CASE ACCEPTANCE

STUDY GUIDE

STUDY GUIDE

MODULE 1 – INTRODUCTION

Module 1 total time approximately 33 minutes

Unit 1 - 2:52, Unit 2 - 2:48, Unit 3 - 4:26, Unit 4 - 6:39, Unit 5 - 4:54, Unit 6 - 9:46, Unit 7 - 2:13

UNIT 1. INTRODUCTION

Magic ingredient of Case Acceptance is **rapport**

All-Star focuses on skills, not position

UNIT 2. 5 PS OF PATIENT EXPERIENCE

- Phone call – 7 seconds to make a first impression
- Preparation
- Patient Exam
- Presentation
- Proactive Follow up

UNIT 3. BUSINESS GROWTH FORMULA

Referrals often happen naturally as a by-product of an amazing patient experience

Success with Case Acceptance follows establishing Rapport

UNIT 4. HISTORY OF DENTAL CARE

1960s & 1970s – focus was on emergency care (with amalgam)

Most popular way to present treatment = 3 options

- Logical for dentist, but overwhelming for patients
  - Jargon and technical terminology
  - Poor environment

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Expecting quick decisions

Budget worries or confusion about insurance

Best approach is **collaboration**

Highlight emotional impact of care

Collaborate with patients to learn their true needs

All Star recommends removing any barriers to care - *be flexible*

Comprehensive exam provides most information, not always appropriate

UNIT 5. BECOMING THE PATIENT'S LOGICAL CHOICE

Sales vs Service

It's not about closing, it's about choice

Patient is buying vs being sold to

Alex's mentor – Chet Holmes – buying pyramid

3% buying now

6-7% open to it

30% not thinking about it

30% don't think they're interested

30% know they're not interested

Concept is to bring patients up the pyramid – be open to it, then accept treatment

How to change a buyer's mindset

1. rapport – people like to buy from people they like
2. educate – let them come to their own conclusions
3. deliver an amazing patient experience

UNIT 6 - 10 BIGGEST BLUNDERS

1. Greed or poor mindset about money – greed comes from fear
2. Lack of training or preparation
3. Little or no rapport – if no rapport, you have no business asking for money
4. Poor teamwork – comes from lack of training, lack of buy-in to common vision

   "siloed" workers don't contribute to a great experience "not my job"
5. Assuming or not getting enough information

   Uncle's advice – never assume, presume or anticipate, as you could be wrong

6. Poor listening skills – listening is integral to building rapport
   Work on explaining the "why" to patients
7. Using "sales" techniques
8. Projecting – putting your perspective onto the patient
9. Too many choices, too little choices or the "all or nothing" approach
   Be flexible
10. Fear of Rejection – don't take it personally

UNIT 7 - MORAL OBLIGATION

Jay Abraham quote

"If you truly believe that what you have is useful and valuable to your clients, then you have a moral obligation to try to serve them in every way possible."

Your moral obligation makes it all about the patient

When you come from a place of SERVICE, it's not about you

MODULE 2 – 5 R'S OF CASE ACCEPTANCE

Module 2 total time approximately 47 minutes

Unit 1 - 5:38, Unit 2 - 4:56, Unit 3 - 5:53, Unit 4 - 7:52, Unit 5 - 4:28, Unit 6 - 14:07

UNIT 1. RAPPORT

Rapport is all about EMPATHY and TRUST and ASKING QUESTIONS

Sales is not about rapport - VIP pyramid

Refer to your notes, observe the "state" of the patient, keep tabs on rapport meter.

If rapport is poor or patient state is not ideal, consider rescheduling (if large case) or back up and try to rebuild rapport

Get "permission" at every step

Compounding "yes" helps patient feel in control every stage

UNIT 2. REVIEW FINDINGS

Have end result in mind – think in terms of optimal care

Prepare with team – huddle, notes, pre clinical interview, models, pictures, etc.

What is your standard of care?

Review all diagnostics with patient to help UNDERSTAND – until the patient understands the problems, they cannot understand the implications

use tools to help explain

explain WHY you recommend one treatment over another

Present one or two treatment options – patients overwhelmed with too many details or choices

Alternatively, start with chief complaint and then ask permission to present entire mouth

Probable prognosis – what happens if NO treatment (Consequences)

UNIT 3. REVIEW FEES

Present treatment in right environment

Dr presents a range of fees, TC goes into financing details – you decide what works best for your team

Use materials to help patient feel comfortable

Have Treatment Summary Letter + PHOTOS

Get permission at every step

"We are in agreement on the treatment. That's great! Would you like to hear about the fees involved?"

