Selling High End Dentistry

Module #4:

Power Questions, Reports and Hand Offs

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Selling High End Dentistry: Module #4

Good evening everybody. Welcome to Selling High End Dentistry Session #4. I hope you got a lot out of the last one.

I hope you spent the week trying to introduce power questions into your daily routine. It can make a huge impact on case acceptance and patient engagement for sure.

Really, these power questions, they engage people, they connect with people, they influence, and they balance control.

Patients don't like to be controlled, they like to choose. So this is a great tool to use in order to balance that control... so that you have control of the information, they have the control of the decision and the thought process.

With questions, we know that we can do three main things.

- One is that we can point out the conditions that a patient has.
- We can highlight the consequences of delaying treatment.
- We can suggest a treatment approach that we think is most appropriate to deal with the conditions that they have.

Those three things are really what give questions their power.

Homework Questions

We had some people hand in their homework. Some of it was absolutely excellent.

I'm going to go through the key questions that were submitted, the best ones.

Then, we'll talk about how we can use them and how we can tweak them.

Of course, "Tell me what you see" is a great beginning question with pictures or with a patient with a mirror in their hand. Pictures are so much more powerful. It's a great question to start it out.

One of the things that will happen, undoubtedly, is that there will be a pause, sometimes a long pause, between when you ask the question and when they feel brave enough to throw out an answer.

Just let that long, awkward silence and pause happen. That's when the patient's brain is engaging with the process.

The next one is, "See these yellow, rough looking areas?" I assume this would be talking about calculus or tartar that stands out in pictures really fairly well. It's a good question.

"What do you think that is?" Another good question. Remember that if you ask a question that the patient doesn't know the answer to, they're going to have a mental blank and they're going to fill in that blank with something.

That something is usually they fear… Occasionally, they won't have any fear and they'll just throw a stab out there… but it's really interesting when you start asking these questions.

Tell me what you see?
See these yellow rough looking areas?
What do you think that is?
How do you think that affects your teeth and gums?
How could it be fixed?
How would that make you feel having straight teeth?
How would that help your teeth and gums?
When do you want to get started?

You realize that patients know less about their mouths, less about their dental health, than you think they do. It really allows you to dial into where patients are in their knowledge base.

Next question, "How do you think that affects your teeth and gums?"

Another good question. Next one, "How could it be fixed?"

"How would it make you feel if you had straight teeth?" Good question. A bunch of ways to ask this one.

I'm going to go to the previous one, “How could it be fixed?” Other questions that would fit there is, “Do you think this should be fixed?” and “What would happen if you don't fix it?” would be other great questions using fixed.

“How would it make you feel having straight teeth?” Another question that I've heard very frequently is, “If we could straighten your teeth by your next cleaning, would you be interested in learning more about that?” Again, very low key. It's not high pressure at all.

If they say “No, I'd not be interested in learning in that,” you know they're not engaged and right then you know that's really not a high end patient at this point in time and on that topic.

“How would that help your teeth and gums?” This is the results of treatment.

You'll see the questions fall into certain categories that we'll tie up here in a little bit as we go through these questions.

“When do you want to get started?” Great question and I would tweak that. The reason I would tweak that is I think it's important for doctors to create urgency. It's one of the keys that trigger people to buy if they feel there's a sense of urgency.

Typically, and we'll go over it in a little bit, I would suggest that you give the patient a time frame.

Actually, you give the assistant a time frame on which you want it scheduled. You would say something to the effect of, “Hey Max, we really need to get this taken care of for Mrs. Jones. Wouldn't want it to go more than two or three weeks.”

Then, I'd turn to the patient saying, “You'd like to get started by then, too, wouldn't you?”

It's a bit of a leading question, but if you don't create urgency... “When do you want to get started?” totally leaves it up to the patient without them having any sense of urgency. You've got to create the urgency before you ask this question.

Next set of questions, “What do you see in this picture?” Again, same thing. Wait until you hear an answer.

Next question, "How do you think that happened?" If you remember, we talked about where you've been, where you are now, and where you're going. These questions really help flesh that out. "How do you think that happened?" Great question.

"What do you think will happen with this over time?" or, "Do you think this will get better or get worse over time?" is another great question because people instinctively know dental problems get worse.

"Do you think this might affect your other teeth?" Great question.

Another one is, "How do you think this might affect your other teeth?"

Another question, "How soon do you think it will affect the other teeth?" Again, that gets to urgency.

Another question, "What do you think it might do to your other teeth?"

Next question, "Do you think that will affect your smile?" Really good question.

Another question the same way, "How do you think that will affect your smile?" "When do you think that will affect your smile?" "Where do you think it's going to affect your smile the most?"

What do you see in this picture?
How do you think that happened?
What do you think will happen over time?
Do you think that might affect your other teeth?
Do you think that will affect your smile?
How will your ability to chew be affected by that?
Do you think malfunctioning teeth/bite could affect your overall health?
How long do you want the treatment to last?

These questions really are "when, where, how, what" …just the typical questions that you might ask. I remember reading about good newspaper article answers: who, what, when, where, how, and where. Those same questions can be asked.

The patient may know some. They may give you a wrong answer that you need to ask another question to help them zero in on what's happening.

Let's say we have a missing tooth and we have a little bit of bite collapse and we ask them that question, "How do you think this might affect your other teeth

They come up with, “I don't think it will” or “I don't know” or whatever. Our typical way of dealing with that is jumping in with an answer.

The real power comes from jumping in with another question, using questions to continually guide people to the understanding that we want.

Eventually, they get it. It dawns on them. They understand what we're getting at. At that point, once they get it right, you can confirm that they have it right.

Next question. “Do you think malfunctioning teeth/bite could affect your overall health?”

We could put in other things besides malfunctioning teeth/bite.

- We could put in periodontal disease.
- We could put in endodontic infections.
- We could put in inflamed wisdom teeth.

We could go lots of different topics, so think of that as a blank and we get to fill in the blank with whatever's appropriate for that patient.

The real power comes from using questions to continually guide people to the understanding that we want.

