Practice Focus

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Series 9 / Session 10

Conversion and the Leverage Points of Patient Success

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 my friends. Welcome back to one of our Practice Focus sessions. Today I wanted to do something a little bit different. I wanted to tackle, I suppose, the most significant leverage point of all success in your practice and speak about it in a very poignant way. We often go broad, I'm somewhat conceptual, always verbose, and today I'd like to talk about this key leverage point, which is literally the X factor. And the best part is it exists at every single stage of the patient experience, every single stage of the life cycle. So we talk a lot about influence, we talk a lot about education, enlightenment, and leadership. But today, I just want to flat out talk about conversion, okay? The conversion of phone calls to appointments, the conversion of appointments to comprehensive exams, comprehensive exams to complete pathways to health, complete pathways to health to full prepay, and obviously, as few appointments as possible in the schedule.

So you understand the four pillars: diagnosis, case acceptance, prepay, schedule control. So now I just wanted to laser focus this in and just talk so much about how positioning and psychology matters. So our point here is how to increase conversion at every stage. Now, what I'm going to do as I'm just going to talk you through a couple small, finer details, and I'm going to immediately flip it over to you to just run a 360-degree view of your practice and talk about each person's vantage point of where we can up-level our conversion. Now first, we're not trying to convert everybody on the phone. We also have people who come from email or other things. We may have some people who are doing direct to schedule. You have people going from your website or from your app or from your advertising; direct placement into your schedule.

So the point is we're not trying to get everybody, but we're trying to get majority of them. On the phone, remember, the key is the questions. Now, this is old news, but the questioning is the trick. If somebody asks about insurance, we cannot engage in this part of the conversation. We have to start back with what is your name and why did you call? What does success look like? And tell me more. We have to get the patient sharing. This is all about digging deeper into the emotional conversation. Whatever the patient says, we can then take that and we can rub it up against insurance and we can compare and contrast. We can celebrate why we are a concierge practice. We don't engage with any insurance contracts, and the reason is so we can deliver on everything you just shared and asked about. It is very important.

So on the phone with the questioning, the whole idea is to direct towards where we want to go, misdirect or redirect from where the patient's trying to take you. The other thing is the reservation fee. Whatever the reservation fee is to be able to reserve time in the schedule to see the doctor. This is going to be the ultimate litmus test. Now, if that patient isn't serious about this, then you have to ask yourself, do you need to know more? What we're encouraging is the A patient's jump to comprehensive exam immediately, okay? If we're not sure if they're a comprehensive exam patient or if they're not willing to do the investment for the reservation fee, we would drop down to a B patient path. This could be just a stop by the practice and have a consult with the treatment coordinator. This could be a virtual consult; twice a week in certain blocks where we have the opportunity to engage people on a virtual call. Again, typically with the treatment coordinator, typically not we're doing the doctor here.

And then the other one, which nobody uses, nobody uses this, which is, "Hey, hold on. I hear what you're saying. I'd love to schedule you. In fact, let's go ahead and do that. But what I want to do is I want to text you right now a video with some patient success stories, a video with our doctor sharing about our philosophy and what we do here. I want to send you a PDF which will walk you through our practice experience so that you understand. So I'm happy to send it to you right now and then let's talk to it while we're on the phone. Or why don't you take a look at this and let's talk in an hour? Or, tomorrow morning." So don't feel like you have to do all the work on the phone.

The goal is to qualify the patient, to screen properly, to schedule effectively, to secure the reservation of an A patient. If not, we have different paths we can choose. We also can send people information. You want to capture their phone, their email, their contact information, including address so that we can follow up. So often we talk about following up in the office, but we don't talk about following up on the phone. Okay? So this is all about increased conversion. Out of a hundred phone calls or 10 phone calls, how many do we get and how qualified are they? And then what are we doing on the backend to follow through? You know ur friends at My Dental Agency, they have a "patient capture now," which is all about this follow through on the patient's lifecycle, okay?