Present total fee

"The fee for the treatment we have discussed will be ____."

"How does that sound?" pause

Financial arrangement – TC handles all details

UNIT 4. RESPOND TO OBJECTIONS

Be prepared, don't get defensive

An objection = a request for assistance

"Feel – Felt – Found" (discussed in Phone Success)

5 steps for handling objections

1. listen carefully
2. verify to clarify
3. Try to understand reason for objection
4. Address objection
5. Check back "have I answered your questions?"

Price objection – not enough rapport; remember to be asking questions about budget throughout process; patients don't know what great care costs

Put price in CONTEXT by sharing the sizzle

Review Phone Success course for more verbiage suggestions

UNIT 5. RECEIVE PAYMENT

It's easy to get stuck!

1. Deposit or approved financing
2. Subsequent appointment

Third party financing – a helpful tool to improve case acceptance

UNIT 6. ANOTHER EQUATION

Case Acceptance formula – Eric Vickery

Use what works for you!

Fact #1: People buy for their reasons (WHY), not your reasons
Eliminate or reduce stress for you and patient
Push vs Pull purchase

Push = needs (no choice)
Pull = want (choice)

You have to determine the WHY – "why is that important to you (patient)?"

Fact #2: People don't buy a solution (treatment) to a problem (condition) they don't perceive to have.

Rules broken:

1. "Telling"
2. Treatment in front of problem
3. Patient doesn't understand WHY

95/5 Principle

95% of focused attention is on conditions and consequences
5% of focus on treatment

How do you know if patient has "bought into" the condition?

When patient says, "what do we need to do to fix it?"

MODULE 3 – COMMUNICATION

Module 3 total time approximately 30 minutes
Unit 1 - 8:47, Unit 2 - 12:43, Unit 3 - 8:34

UNIT 1. VICIOUS CIRCLE

Frustration in communication is usually result of TELLING the patient
Resistance can sound like a question
Old school: Creating value for patients who think they know more than we do
New school: Discovering (through collaboration) what the patient values

> Telling = control, people resist control
> Asking = collaboration
> Scripting = control
> Listening = collaboration

Old school: Dentist was in charge
New school: Patient is in charge

UNIT 2. TOP REASONS FOR "NO"

1. Patients don't think there is a problem
2. Patients don't think problem will get worse

Emotion vs. Logic – listening is key

> Emotional tone of voice – usually means there isn't a problem
> Logical tone – suggests resistance

Create awareness – show conditions and ask questions, emphasize condition then ask a needs-based question related to the condition "what do you think will happen if this is left untreated?"
Patients won't act if they don't care about it
Another reason for "no" – patients have a perception of quality

> When experience doesn't match expectation, you get a "no"
> Appearance – if there's anxiety about results, they won't act
> Emotional experience – sets expectations
> Practice environment & technology – impacts perception of quality

Patient surveys:

Patients complain about not understanding HOW and WHY of treatment

Patients complain they aren't listened to

"My needs are not being met …"

Universal Rules

Natural resistance to someone else's ideas

People won't trust you if they feel you don't understand them

People want to figure things out on their own

Everyone has a story but are reluctant to share

People are more likely to AVOID a negative experience rather than SEEK OUT a positive experience

There is always a reason behind someone speaking up

People do things for THEIR reasons, not yours

You can't make someone do something they don't want to do

UNIT 3. REDUCING STRESS IN COMMUNICATION

Ask more than you tell

Allow time for listening – pre block schedule

Be prepared – no pressure, hype or manipulation

Don't get attached to an outcome

Be genuine, sincere, and authentic – don't use scripts

All-Star teaches ask a question, listen, verify and then follow up on what you learned

Be patient and flexible

No technical jargon

Use "third person" – patients tell us, studies have found, etc.

Give pros and cons to help patient understand problems

Involve the patient in the discussion

Relate the patient's main concern to what you are discovering

If you solve a patient's issue, how would it help them?