Another question. This is a powerful one. “How long do you want the treatment to last?” This often comes in when you're having conversations about treatment. We're recommending a crown. They say something to the effect of, “Can't we just do a filling?” This is a great response to that question.

Another set of questions. “What effect does your gum infection have on the rest of your body?” “What effect do you think your gum infection has on the rest of your body?” would be another way to say that. Obviously, that's dealing with periodontal disease.

“What type of food would you like to be able to eat when we're done with your treatment?” This can affect both removable and fixed conversations and tissue versus implant supported dentures or partial dentures type questions.

I like this question because I never ask this question with someone saying, "I want to eat just soft and mushy foods."

Literally every single person that I asked this question to said, "I want to eat the same foods I can eat now or maybe some that I can't eat now. I want to be able to eat as good or better." So this is a powerful question.

When you explain to them how dentures move… and of course you explain that in a question… "Dentures don't have much to grip onto. Do you think they're going to move around when you eat?" Of course, they're going to say, "Yeah, probably."

Then you're going to say, "The lower one has less to hang onto, doesn't it? It's got the tongue wagging around down there. It's going to move around more, isn't it?"

They say "Yes." You're slowly working them towards the understanding, but you're doing it by using questions, not statements.

Next one, "What will the effect of missing teeth be on the rest of your teeth?" This is for an edentulous space.

"Do you think those rotated teeth will wear evenly over time or do you think they'll wear more crookedly?"

"How important to you is your first impression to others?" This is leaning towards more cosmetic things.

What effect does your gum infection have on the rest of your body? (Perio Dz)
What type of food would you like to be able to eat when we are done with your treatment? (Removable vs Fixed, Tissue vs Implant Supported Dentures)
What will be the effect of that missing teeth on the rest of your teeth? (Edenulous space)?
Do think those rotated teeth will wear evenly over time?
How long do you want the treatment to last
How important to you is your first impression to others?
What do you think happens to the jawbone when teeth are removed?

Again, this question, I've never had anyone say that it wasn't important.

Of course, the follow-up question is, "Do you think this or that in your smile [or periodontal disease and breath and those kind of things], do you think those might have an effect on other people's first impressions?" Of course, they're going to say yes.

Now, the lights are coming on with the patient. They're beginning to understand that this is something that I really may want to look at.

This is another one, "What happens to the jaw bone when teeth are removed?" This is getting to the point that there's atrophy of jaw bones when teeth are gone and leads to a discussion about implants.

These are all good examples of good power questions and good examples of the questioning process where you're asking one question after another, slowly dialing in on what the patient's condition is, what the consequences of not treating the condition are, and what the fix for the condition is.

There's one more, "Do your parents have their teeth?" I like this one because what does it imply? It implies that if the parents don't have their teeth that the person that you're talking to is at risk of not having their teeth. Really a great question.

"Do your siblings have dental problems?" Same thing. It's implying that the genetic component is not in their favor if they have problems.

The next one is the magic wand question. It's a powerful question. It's a great open ended question, "If you could wave a magic wand…" and fill in the rest yourself.

This one is "…and receive the smile of your dreams, what would it look like?"

1. Do your parents have their teeth?
2. Do you have siblings who have dental problems?
3. If you could wave a magic wand & receive the smile of your dreams, what would it look like?
4. How would that new smile make you feel?
5. Is there any food that you used to be able to enjoy & can't eat now?
6. How long do you plan to live?
7. Is keeping your teeth important to you? Why?
8. You seem to be very uncomfortable being here. Is it that you've had bad dental experiences?

"If you had the mouth of your dreams…?" "If you could function perfectly, what would you be able to do that you're not able to do now."

The magic wand concept or question is really, really powerful because it's such a great open ended question. The magic wand makes people think outside of the box. They think about possibilities, not what they think they'll do. It's a great question because it really opens things up.

“How would that new smile make you feel?” That's a good question. “How would that new smile make your husband and/or wife feel?” is another good question.

“How would that new smile make your parents feel?” “How would that new smile make your grandparents feel?”

One of the things that I found… I dealt with largely really train-wreck type patients. Many of them were in recovery. They'd had a period of drug abuse. They were in recovery. Their mouths were messes.

Meth was very, very common in Iowa. It still is very common in Iowa and so there's a lot of meth mouth there.

What I found was that these people, if they're still using meth, they're just going from emergency to emergency. You'll never engage one of those people so you're going to know that they're not a high end person.

Once they're in recovery, they understand the consequences of their teeth looking bad. Now they can't get a good job. It affects their life terribly.

What I've found is that parents and/or grandparents are really pretty happy to help them with dental care. They don't want to give them the cash because they're afraid that that cash would be a problem but they are willing to help them with dental care.

Part of that is because they know it's important for them. Part of it is that having this child or grandchild with meth mouth is embarrassing to the family.

I've found that, especially if you have a young adult come in with their parents, that it's really a powerful question to have… to remember that it's not just what the patient thinks. It's about the people around them, too.

“How would that new smile make your husband, your wife, your parents, your grandparents, your children…”

“Is there any food that you used to be able to enjoy and can't eat now?” We had one very similar to that on a previous page.

“How long do you plan to live?” Another way of asking this question that I found very important is, when you're talking about someone who has some deterioration of teeth, one of the concerns, I always related to them was, “My concern is how young you are.”

I have a 70-year-old patient who's got a dentition that, doing what they're doing, I don't think is going to last till they're 80.

I always tell them my major concern is how young they are. Really powerful words because no one likes to feel old and everybody likes to think that they have a lot of runway ahead of them.

That's another variation on the, “How long do you plan to live?” question. “How long do you plan to live?” is really helping them think long term about their dental condition and the treatment that they want to have.

They want to have treatment that's going to last a long time if they're going to live a long time obviously.

“Is keeping your teeth important to you?” Great open ended question. You'll learn a lot about patients and the why or the why not. You'll learn an awful lot about their point of view and where they are, what they're feeling.

They want to have treatment that's going to last a long time if they're going to live a long time.

