do it. No point in figuring out a plan to do it until we know what are we doing in the first place?! What is the desired outcome? All of this layers. It layers. All right. Now, here's where it gets crazy. I want you to make sure that you are tracking your percentage of prepay on total plan presented. It's very important. I want you to know the amounts of which you are financing: total prepay patient portion on total plan, and the amount that you are getting in financing, as well as the insurance. We have 100% of a deal based on that pathway to health.

If it's \$2,000, \$5,000, \$10,000, \$40,000, \$80,000, whatever that plan is, I want to know what's prepaid, what's financed, what's the insurance, and then, ultimately, you have what's left over. That is your accounts receivable, which should be collected at the time of service. All right. The time of service. Next, schedule control. Future vision, days to goal. If not, why? And how can we close the gap? 30 days out at a minimum, obviously, with urgency of 24, 48, 72, 96, whatever it is. And then beyond that, one week, two week, three week, four week, you're looking at weekly...you're looking at daily goals and weekly benchmarks and then a 30-day run rate.

That's the schedule control piece. The most significant thing to know about your schedule outside of base to goal is number of new patients. We also want to know amount that's supposed to be collected that can be counted on there. All right. This is where you break through your plateau. You break through the plateau, and you create leverage by making sure you understand these things, because you're not going to break through the schedule if you do not manage this pie chart of what is what in order to create this.

Now, finally, remember to track the right numbers. The right numbers are not historical production and collections. The right numbers are, number one, what I just told you. Also, knowing every patient that's presented to, are they following through, and how fast? Okay. The other thing we have to know, and everyone in the practice needs to know this, not just the treatment coordinator. We need to know we present the patients under \$5,000 or \$10,000 or pick a number for you that makes sense to your practice, depending on what modality of practice you have. And above that number, we want to know what our case acceptance rates are, not only in terms of how many patients move forward but in what percentage of success of the total plan.

First of all, you got to make sure you're presenting the total plan, otherwise all your data is going to be skewed. Because if you're not presenting total plan, you may be getting great case acceptance on small numbers. It doesn't matter. It doesn't mean anything. So that's why we're working to close the gap. We're working to up-level this entire thing and make it a rising tide. So this is very important.

As you suppress insurance, as you work on the paradigm shift, as you build your proper data and you work on what I call, "Mastering the Month Ahead," the future-based numbers, it's going to change the game because you'll be able to make smarter decisions, you'll be able to make those nuanced changes and everybody in the practice will be able to work smarter, not harder, because we'll be dealing with accurate information. Now, I've given you so much today. So much is packed into this very crazy Practice Focus, so I want you to really unpack this thing. There's some major takeaway.

Like the rainbow on my face, it's my favorite thing in my office. It's my prism. I don't know if you can see it over there. You can see my mess and all my daughter's artwork, but you can

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see that favorite thing. I have rainbows all day long. It all just depends on time of day and where they are. That's like your life. Rainbows in your life everywhere. You just got to be looking at the right places. Most people looking at the clouds waiting for it to rain instead of finding the rainbows.

So I want to finish with this great quote. All right, two quotes I have for you today. "You cannot have a positive life and a negative mind." Well, you cannot have a positive practice, or a profitable practice, or a prolific, life-changing enhancement-to-patients practice. You can't have a fun cultured practice if you have a negative anything else.

If you're doing tails, you're going to miss the heads. It's still there. It's just a matter of what you're paying attention to. Today, I have focused you in on what you should pay attention to so that you can create an amazing culture and a championship team, and most of all, a very profitable, prolific, impactful practice to your patients.

Here's the big message, though. This is the quote. Wayne Dyer, great, great guy: "Go for it now. The future is promised to no one." That is what I'm saying here.

In your morning huddle, with every phone call, with every new patient, with every hygiene visit or delivery, or post-op, follow-up, whatever, every operative restorative surgical appointment, go for it now! The future is promised to no one. And just as I said, the theme of today's Practice Focus is that everything that's for you is also for your patients. It's the exact same thing, and so is that quote. For every patient, you can say, "Let's go for it now. The future's promised to no one." It's time to run, wide open, with complete health, quality of life, and all the things.

The greatest privilege, and gift, and permission, and deserve that you give to your patients is the ability to invest in the quality of life of their future. The least you can do is help them improve the past. But the best you can do, the greatest you can do, is to help them improve, and create, and predict, and control the future. And that's why I leave you with, it's not motion, it's the mission, for you and for them.

And I hope I've helped you raise your expectations, grow your own deserve level, get your mindset clear, and concise, and future-focused and all of that. Because you cannot have a positive life and a negative mind. And what you put in, you get out, and what you look at, you get back. And go for it now, because the future is promised to no one.

Super proud of you, everyone. It's all gratitude here. Now, go better your best, because that's what we expect, because that's what we know you're capable of. It's the most worthy mission—not the motions, the mission—let's go make it happen.