Use stories and metaphors to help patient understand

MODULE 4 – TEAM'S ROLE

Module 4 total time approximately 24 minutes

Unit 1 - 7:19, Unit 2 - 8, Unit 3 - 4:13, Unit 4 - 3:27

UNIT 1. TEAM'S ROLE

Patient's choice for treatment depends on relationship with office

Patients judge you on things THEY understand

- Patients put more importance on how they FEEL than quality of care

Dentist's Role

- Phone call: should understand and utilize rapport building techniques
- Preparation:

Know philosophy of care

Welcome call night before

Review intake forms

Review GREAT call notes from initial phone call

Present yourself professionally

Patient Exam:

- Use preclinical interview to learn more about patient
- Hand off patient to Hygiene
- Complete exam
- Provide diagnosis
- Begin to explore treatment options with patient
- Finalize a treatment plan

Presentation:

- Present review of findings and treatment recommendations along with TC
- Address clinical conditions and get patient agreement
- 5 R's
- Strengthen rapport by acknowledging referral source
- Review findings as they related to patients initial complaint
- Obtain agreement from patient about primary concerns

TC should always be present when treatment is reviewed for any NP

Review fees – dentist is NOT off the hook for reviewing fees; this discussion is different from making financial arrangements. It is important dentist is part of this discussion. It can be difficult or uncomfortable; but patients expect the dentist to be part of this process. Dentist needs to become comfortable with fees. Money is a big factor in treatment acceptance.

Be prepared to answer common objections and be confident with responses

UNIT 2. TREATMENT COORDINATOR

Phone call: use GREAT call process

Preparation:

- Schedule according to guidelines
- Complete forms & scan into computer
- Send welcome packet; call a few days ahead if not received back
- Thank referral source with a note or letter
- Request records from previous provider
- If you are a specialist
  - Pre-med – refer to prescribing Dentist or MD, don't recommend you do it without seeing patient first
- Be familiar with philosophy of care
- Know specialist network
- Verify insurance benefits – note deductible, waiting periods, exclusions
- Verify financial arrangements
- Anticipate NP arrival for appointment
- Give tour of office – share amenities, give wifi code, point out restroom, etc.

Conduct administrative review – how to contact doctor in emergency; verify forms are completed and signed

Anticipate and be prepared for common questions and objections

Hand off to Doctor with a friendly introduction

Presentation:

Treatment may be presented by Dentist, TC, Assistant or Hygienist

1. be available to the patient while treatment is presented
2. print the treatment plan
3. present in a private room
4. should be part of the review of findings

Strengthen rapport by acknowledging referral source
Review findings and getting agreement of conditions
Review fees – provide a fee breakdown
Respond to questions and objections with dentist
Get commitment to accept treatment
Coordinate appointments

Schedule next appointment and dismiss patient

Proactive Follow-up:

TC should follow up on all delayed or incomplete treatment until patient schedules or indicates they don't want to proceed

2 calls then letter saying we're here when you're ready

Encourage patients by saying they chose the right dentist for their care

UNIT 3. DENTAL ASSISTANT

Phone Call: be familiar with GREAT call process

Prepare:

be familiar with doctor's philosophy of care, policies and specialist network
Have treatment room ready
Review patient paperwork and intake forms
Know arrival time
May be person who does office tour
Anticipate questions
Reassure or calm nervous patients
Make notes about personal preferences – pillows, blankets, music
Build rapport

Patient Exam:

Be ready for charting patient issues

Practice taking photos, maintain certifications

Note personal information in record

Be ready to create treatment plan; know how to print for patient

Provide post-op instructions or home care

Presentation:

Engage patient by using name in conversation to build rapport

Dentist should be one to review findings, along with TC, however, DA may be required to do this in your office

Printed treatment plan should provide summary of treatment or phases and fees

Be familiar with financial arrangement guidelines

Be prepared for common questions

Hand off to front office to collect payment

Proactive Follow up:

Provides summary of today's visit and what happens at next visit

Informs front office about follow up treatment necessary such as a specialist referral

UNIT 4. HYGIENIST

Phone Call: be familiar with GREAT call process

Prepare:

Be familiar with doctor's philosophy of care and how that is expressed in hygiene

Know how to chart patient existing restorations and conditions

Review patient paperwork, medical history and intake forms

Know arrival time

Coordinate with front office for patient handoff

Patient Exam:

- Offer amenities for patient comfort
- Continue building rapport with patient
- Record existing restorations and observations
- Take diagnostic images and collate data for doctor
- Hand off to dentist with warm introduction
- Provide written instructions
- Update or create treatment plan in computer
- Reviewing of findings with Doctor and TC
- Printed treatment plan should reflect fees and work to be done
- Be familiar with financial arrangement guidelines to answer questions
- Be prepared to answer common questions and objections