Often, this is highly influenced by the person… You remember one of the questions that you asked during the interview was who was the person that is the smartest that they know about dentistry and what did they learn from them? Often, this one will go back to that person.

If that person gave them advice like, “Get your teeth out, I'm so much happier now that my teeth are gone,” you'll see that coming through later on if you ask this question, once you have films and are looking at that.

We're going to go back through the sequence here in just a little bit.

The next one, “You seem to be very uncomfortable being here. Is it that you've had bad dental experiences?”

Some other ways to ask this question is, “I notice that your foot is shaking... I notice that you have a grip on the table. I think it's helpful if you point out why you feel this way.”

They may not be aware that they're sending off this signal and they may think that they're hiding it extremely well.

If you ask this question without giving them some anchor behavior that they can sink their teeth into, they're going to feel like you're shooting in the dark just to see what's out there.

If you give them a specific behavior, they'll know they're not covering it as well as they thought they were.

That way, you can now share with them, “I have many, many patients who felt just like you do. What they've found is that we have a very great approach here. We use medication when we need to to help people feel comfortable and the treatment can be done very, very simply and easily. If it's possible for you to have your treatment done while you're sedated, kind of snoozing, is that something you'd be interested in?”

If you can find out whether they've had bad dental experience, it's helpful.

So point out the specific behavior that you notice and then have the, “We can do it while you're snoozing” discussion. “Is that something that you would be interested in learning more about?”

If you can find out whether they've had bad dental experience, it's helpful.

It's helpful because now that you know what their focus is, and if their focus is on, “This is really hard for me. I'm really anxious and scared,” if you can focus on that, the rest of the treatment conversations really go pretty easily.

Solutions to their Problem

Once I get down to the point where we're talking about solutions, I use a formula that's a little bit different.

That is, "Are you aware of……?" which is the solution to their problem.

This goes something like this:

- "Are you aware of how implants can stabilize a lower denture so that you're able to eat the kind of foods that you really enjoy?"
- "Are you aware of how implants can replace that tooth without it affecting those perfectly good teeth on either side of the space?"
- "Are you aware of how implants can replace a tooth in the most natural way possible?"
- "Are you aware of how implants can retain the bone?"

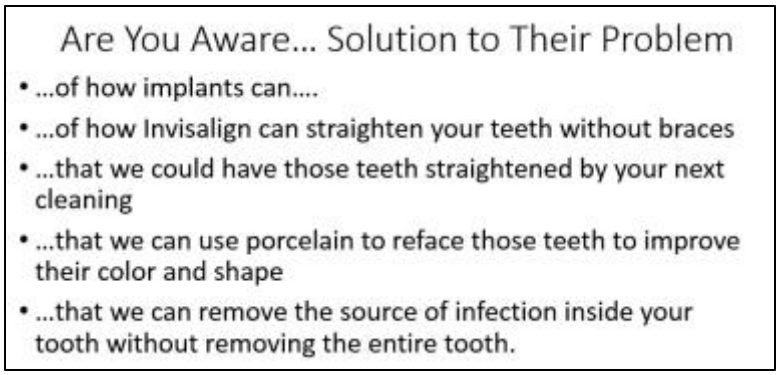
You can just go through all the different clinical scenarios. You know from your discussions already which clinical scenarios resonate with that person because you know what they're concerned about because you've asked so many questions.

Here's where you get to take all that information and use it to the patient's advantage when you're describing solutions.

Next one, "Are you aware of how Invisalign can straighten your teeth without braces?"

You ask the question and then you just are silent to hear what they have to say.

This leads to a 'yes' or 'no' answer, which I usually don't like, but we're now starting to bundle it.



We really know where they're thinking and we really are knowing what they want. We really have a good understanding of their mentality about dentistry.

Now, we're just tying a treatment to their mentality. So I want to drive it at this point to a yes or no question.

If they say yes to Invisalign, then you say something to the effect of, “Would you like to learn more about that?” That is only if the person that has done the interview and has done the investigation together, that's only if it wasn't brought up in the hand off. I'm going to go over hand offs in a little bit here.

If you are bringing up something that they hadn't already talked about, then you're going to ask this question and ask follow-up questions.

- “Are you aware that you could have those teeth straightened by your next visit?”
- “Are you aware that we can use porcelain to reface or resurface those teeth to improve their color or shape?”
- “Are you aware that we can remove the source of the infection inside your top tooth without removing the entire tooth?”

You get what I'm going at here? I'm wanting to get a yes or no. If there's a yes, “Would you be interested in learning more about that?” If it's a no, now you know where you need to add some information.

High End Exam Process

Here's the high end exam process. Let's go through it again. We start with an interview.

You remember the six questions we talked about last time that we asked during the interview. There are six questions we ask and follow-up questions between those main six so that we get an understanding of where they've been, where they are, and where they want to go.

Then, we're getting pictures which are really photographs. We showed the five pictures last time. We get those pictures. We put them up on a screen one at a time. We walk through those pictures and we have a mutual exploration.

We're asking questions like the questions we just went through. We're asking questions as we go through those photographs.

That process, you will be able to create a vision with the patient about what it is they see their teeth being like and looking like and feeling like and functioning like in the future.

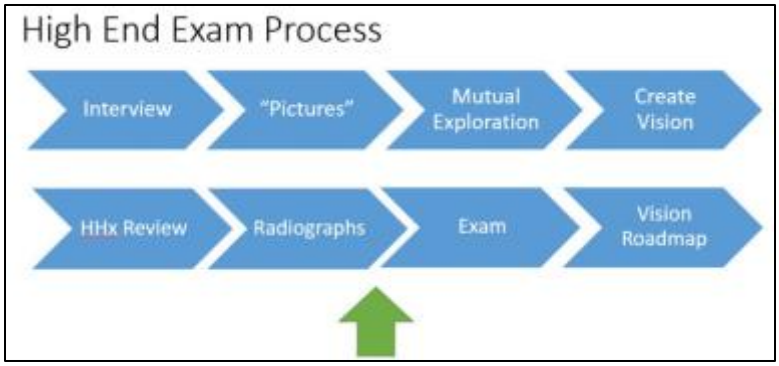
Now, remember, if we get resistance along this path… if we get someone who doesn't engage with the pictures, if we get someone who doesn't take responsibility, who starts to get into all kinds of blaming language… or if we get someone that, when we come to create the vision, they just can't or won't talk about what their vision is or what it is that they want or don't want… if that happens, you know it's not a high end patient, at this time anyway.

