

## Chairside Challenge # 11

A scratch start practice in Phoenix produced just over \$30,000 in its first month. This week's challenge focuses on the diagnosed, unscheduled treatment totaling \$51,000 that accumulated in month one. How can this practice increase case acceptance?

### Poolside Solution

By most people's standards this scratch start practice would be considered a success for generating \$30,000 in its first month's production. Our target was \$50,000. The marketing attracted 60 quality patients just as planned. With an average estimated revenue of \$1,000 per patient, we would have been beyond our goal. What happened? We had a plan, got the new patients, so where did we miss? We had the systems installed, most notably a phone intake protocol and our new patient interview, doctor trust exam, hygiene patient education system and the case acceptance system.

I went in and diagnosed each and every link along the new patient system. Phone intake protocol – near perfect. New patient interview process – well done. The doctor trust exam and hygiene patient education was flawless. The missing element of case acceptance ineffectiveness was located in the accountability of the treatment coordinator.

Most interestingly the treatment coordinator followed the case presentation system to the letter. The source of the ineffectiveness of the treatment coordinator is what we call a "blind spot". This is when you think you are following the system, but according to the effectiveness monitor, the results do not match.

The blind spot for this treatment coordinator did not reside in what she was *doing* but rather who she was *being* when interacting with the patient. Specifically, the treatment coordinator in this pristine office was operating from a place of being uncertain. She was doubtful in her delivery. This was unveiled in a role play where the treatment coordinator explained, "I want to kinda go over this treatment, and answer any questions you may have and then you can take it home and discuss it with your husband".

Taking it to the next level – Listen to the words you use in the practice. Eliminate words that offer options or doubt (e.g. kinda, probably, maybe, etc.) and switch to a more definitive language. Notice that she was so uncertain that she never asked to move forward with the treatment, she sent this patient home to discuss with her husband.

In this particular case, after probing the treatment coordinator, I found that she had many doubts. When someone being doubtful and uncertain, we apply the "Be – Do – Have" model. In the treatment coordinator's case she was looking to have success so that she could treatment plan more effectively and be certain and confident. She was willing which is step 1. Without her willingness, you cannot correct this situation.

Step 2. Re-educated team members from “Have – Do – Be” to “Be – Do – Have”. Most of us need to *have* something first before do what we want to do so ultimately we can be who how we want to be. Let me give you an example.

I want to be happy. In order for me to be happy, I must have a million dollars. Then I will do what I want to do. Therefore, I must *have* a million dollars first and then I will *do* what I love to do so that I can *be* happy.

What we suggest is that you can be happy right now by choosing happiness. Then do what you enjoy doing and then you will create a million dollars. Be first, then do and then you have. You are in full control of being the way you want to be at any one moment. A million dollars is a someday phenomenon that may or may not be reached.

Let’s apply this model to the treatment coordinators doubt and uncertainty.

She can choose to *be* certain first, then *do* the treatment plan process and then she will *have* a close ratio of 70% or better.

I have interviewed thousands of patients over the years and the number one thing they want from their office is a team of professionals who are *certain*. They do not know how to ask for this, but I was able to discover this in the many conversations that I have had. It is the silent killer of many practices. Think about it. If you were anxious about going to the dentist in the first place, would you want an uncertain person using a handpiece? Even though you are certain when using a handpiece, the patient perceives that the doubt that is being demonstrated by either you or one of your team members. This intangible way of being that leads up to doing the treatment has the patient thinking that you will continue being doubtful when you treat them. They have no way of knowing that your relationship to drilling teeth is where you are most certain in your life.

Step 3. Once the treatment coordinator got to a place of certainty, I then asked her about her purpose. I asked her *why* she is doing what she is doing. She honestly replied “It’s my job and I have bills to pay”. When one is focused on surviving and lack, the patient perceives that they genuinely do not have their best interest in mind. They feel like you are trying to sell them something they really don’t need. We all have challenges and circumstances in our lives and it is vital to leave them at the door when we are interacting with patients. The attention needs to be placed on the duty and obligation you have as practitioners to achieve and maintain healthy mouths. Then whether the patient chooses to do so is up to them.

I suggested to the treatment coordinator to create her purpose. She wrote it down in a few minutes and I asked her to read it. She said with certainty and a smile, “My purpose is to educate and engage all patients in achieving and maintaining a healthy mouth that will lead to their overall health”.

You could have heard a pin drop. It was so moving for both of us as she got true to why she does what she does. She wrote up her purpose and put it on her computer to remind

her. This “inside-out” approach alleviates any need for scripts that end up sounding fake and manipulating. The right words slide off your tongue when your intention is clear, you are being certain and your purpose is alive. In turn, your case acceptance will go to the next level and stress level will decrease dramatically.