Receiving Payment:

- Hand off patient to front office to collect payment

MODULE 5 – TURBOCHARGE CASE ACCEPTANCE

Module 5 total time approximately 49 minutes

Unit 1 - 8:12, Unit 2 - 4:37, Unit 3 - 4:43, Unit 4 - 2:05, Unit 5 - 3:24, Unit 6 - 2:05, Unit 7 - 12:15, Unit 8 - 2:07, Unit 9 - 4:11, Unit 10 - 3:13, Unit 11 - 2:07

UNIT 1. POSITIVE STATE

If patient experience is done well, case acceptance comes easy

Don't skimp on fundamentals

Your "state" is how you feel

Positivity is a by-product of a healthy, integrated, balanced 'self'

Work to find what is effective for YOU

Spirituality – a connection with something larger than yourself

Love for yourself – overcome barriers, reduce judgment of others and yourself

Compassion is antidote for judgment – be compassionate to yourself and set reasonable expectations, align yourself with your heart

Creating a positive state

1. Exercise
2. Meditation (guided relaxation) – take a moment to center and calm before working with a patient or team member
3. Blood sugar – reduce sugar, caffeine intake, lots of water
4. Good work/life balance – poor balance leads to burn out, chronic stress is dangerous
5. Consider an advisor – coach, therapist, spiritual teacher, friend

UNIT 2. AFFIRMATIONS

A type of self-programming

People's default thinking is negative – "not good enough" or lots of fear

Moral obligation – "it's not about me, it's about the patient"

Say "I love myself" as a positive affirmation, I love what I do! I can do it!

Incantations – affirmations with emotion

Find the time, frequency and quality that works for you

Read something inspiring – a prayer is an affirmation

UNIT 3. MASTERING PHONE SKILLS

First impression happens in only 7 seconds

Power of RAPPORT

- You and patient need to be in right state of mind
- Only 7% of communication is words
- 38% is voice tone
- 55% is body language
- Pay attention to these during treatment presentation

Mirroring and Matching

- Dr. Erickson – psychologist who used this technique in therapy
- Skills to connect with patient
- It's not mimicking, it's matching on a subconscious level

GREAT Call process helps case acceptance

UNIT 4. ASKING QUESTIONS

Continually engage patients by asking questions

Questions are POWER

ASking questions gives you control

Start with "Open ended questions" ("Tell me more...")

"Closed" questions lead to a specific answer - goal oriented

"Tell me more..." is powerful

80/20 Listening to talking ratio

Even if you know the answer, ask questions to get patient to come up with the answer on their own

UNIT 5. PRICE ANCHORING

A cognitive technique that helps buyers feel comfortable with a price – start at a higher number and go down

Putting it into context – treating full mouth is $30,000 vs. treating only two teeth at $3,000
Real Estate agents – expensive vs. affordable
Escalating price is more difficult for buyers to accept; sometimes it does make sense when building trust, maybe phasing treatment first
Rapport is the most important thing
Role play and practice

UNIT 6. POWER OF YES

The more a patient says "yes" the more likely will they will accept treatment when presented
People want to buy, they don't want to be sold to
Get permission (yes) for each step in the treatment process

UNIT 7. PSYCHOLOGY OF INFLUENCE

Developed by Dr. Robert Cialdini - 6 principles

1. Reciprocity – obligation to give when you receive
2. Scarcity – people want more of those things there are less of
3. Authority – people will follow credible, knowledgeable experts
4. Consistency – looking for, and asking for commitment that can be made
5. Liking – people like to say yes to people they like; similar to us, who pay us compliments and cooperate with us toward our goals
6. Consensus – people will look to the actions of others to determine their own

UNIT 8. KEEP IT SIMPLE

Reptilian brain simplifies things – fight or flight

1. keep it simple
2. keep the patient's attention
3. keep it safe for the patient

Frame treatment presentation in a way that is easy for patients

Use techniques that feel right for your practice, and keep it simple

UNIT 9. EMOTIONAL INTELLIGENCE

EI is a good predictor of success

EI begins with self awareness – moods, emotions, drive

Self management – how to control impulses and moods; thinking before acting

> Emotions are expression of the mind through the body – repressed emotions become toxic

Social Awareness – understanding the people around you

Social Skills – managing relationships

UNIT 10. USP

Unique Selling Proposition – your "sizzle"

Dan Kennedy: "Why should I do business with you above any other options, including doing nothing, or what I am doing now?"