Great. Go back to the standard way of doing things the way every other dentist in the world does it and they will be comforted by that. That will build trust with them. They may, in the future, be in a place where they do become this high end type patient.

That normal stuff, do the health history review; do the radiographs; do the exam; do the vision road map, which is basically your treatment plan.

At this point, if it's a non-high end patient, it's the standard treatment plan. If it's a high end patient, you've already created the vision. Now it is just how do we get from where we are to that vision?

It's really just laying out information. It's not really informational because they already have all the information that they need because they've already created the vision.



The vision roadmap versus treatment presentation, the vision roadmap is really short. We'll talk about timing here in just a little bit.

This is a key point in the visit. Everything up to this arrow can be done well by a well-trained assistant or a hygienist. The doctor doesn't have to be involved in any of that.

Transfer of Information

If the doctor's not involved with that, now this assistant or hygienist has gathered a tremendous amount of information. That information absolutely has to be transmitted to the doctor.

I have found that the transfer of this information often takes longer than the exam.

I often talk about an eight-minute exam. Generally, any dentist, if the perio has already been done, can do an exam in less than eight minutes.

While I say that, I have to say there are times when it's more complicated than that. Those times are people with a tremendous amount of decay. There are times when there are plane of occlusion problems. There's times when there's severe wear. In those cases, the exams take longer.

It's harder to figure out what's going on. It's harder to create the vision roadmap of how we get to where the patient wants to be. It's not eight minutes or less every time but it averages eight minutes or less. The hand off might be eight minutes or more. It's not unusual for the hand off to be longer than the exam. We're going to talk about the baton pass or the hand off.

It's not unusual for the hand off to be longer than the exam.

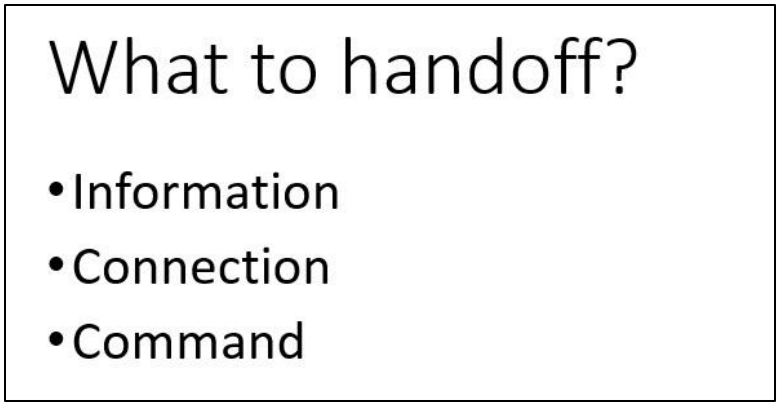
The Jamaican team, fastest 4 x 100 team in the world, has a no-look baton pass. The guy coming in passes the baton. He takes it in one hand. Somewhere in his 100 meters, he switches it to the other hand. The runner that receives it takes off and he doesn't look. He puts his hand back underhand and the baton is passed to him in that fashion.

This is a dangerous baton pass because the one receiving it doesn't look back. The one giving it has to put it very accurately in the palm of his hand. It looks easy. It's not. It's really quite tough and it's the same thing with the hand offs and the passes in the dental office. They seem easy but they're very, very difficult to do well.

What to Hand Off

Here's the things that we want to hand off.

First of all, we want to hand off all the **information** that we've gathered. All the information from the interview: Where they've been, where they are, how they're feeling about dentistry, who the smartest person they've had about dentistry is, what did they learn from them, information about what you talked about, what you did, what you talked about all the way up to the vision that you have come up with, that created vision.



The next thing that you want to hand off is a **connection**.

The best hand offs are when the assistant or hygienist that's doing this has found something in common between the doctor and the patient.

Maybe they're both basketball fans. Maybe they both hate LeBron James or maybe they both love LeBron James. Something that they have in common.

Maybe they both are gardeners. Whatever it is, if you can find something that connects them, it gives instant rapport between the patient and the doctor.

If we can find that and hand that connection off, it greatly speeds up the development of rapport.

The last thing to hand off is **command**. This sounds funny, but I totally mean it when I say it, the transferal of command from one person to another.

Before the doctor comes in, the assistant and the hygienist is in charge of the appointment. They are in command. When the doctor comes in, that command is transferred to the doctor.

Many of you have worked with an assistant or a hygienist that didn't understand this, that when the doctor came in, they still wanted to continue to talk.

They wanted to drive the conversation. They wanted to drive where everything was going.

It's confusing for patients because you want the doctor to be at the top of the heap. You want them to be the commanding one. They're the ones with the degree. They're the ones with the license. They're the ones that hired everybody. They're the top one. You want them to be in charge.

This is talking about presence that we talked about in an earlier session. This is presence, when you take command.

In the military, when they have a unit that changes command, it's a big deal. They make a big deal out of it. They have ceremonies.

> If you can find something that connects them, it gives instant rapport between the patient and the doctor.

So many different companies, when there's a change of command, there's a big event. There is a ceremony. There is a party. There is something. They do something to mark off this change in command.

In the dental office, it's no different. Once that dental assistant or hygienist has given the hand off, their job now is to stay quiet and to listen to what the doctor says and if the doctor gets off track, their job is then to give a little guidance or a little additional information.

As long as the doctor is on track, their job is to say as little as they possibly can.

If the patient turns to them and asks questions, of course they're going to engage with the patient. For the most part, it's like they left the stage. They exited stage left and we all know they're over there, but they're not really saying much and they're allowing the doctor to be the star.