Inside the practice, when we go inside the practice, remember what we're really after is a clinical yes, but we're after a clinical, yes, not on procedures or on teeth. We're on a clinical yes on the vision. Now for our specialists, it's a little bit easier because they usually have a modality of care that they're focused around. Our comprehensive, traditional practice format, so remember, discovery of what, okay? And of course why we know the why, but how are we going on this? Discovery, pictures, proof and pain, all the diagnostic tools. But what are we doing with the photographs? It really is about engagement through the photographs. We want to take the patient into the photographs, and we really want to go on a journey, look in every corner, turn over every rock and see the big, big broad picture of discovery. So remember, just like on the phone, we're building emotional connection asking questions, same thing in the operatory. No matter whether you're a clinical partner, assistant, you're a clinical partner, hygienist, the whole idea of discovery is what can we learn about this patient? What can we discover in terms of ways to help? And then how can we get that patient to be fully engaged with this?

We have to get the patient to take ownership, personal responsibility. They can't be playing defense or tug of war with us. They've got to be all in wrapped into the vision, the objective. So remember, discovery of what, and how do we do it? We know the why. We know the why because this is our clinical philosophy, pillars of health. The key points of discovery is thinking about what are the pillars of health? Gums, teeth, bite, smile, airway, whatever it is for you; as a specialist if you have a different format. So there's a reason here. It's not like we're just on a wild goose chase. It's not like we're just on a scavenger hunt here. We're on a very specific and very strategic journey of discovery in order to bring this to life for the patient.

So ask deeper questions. Build the value, the benefits, the value. Make sure that you're energetic, not apologetic. Energetic! Not apologetic! About when you discover something you can do to help. When you see something that's going to require treatment. When you see a way for us to up-level the quality of life, enhance this person's pathway to more optimal care. And then remember that we want to be talking about specific outcomes. Patient. You see this? When we do that, here's what will happen. Why this is important is because this is long-term disease. This is worn dentition. This is a corruption of your bite. This is malocclusion. This is going to create more broken teeth or more jaw pain. This is living with disease leads to a deterioration of tissue, both hard and soft. Whatever. So you really have to maximize, that's the key.

Remember Dr. Klauer, I got to give him credit. His team is at their very first Champions Meeting, whatever, 10 years ago, and when I gave this speech, he said that, "Price is only a problem in the absence of value." And the point is building clinical value. So in this room right now with your team members, we're going to say, what is our strategy to building clinical value? What is our strategy to building quality of life value? How do we demonstrate not just what's going on in the mouth, but the implications on what will happen in their life?

Okay. Alright, finally, so I want to go to the decision business. So we got our phone business outreach here. We got our in-office, clinical, everybody here, tag-team triangle, boom. Okay? And then we have our closing the case. Remember, the most important part of closing the case is the triangle of trust, right? The treatment summary, the treatment summary given with conviction, given with confidence, given with clarity, given with commitment.

Forget the entire Practice Focus and just go back to the last 10 seconds! The triangle of trust with the treatment summary: it is with conviction, with commitment, with clarity, with confidence. That's the entire point. If you are delivering a treatment summary, triangle of past, present, future, problems, preventions, possibilities. If you're going with reality today, future vision for tomorrow, you have to make sure you have an objective. In today's meeting, talk through where are we doing a great job with our treatment summary, triangle, clinical, yes, delivery for the treatment coordinator, and where are we short-cutting it? Where are we not doing a great job?

Now, what I want you to do is get very, very effective on the percentage of savings, percentage of savings, to get full prepay. If it's diagnosed, it must be done, present all the treatment all the time, prepay all day. That's the deal. If you just knock out those three key pillars, then you're going to be fine. So your strategy is not just asking for the money, it's positioning a proper incentive: savings for all the cash. If that doesn't go, you're immediately saying it's all right. There's never problems here. How much can you do? What amount makes sense for you to put towards your pathway to health? Today, I want you to go back and watch if you're dealing with money, the financial breakdown videos, okay. Present the full concept, the good news is, the investment is only or just, and then you lay it out. We love to save you money. Here's how we do that. You pay X right now. If they can't do that, you come up with the amount and then you put together a financial plan, financial plan. If you can't get it done today, you schedule it back.