> Part 1 – why should I work with you over doing nothing?
> Part 2 - why you over everyone else?
> Educating patient on consequences of NOT acting is important
> You can also use this rationale as a way to set yourself apart
> Look for things that are unique to you and your practice
> Case presentation – highlight qualities that set you apart

UNIT 11. PROACTIVE FOLLOW-UP

Sets you apart – a personal touch is important

A lot of practice won't follow up

This is the last and very important step in case presentation

Actively following up shows that you think the patient is IMPORTANT

MODULE 6 – FREQUENTLY ASKED QUESTIONS

Module 6 total time approximately 43 minutes

Unit 1 - 5:42, Unit 2 - 7:40, Unit 3 - 6:04, Unit 4 - 3:11, Unit 5 - 5:09, Unit 6 - 3:20, Unit 7 - 4:18, Unit 8 - 1:59, Unit 9 - 2:32, Unit 10 - 2:10

UNIT 1. WHY DO I GET "NO"?

Always get a no if your treatment plan and the patient's needs are not aligned

Always get a no if there's no agreement there's a problem

Objections are a signal that you missed something in rapport/buildup to case presentation

Some objections can be expected and part of the conversation

Have team create list of common objections so everyone can be prepared to answer

UNIT 2. WHO SHOULD PRESENT AT CASE PRESENTATION?

Different opinions; figure out what works for your practice

Larry: Doctor presents

During exam, Doctor begins to investigate treatment preferences and gives patient an idea of fees for preferred treatment; reduces "sticker shock", can also start to think about phased treatment to make it easier; gives a range, details and specifics are for TC

Bottom line: Review fees, respond to objections, hand off to TC for finances

Alternative: Dr reviews findings and hands off ALL financial aspects to TC

Test budget throughout the patient experience

Dr can adjust treatment accordingly; patients appreciate Dr being part of process

Concerns:

1. Dr may not be best person to present financial matters

If Dr is comfortable then this is most efficient option

Whoever does present needs to have a good relationship with money

2. Is this best use of Dr's time?

UNIT 3. TESTING THE WATERS

Presenting treatment can be difficult if you have no idea what the patient is thinking

"These are things I check for … if I see something, I'd like to talk about it so I learn what is important to you."

This reduces or eliminates "surprises" for patient

Highlight issues patient may not be aware of

"What do you think of that? How does that make you feel? Am I addressing things that are important to you?"

Patient feedback can guide your treatment planning

Test fee ranges to address what's important – this makes sense to patient and patient feels heard if you do this

Provides natural opening to talk about financing flexibility

Rapport building – connecting with patient – starts to begin to look for options all on their own

UNIT 4. TREATMENT COORDINATOR COMMISSION?

All-Star prefers team-based bonuses

Pay TC well enough that money isn't an issue and they wouldn't want to leave

Team should work well together, so reward them together

UNIT 5. VISUAL AIDS?

Use them as long as they don't complicate presentation or confuse patients

Visual aids should ADD to understanding, don't rely on visuals to explain treatment

Visual aids should tell an emotional story

Visual aids should help to ask and answer questions

Use materials from other relatable patient stories like them

Use visually descriptive language

Effective case presentation creates an emotional impact

UNIT 6. DISCOUNT PLANS?

Can create loyalty with existing patients

Larry doesn't like it at a marketing tool to attract patients who just want "discounts"

Good tool for financial arrangements

UNIT 7. THIRD PARTY FINANCING?

Every office should offer some form of third party financing

Patients will accept more treatment if they can afford payments

Financing and accepting credit cards are all part of doing business

Choose financing plans with flexibility that work best for your practice

Practice verbiage - "It's less than a car payment"

Use as a marketing tool – put a page on your webpage to showcase options

UNIT 8. IMPROVING COLLECTIONS?

One simple tip … collect 1/2 to 1/3 of every procedure fee as a down payment

This keeps overall collections at 97-98%

Applies to all cases; balance can be made in payments over length of treatment

Collecting is final step in case presentation; get something while patient is there

UNIT 9. FEAR OF REJECTION?

Not everyone wants to be as healthy as WE want them to be

Offer to help but you can't force someone to accept treatment

Give them choices

Often a "rejection" can be turned around with flexibility

Don't take it personally – it's not about you

Do the best you can

UNIT 10. CONCLUSION

Call to Action – what's missing? What didn't we address for you?

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