Those three things have to be handed off. All the information collected, the vision that's been created, what was done, and then something to connect the doctor with the patient, and then transfer the command.

Doctor's Report of Findings

Once the transfer of command has happened, the doctor does his exam. He's now reporting his findings clinically to the assistant or hygienist.

I always found it helpful to tell the patient that I'm going to be talking dental gobbledygook here for just a few minutes, "Then, I'm going to explain everything to you and answer every question that you might have."

I always preface that so that they're not sitting there during the exam thinking, "This doctor's going to be talking in big words. I'm not going to understand a single thing he says."

They're sitting there during that eight minutes of exam thinking this is going to be really confusing. Their trust starts to go down, down, down, down, down. When you get negative momentum on trust, it's hard to get it going back up.

Just make sure that they understand you're going to talk some dental lingo for a few minutes but you'll explain everything really well and answer every question.

No Jargon

Don't use any dental jargon when you're talking to the patient.

Now we've got our exam done, the dental jargon section is over. The patient is sitting up. We're eye to eye, knee to knee. We're talking to the patient about what you've found.

Now, remember, the treatment vision, the end result, has already been described before you even got in the room as a doctor. That was transmitted to you. That information was given to you.

Make sure you use the same language back to the assistant, hygienist, and patient as was given to you in the hand off.

If they said Invisalign, you say Invisalign. If they say clear aligners, you say clear aligners.

If your language doesn't match up, it's confusing for the patient, and confused people don't buy. So you can't create any confusion.

So no dental jargon unless it's been used in the hand off. If it's been used in the hand off, you assume that the assistant or hygienist has explained it and the patient understands it.

Typically, it's best if you don't use dental jargon at all, that you only use it between professionals and the reason you use it is to create clarity on what you're talking about.

You don't use it with patients because it doesn't create clarity. It creates confusion. Confused people don't buy.

Generalities

Next one is doctors reporting of findings should be in generalities.

I have seen people go through an exam and then go tooth by tooth saying exactly what's wrong and exactly what treatment for this tooth, "This tooth only has a one surface filling, but this one has a two surface. This one needs sealant. This one…"

Don't do that. You will be driving your patient crazy. You'll be giving them far too much information.

When you have the report of findings, I find it very helpful to talk in generalities, "You have a few small cavities that can be repaired with a filling. You have that broken tooth that you already talked about that's going to need to be covered with a crown. You have that gum infection that's going to need to be treated."

I would just use very broad language in describing your report of findings. Don't get into the detail.

Very often, dentists spend 10 minutes talking the patient into treatment and then spend the next 20 minutes talking them out of it by going on and on and on about specifics. Don't get into specifics.

Don't get into the how unless asked. I have heard dentists describe perfectly how to do a root canal and scare the living crap out of a patient. The patient didn't accept the treatment because of how fearful they were based on the description.

So don't describe the how. Describe the end result and do it in generalities.

A report of findings is really, really quick because they already know what you're talking about.

You're not describing everything. You don't need to. It's already been described. You're really just talking about the kinds of treatment that are going to be done and the report of findings.

Literally, if you do everything right up to this point, the report of findings is almost always less than a minute.

I use the factor of about 10% of cases don't fall into this. Those 10% of cases are people with unstable temporomandibular joints, people with severe wear, people with plane of occlusion problems, people with gingival display problems.

Those are more complicated cases and it's about 10% of them that, as you're going through the process for high end patients, it's only about 10%. Those 10% you're going to treat differently than this.

You need mounted study models. Often, you need to have a more complete set of photographs to really determine how you're going to handle the case.

Remember that 10% of them don't fall into this, but there's no sense treating the 90% like that 10%. Let's treat the 90% like they ought to be treated and treat the 10% like they ought to be treated.

The report of findings is same day as the exam except in that 10% of cases.

In that 10% of cases, you very well may want or need to have a separate visit to discuss the more complex case.

Often, you need to have a diagnostic wax-up, for instance in a severe wear case, because often, until you get your centric relation models, it's really difficult to diagnose exactly how you're going to move forward with the case.

On 90% of the cases, you're speaking in generalities, you're doing it the day of the exam, and it's almost always less than a minute.

Any Questions?

Always end with, “Do you have any questions about the treatment?” If they ask a question, answer it. Answer it briefly. Then, after you answer the question, ask them if they have any more questions. You keep doing that until they say no.

What I've seen far too frequently is, when someone asks a small question, then dentists give a long answer to answer any possible follow-up question that they may have. They end up with this very long explanation that the patient starts to lose engagement on.

The more you talk, the more likely you are to say something that's going to trigger the patient from a yes to a no.

So you want to make it as little information as you can but make sure that you ask if there's any other questions.

We know that some people have that engineer mindset where they want to know every last detail.

That's great; for that kind of person, give them every last detail.

The more you talk, the more likely you are to say something that's going to trigger the patient from a yes to a no.

But don't do it for the 80% of people that don't have that personality. You're really customizing the approach from an emotional level so that people get what they want.

If a patient asks you a question, once you answer it, always, always, always, always, “Any more questions? Any more questions? Any more questions?”

It can be like a rabbit hole sometimes with people because you ask a question and you find out more. You ask a question and you find out more.

If you don't do that, then you get the door handle question that I talked about in a previous session.

So keep asking those questions until you have gotten every single question answered.

Once they have no further questions, "Is this the treatment you'd like to proceed with?" is a great closing question.

Money and Finance

Next one. Really important. If the patient asks about money or insurance, great. You can discuss it. If they don't ask, don't bring it up.

To some patients, the money or the insurance isn't important. It doesn't matter.

We far too frequently bring it up as an obstacle when the patient doesn't think of it as an obstacle.

We know that probably 10% of the patients you see that money really is not that important to them. They have enough. They want to get it done and the money isn't that important. Just remember that. Don't bring it up until they do.

This is the doctor speaking. We're going to discuss money and we're going to discuss insurance. As the doctor, don't bring it up unless they do.