Remember all the sources of money, okay. We have money, you have money right now, you have credit cards right now. Do you have savings? Do you have friends and family? Do you have a line of credit? Do you have home equity? Can you expand your credit lines? Whatever it is, there's many, many different layers. We have financing. We have from CareCredit to Cherry to we have Affirm or Shop Pay. There's Buy Now Pay Later, which we don't advocate, but if it works for your strategy you can do that. So there's lots of different ways. There's sources of cash. You have a local credit union or a financial partner. So finally, what I want you to do is use the schedule as the asset. Use the schedule as the asset. The schedule is not the liability. Whether we're booked out forever, we have holes tomorrow, whatever it is, use the schedule as the asset.

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Use it as something that drives motivation, that creates a deadline for decision and it provides a sense of urgency. There's a sense of urgency to get healthy, but there has to be a sense of urgency to invest the incentive and savings and the schedule as an asset.

So here's what you're going to do in your team meeting. Number one, are we capturing the appropriate information on the phone? Are we scheduling the A patients in the way that we should? Are there exceptions that we need to make? Do we have reservation fees? Do we have second paths forward or different things to do? Do we need to set up consults, virtual screening? And also, what information are we sending to patients? And are we following up on the phone? Next, okay, what constitutes a clinical yes? How are we treating every patient like a new patient every single time? This is not just about the new people, it's about all the people. What are we doing to up-level, to educate, to expand, to build bigger visions, to enlighten, and most importantly, practice what we preach? Are we in total alignment? Remember, your best friend is re-consults, re-comprehensive exams. Finally, what is our incentive strategy? How are we scheduling our anchor appointments? What is the source of money, and who's responsible for follow-up, making sure no patient is left behind? We're following through on patient relationships. Lastly, track, I want you to go back 30, 60, 90. We do this every year. You should be doing it every quarter: 30, 60, 90. I want you to figure out what is our percentage of case acceptance tied to value? That's what I want you to do, and no loose ends.

The most important thing I'm going to tell you too, the word for you, most important word for you is belief. The belief that this is the best thing a patient can do: with their time, with their money, with their trust, with everything they got. The best thing a patient can do with you, the best thing you can do for them is to be a tough but loving parent. To be a leader and a guide, to be a personal trainer and champion their health that they deserve. You have to believe this is the absolute best thing they can do with their time, with their money, with their trust, with you. And then finally, no loose ends. Here's the deal. Use patient stories. More material consumed by the patient will lead to greater case acceptance. Lastly, remember this word: it's not about insurance, it's about reassurance. Okay? What you want to do is simply provide reassurance to your patients along the way. So let's forget about insurance and let's go to reassurance.

Reassurance right here: reassurance on the phone, reassurance in the discovery process, reassurance in the decision process. That's what will improve conversion at every point. It's not about insurance, it's about reassurance. Hey, you got a whole lot of work to do. The good news is this is the deal. This is where magic happens. This is the power of influence comes in. This is the greatest leverage point of your practice. It's not just doing more of the same. It's doing decidedly, decisively, dynamically better at each of the conversion points within the process. If you do that, you create a rising tide across the board of the entire practice. It's not just about the four pillars, it's about the leverage points. It's about the conversion, okay?

So no more insurance, always just reassurance, and that is going to be a coupled with all of this. It's going to take you to a new level of success, of case acceptance, and ultimately, of impact, making a difference on your people. Remember, we only help those who say yes. (That's the way to get more yeses.) And most of all, get to get more quality, to drive more value, and to up-level everything you do. Hey, this is a great Practice Focus, if you make it so. Let's take it all in. Let's go get it done. It's not about what we discuss, it's about what we decide. And that, my reassurance to you, believe in yourselves because we believe in you, and we know you're going to get it done.