If they do bring it up, as the doctor, here's how I would answer it. If it's a question about money and insurance, I would answer it, "Well, you'd like to maximize your benefits, of course, but if we can make this treatment work in your budget, is this the treatment you'd like to proceed with?"

As the doctor, you're really trying to narrow down on what the treatment is that they want.

We're going to deal with the budget and we're going to deal with working it into their budget, but you want to break it down into that one factor.

You don't want them to turn over to the staff without the patient committing to, "Yes. This is the treatment that I would like."

If you talk to people that do financial arrangements all the time, you will learn that they are totally frustrated that patients aren't sold. They haven't decided before they come out and start making the financial arrangements.

If they have patients that are not sold on the treatment… by sold meaning that they have decided to move forward with it, that they are committed to it… if they don't have that, their chance of doing a great job with the financial arrangements is almost nil.

> We far too frequently bring money up as an obstacle when the patient doesn't think of it as an obstacle.

You have to get the patient to say, "This is the treatment I'd like if we can make it work in my budget."

If you skip this stage, you are creating a major uphill battle for the next person in the process.

The doctor's report of findings is really quick followed by actually more time answering questions than giving the report of findings.

Speak in generalities. Don't get into major specifics. It's a quagmire that's tough to get out of.

Hand Off Back

Now there's a hand off back. The baton pass is going back to the hygienist or the assistant that has carried the case this far.

This hand off has a set of elements as well.

Neighborhood Approach

First, this is I think really critical. I have seen dentists who do a lot of high end dentistry who have patient bases that don't have a lot of resources.

There's a dentist that I have watched a great deal and he practices in a poor area of town. He has patients of every sort.

He has very few affluent patients yet he's the most productive doctor in their entire group and has gross production numbers over $200,000 a month… month after month after month.

This is in a lower income neighborhood. How does he do it? He uses what he calls the neighborhood approach.

The neighborhood approach is, "This is the area that's really bothering you. This is the area that you came in. How would you feel about taking care of that neighborhood first? We know you've got other neighborhoods and problems, but how would you feel about us taking care of that neighborhood first?"

That approach, when possible and when appropriate, is a valuable, valuable approach.

Now, you're segmenting the treatment and the patient is feeling that you are sensitive to the speed that they want to go and the resources that they have.

I highly recommend that you use the neighborhood approach. I know there's some people that are adamant about telling the patient about every financial segment of their entire treatment. If that's working well for you, go ahead.

But for most practices, using the neighborhood approach, the practices that I observe that go over the entire thing financially… obviously, you have an obligation to the patient to let them know what's wrong everywhere; you don't really have the obligation to tell them what every single thing in every single neighborhood is going to cost. I think that overwhelms patients and when you overwhelm patients, they don't buy.

I did a study in about 70 practices here recently and found that 40% of the new patients in that practice came in one time and never came back.

I believe part of the reason why they never came back is this approach was not used. The patient was overwhelmed with the care and mainly the cost of the care that they needed and they never came back.

We drove them out of those practices and that's why I highly recommend the neighborhood approach.

Patient's Choice

Next. This is the patient's choice. When you're talking about the neighborhood approach, you would certainly talk first about the chief complaint.

You're saying, "Would you like to start down here, that area that was bothering you that brought you in, or would you like to move to another area?"

Give them their choice. When people have a sense of control, they are more likely to move forward with treatment. So give them their choice.

Urgency

Next thing. Create urgency. I already talked about that. The best way to do that is say to your assistant, "Max, I really think this needs to be taken care of over the next two to three weeks. Will you see that Mrs. Jones gets an appointment in that time frame? Is that okay with you, Mrs. Jones?"

Of course, what's she going to say? She's going to say yes. That's how we hand off back to the assistant or hygienist.

> When people have a sense of control, they are more likely to move forward with treatment.

Next Step

Next, we're going to guide the patient as to the next step, "Mrs. Jones, Max is going to talk to you about the finances so that we make sure that we fit this into your budget comfortably and he'll help you get another appointment set up for us to get started with the treatment."

You've guided the patient as to the next step.

Saying Thank You

Lastly, you are going to do this. You are going to say, “Thank you and I'll see you soon.”

It's a presumptive close and saying thank you is only polite. So, “Thank you and I'll see you soon.”

Now, this is that ceremony. You've handed the power back to the assistant. In this case, his name is Max and Max is going to take care of it from there.

Those are the hand off elements back.

Now, it's pretty easy, right? We've got the treatment that we know what we're going to do. We know what neighborhood we're going to treat.

We know that we've created urgency. We're totally planning on making the appointment in the next couple of weeks.

Solving the Budget Problem

Now, the only thing that we have left to talk about is the cost. We've narrowed it down to one element. Let's talk about that. How do you solve the budget problem?

Everybody has different financial options. These are common ones.

Take cash. Give a discount if they pay cash.

Take credit cards. We'll give a discount, a lesser one, if they pay with a credit card before starting treatment.

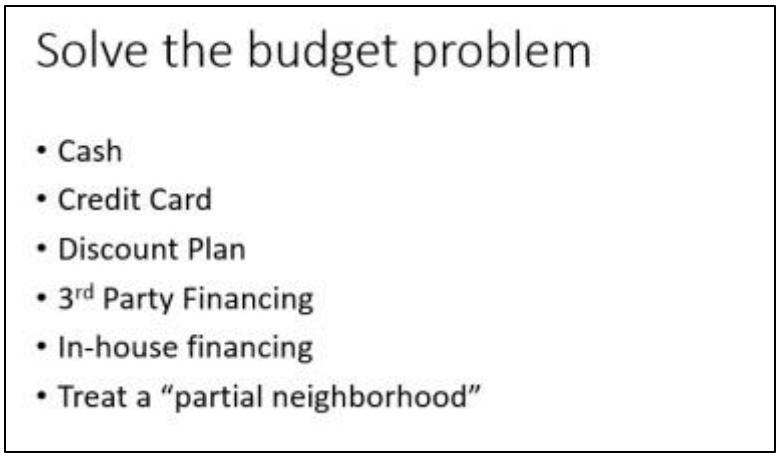
Next one is a discount plan. Many practices have their own in-house discount plan. These are not legal in every state, so be cautious with this. If you do have one, they're a great way to help patients accept the care that they need.

Next is third party financing. This is the CareCredits of the world. There are others. We have tested many and we still feel like CareCredit is as good as any of them.

There may be others better that I'm unaware of but all of the ones that we've tested have been very similar to CareCredit or they haven't lasted long.

Next one is in-house financing. Yes. I'm saying in-house financing. It almost disappeared from dentistry and it's making a resurgence. That is the practice setting up payment plans for the patient.

If you're going to do this, I highly recommend that you get a large portion of the money up front, enough to cover lab fees and fixed costs and material costs.



I highly recommend you do that, but I'm seeing this in more and more practices.

Dentists are understanding better marginal profit and they're understanding better what happens with more flow through their practices. That's where, when they understand that, in-house financing makes more sense.

If necessary, to solve the budget problem, you can treat a partial neighborhood. You can sequence the care in more visits. You can do less treatment at each visit and for each financial arrangement.

Then, I don't have it on here, another way to solve the budget problem is to take care of the patient at no cost.

I know just about every single one of you chooses from time to time to take care of a patient who is deeply in need, to take care of them at no charge.

I think that's a wonderful thing to do for our communities. It's a wonderful way to give our appreciation to the fact that we're so blessed to be in this profession and so blessed to be able to take care of people that it's a great way to express that.

Questions & Answers

"When you do the hand-off from staff to doctor, and the other way as well, is it done out loud and in front of the patient or in private?"

Very, very important that it be done out loud in front of the patient. If it's done behind the scenes or in private, what happens is the patient doesn't know that the information was transmitted accurately.

It's really important that they see that we're taking care of every last little thing… we're paying attention; we're writing things down… that every team member is going to know and understand that patient when they come to see them.

It's really important to do them in front of the patient for that reason.

Another reason that it's important to do it in front of the patient is while they're creating this vision, they're talking with one person. It's two people. When the doctor comes in, it's a third person. Now we've got three people hearing it, three people understanding. It just creates more momentum.

The patient gets to hear it during the vision creation. They get to hear it during the hand off. They get to hear it during the summary of findings. They get to hear it when they do the finance.

They're hearing it four times during this one visit and it really helps patients understand it.

When you start asking good questions, you're going to have a much deeper understanding of how confusing we are to patients all the time. They don't understand things like we think they do.

When they don't understand things like we think they do, they're leaving confused and confused people don't invest in their dental health to the degree that they would if they understood it well.

So really important, out loud and in front.

"What's the best way to take control of conversations when the patient diverges wildly from the question originally asked, i.e. starts giving entire rundown on personal relationships."

Oh man. I know this one well. Here's the best way to manage that. Number one, if this is a new patient, it's different than if it's an existing patient.

I always felt that in those moments when existing patients have a need to express personal things to you, I always consider that to be somewhat of an honor that they trusted me with that kind of information and that they were looking for validation or support to me.

I always took that as an honor and I never tried to shut that off. It sometimes put me way behind in my schedule, but I'll tell you, people that are in a bad place and need you, it just makes sense to just hang in there.

I've held people's hands. I've cried with people. Sometimes they need it. If it's an existing patient, I just hang in there.

If it's a new patient, then I will try to get a word in edgewise and I would try to relate what they're talking about to their teeth.

If they are having relationship problems, I try to relate it back to, "Gosh, that must be really stressful, do you think that's affecting your teeth? Do you think that's affecting your dental health?" It does for a lot of people. I try to get in and relate it back to the dental health.

When you ask a question, it gives you the opportunity to take control.

If they are all over the map and you can't keep them on topic, are they a high end patient? No. That's not being engaged.

That's being disengaged and it's adding other stuff to be confusing. That's really the definition of disengaged.

If that happens and you can't get them back on track, then go ahead and move into your standard dental procedure type experience because you're not likely to get that patient to move forward with treatment.

“How do you deal with the question, ‘I need to think about it?’”

There's two ways to handle this. Number one is you can, if you have high rapport with the patient, you can say, “That's fine. There's no need for you to make a decision today, but I would be curious as to what it is that you're going to think about.”

You can go for more information. If they give you that information, they're still talking about the future that they want. They're still talking about their vision, they're engaged in their vision, and they're willing to share it. If they shut down at this point, it's probably not a high end patient.

Now, of course, by this time, you've gone through the entire process, which is a bit of a bummer but this will definitely happen.

If you have this, one of the ways that we deal with it is we ask them, “That's great, why don't you go ahead and think about it? Would you mind if I called you in a couple of days to discuss it and answer any questions that you may have?”

Then they go into a 2-2-2 system, which they get a call in two days, they get a call in two weeks, and they get a call in two months. That's a follow-up for people who don't schedule care. That's a follow-up system that works very effectively.

These calls are all about relationship. They're not about treatment. You're just calling back to check on them, ask them if they have any questions, and ask if they're ready to move forward.

If not, it's the same thing. You ask them, “Do you mind if I call you and check on you a little later?” You call in a couple of weeks and then you call in a couple of months.

On these 2-2-2 calls, you're successful if you get 10% of the people you call to schedule. It's unlikely that you're going to do much better than that. The person making these calls has to understand that. If they're not getting people to schedule nine times out of 10, they're going to think intuitively that they're a failure, but one time out of 10 is successful. That is good and that is what it's supposed to look like.

"How do you deal with it if I need to get an insurance estimate first?"

The insurance question… I believe that patients consider it to be a higher level of service if the dental practice understands their insurance benefits so that they'd done a check of benefits and the office can give them an estimate of what their insurance will pay.

That satisfies most people, not everybody. If they need an insurance estimate, then give them an insurance estimate.

I want to make sure that we answer their insurance questions before they have a chance to ask for this. If you can answer their questions knowledgeably about their specific plan with a good estimate of what they're going to pay, not that many people want to get it directly from the insurance company. Some will. There's not much you can do about it.

I've heard all of the comments about, "It's the patient's insurance, it's not ours. It's difficult to get predetermination of benefits and it's difficult to get all of that." I get it. It's hard to get a schedule of benefits before the patient comes in. I get it.

But that's the level of service that makes you stand out among your peers because not everybody is willing to do that hard work. It is hard.

"My concern is with the clinical questions of the nature of 'Do you think this missing tooth will affect your other teeth?' Will the patient feel condescended to?"

I like the "How do you think?" questions better. Will the patient feel condescended to? If you're condescending, they will.

If you're just asking questions, if you have the heart and spirit of wanting to understand what they know and what information you might be able to help them with, I don't think they feel condescended to.

You can ask questions in a condescending manner, for sure. This is part of presence.

If you don't have the presence of service, of wanting to help them, of wanting to make sure that they understand to help them make a best decision… if that's not where you're coming from, you could come across condescending.

Of course, that would be harmful, not fatal, but it would be harmful.

Again, I've been in a lot of dental practices. I was in two more in the last week and two more different ones. It's not unusual to see dentists being condescending or their teams being condescending… Hygienists, "This patient doesn't floss, how awful!"

Condescending is what is almost standard. It's almost what people expect.

When you're not, when you really come from that heart place of being in service and wanting to help them understand and helping them make the right choice, patients can feel it if that's really where you're from and they really appreciate it and are drawn to it and refer people to it because it's not what is the standard in our industry by any means.

"How do you deal with 'I need to talk to my husband or wife'?"

I do it the same way as I do "I have to think about it." I would say, "That's great. Go ahead and talk to your husband and wife and would you mind if I called you in a couple of days to check in and see if you have any questions and to help you get things set up?"

I can tell you very few patients will say no to that. Occasionally, somebody will but most of them won't. They won't because it's socially awkward.

When you call them, if they don't want to talk to you, they won't answer the phone and they won't return your calls. You'll know whether they're in or they're out.

If you do all the things that we've talked about, if you're talking about what they want to talk about and you know where they're coming from, you're going to find that this insurance thing and "I need to think about it" and "I need to talk to my husband," they're people that just weren't connected and they aren't buying.

You'll find that those go downhill dramatically when we understand the patient, when they've drawn out the vision and all we're doing is helping them get to be where they want to be.

So often in the past, dentists have spent way too much time trying to get the patient to where they want them to be rather than finding out where the patient wants to be themselves and being that person who serves them by helping them get there.

The "I need to think about it" and the "Talk to my husband," they go into the 2-2-2 system so that there's regular follow-up– as long as they give permission to have additional follow-up– and 10% of those people will turn into care.

This 2-2-2 system and hiring a new person on how to do it, that was the winner of the big idea trophy at the TTI Summit this year.

The team that won the trophy did a great job of hiring someone, giving her really good training, and measuring carefully what she did.

It amounted to tens of thousands of dollars a month just of additional revenue and additional disease treated and healed by just doing that 2-2-2 system and doing it in a very organized manner.

"The example given is you identify that they are a bread and butter patient not a high end patient. How do you bail out something to accept? If they leave without an appointment, it's 90% likely that they are gone."

The way I do that is really go back to just trying to get them to commit to treat their chief complaint. Almost everybody comes in for a reason. There's something that brought them in.

If I feel like we don't have rapport, I feel like they're not moving forward with treatment, I back it way back to the very simplest thing to deal with, their chief complaint.

I try to get that appointed in the future or, better yet, I try to do it same day so they're not clogging up my schedule with a potential failure in the future.

Because they're a bread and butter patient does not mean that they're not a great patient. It doesn't mean that you don't want them in your practice. It just means they're not ready to move forward. They're not ready to have a vision about what they would like their dental future to be.

All you have to do is keep them in your practice and, some day, they may change and they may decide that they do want to move forward. That way, you've got them and you're still taking care of them.

"If they don't accept something, 90% of them are gone."

That's the same basic question. That is really how it is. If they don't accept or schedule something or do something that day, as you do the 2-2-2, every call you're likely to get 10%. It's 10% at two days, 10% at two weeks, 10% at two months.

It's probably less than 90% that are gone, but a high percentage of them are.

You're not going to make everybody happy. That's just the way it goes. You're not going to make everybody happy. You're not going to connect with everybody. You're not going to have rapport with everybody.

Not everybody who comes to the dentist with a problem is ultimately going to do anything about it.

I don't worry about the ones that don't. What I worry about is making sure that we give the opportunities for those that will. We give them every opportunity. We treat them in every way that we can to help them accept the care that they need.

"What happens when they've decided on care and the doctor's gone and the patient wants to change the treatment plan or something like that?"

The only way we change the treatment plan is to reduce the amount of treatment that we're going to do at any one time.

I wouldn't say you don't ever change a treatment plan, but very, very rarely.

You already have developed the vision that they want. Now, we just need to help them get there.

The easiest way to help them get there is to increase the length of time during which the treatment will be done. That's really the key thing.

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I hope this was a good session for you. I hope you're implementing some of these things. I hope you're seeing results.

Questions are so powerful. If you do them right, you're going to see your case acceptance go up and you're going to see your patients more engaged and more interested and you're going to see your referrals go up as well.

Next time is our last session. I'm going to be talking about the development of referral networks. I'm going to be talking about some of the technology that we use for photographs and for the display of photographs.

Thanks everybody. We'll talk to you in the next session.

About The Team Training Institute

The Team Training Institute is a place where dentists can get their whole team trained on every aspect of profitability, productivity and creating success.

Our services include:

- **In-house coaching and seminars:** We have a team full of coaches that can run in-house private seminars. This is the most effective way to see increased productivity immediately. If you're looking for instant change, you should bring someone in to do a seminar

- **Online training courses:** Our online training courses take things at a slower pace but still get a great return on your investment. If you're just starting out with the process of trying to maximize productivity within your team, this is a great place to start.

  There is an accountability tracker built in so you'll know how your team members are getting on and there is required work which is reviewed and this helps get great results.

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