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What You Need to Know

Top 10 Strategies to Get Patients in the Chair

Boosting Case Acceptance, Part I



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Boosting Case Acceptance, Part I

Laying the Groundwork

All dentists want their patients to accept comprehensive treatment. Patients, however, do not make appointments simply because their dentists want them to. Their decision to go forward with comprehensive care is based on many factors. For some it's an issue of trust. Patients inherently need to feel good about the person to whom they are entrusting care of their oral health. They want to know that the practice that they choose has their best interests at heart. Dental practices, on the other hand, want committed patients who will keep their scheduled appointments and will pay for their treatments in full.

Case acceptance is a complex issue, involving human behavior and finances. Ensuring that patients will be receptive to comprehensive care requires a team approach. Case presentation may be viewed as a four-step process:

1. Laying the groundwork for patient trust.
2. Understanding the needs and personality of the patient.
3. Communicating effectively so that the patient understands why treatment is necessary.
4. Giving the patient several payment options.

This article will describe the conditions that are required to build patient trust and the process necessary to understand patient needs and personalities (Steps 1 and 2). Part II of the article, which will appear in the June 2011 issue of *AGD Impact*, will deal with Steps 3 and 4, which involve the process of presenting treatment and financial options to the patient.

Laying the groundwork for patient trust

Trust is instinctive. Patients will not agree to comprehensive treatment without first trusting the dentist and his or her staff. Building trust starts well before the patient meets the dentist or even enters the dental practice for the first time. Many thoughts run through patients' minds when they initially call a practice. The following are some issues that concern patients.

Will the person answering the phone be friendly?

The most important contact between a potential patient and the dental office is the first phone call! Patients are instinctively looking for a comfort level with the person with whom they are interacting on the phone. The first staff member to speak

with potential new patients must be reassuring and courteous. Specific, consistent language must be used to put patients at ease, to answer any financial questions regarding the first appointment, and to get them scheduled as soon as possible.

How complicated is it going to be for me to make an appointment?

By talking too much and asking too many questions over the phone, many receptionists complicate the process of setting up an appointment. While some discussion of insurance and other issues may be necessary, the conversation should be simple, succinct, and helpful. The conversation should firmly guide new patients toward making an appointment within 48 hours. Insurance questions in particular must be handled deftly over the phone without engaging in any deceptive practices regarding coverage or participation.

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What are the treatment costs going to be?

New patients are apprehensive about the cost of treatment. Dental treatment is perceived to be expensive, and therefore, patients are fearful about whether they can afford it. Additionally, many patients are confused about how their insurance works. Often, dental office personnel get impatient when patients ask insurance questions. But insurance is confusing, and most people are not very good at figuring it out on their own. It is important to acknowledge this and give patients the help they need.

Is the office clean?

If patients enter a dental office and see clutter, dust, and smell unusual odors, they may be turned off before a conversation even begins. They may also jump to negative conclusions regarding the quality of the dental treatment, the attention to detail exhibited by the dentist and staff, and the quality of sterilization. For example, many women judge places of business by the state of their bathrooms. Maintaining cleanliness and keeping the dental office dust and clutter-free is of vital importance.

Will they try to sell me the Brooklyn Bridge?

Most patients make an initial appointment for a specific problem that is weighing on their minds. It could be a broken restoration, a fractured tooth, or a toothache. Maybe they've noticed that their teeth are becoming discolored or that their gums are painful, bleeding, or swollen. The first appointment is like a first date. Both the dentist and the patient are testing the waters. Often, dentists see other areas of concern in patients' mouths and immediately feel they must address everything. However, most patients do not want to be overwhelmed with additional information; they only want their chief complaint solved. Once the chief complaint has been handled, patients are much more receptive to discussions about best-option dentistry.

For example, a dentist could use the following scripted language during the first appointment: "Mr. Jones, I'm concerned about other areas in your mouth, and certainly, we will get to them later. Right now, I know this tooth is really bothering you. Let's deal with this first and then we can have a conversation about some of the other things I see."

Is this going to be painful?

How a dentist handles the patient's first *treatment* appointment is important. This is the appointment when the dentist first anesthetizes a patient and also uses a handpiece. Ideally, the first treatment appointment should involve a minor procedure only. Of course, this is not always possible with emergency appointments. Patients may not know how well a dentist places a restoration or does a root canal, but they can certainly assess their "chairside manner," their concern for patient comfort, and their gentleness during treatment.

Many older patients also have concerns about physical comfort. General health issues may make it impossible for them to lie down for long periods or sit in the dental chair

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without pillows behind their neck and under their knees. Some patients may feel cold or be unable to sit still, while others could have heightened anxiety and will want to know that they have options, such as nitrous oxide or sedation. Some patients may be anxious at the sound of the handpiece or cavitron and need distraction—either with television or with headsets for music. Does the office provide any of these amenities? Without many of these concerns being addressed first, the patient may not be inclined to proceed with further treatment.

Will this office stick to its word?

Trust requires that dental staff and the dentist keep their word. If the patient was quoted a certain price, the price must not change unless there was a drastic change in the treatment plan. If patients were assured that they would see a certain dentist, then they must be appointed to that dentist. If patients were told that someone would call them back within the hour, then they must receive a phone call within the hour. These things may seem trivial, but keeping your word reassures patients that there will be minimal surprises and that they are walking into a situation that they can trust. With each visit, patients gain further confidence in the practice.

Understanding the needs and the personality of the patient

The second aspect of getting patients to accept comprehensive treatment is to take time to understand their personalities, their priorities, and their financial situations. Comprehensive treatment should be discussed with every patient. Even if patients do not seem interested, there is an obligation on the part of the dentist to inform patients of the pathology he or she observes in the mouth. However, how one approaches a discussion of comprehensive care can vary depending on the individual and his or her personality, financial and life circumstances, and actual interest in treatment.

Understanding personality

Business schools like to study consumer behavior because behavior often determines how a person makes decisions. Though no one can claim to completely know another human being, learning to understand personality types can help improve communication with patients.

There are many systems available that allow you to identify on an informal level a person's personality. In the book "Psychology of Influence," Robert Cialdini writes

about four different personality types: the Driver/Pragmatic, the Influencer/Expressive, the Amiable/Facilitator, and the Thinker/Analytic. William Marston created the DISC personality profile, which describes dominant personalities ("D), influence ("I), steady ("S"), and compliant personalities ("C"). The Myers-Briggs Type Indicator® (MBTI) personality inventory uses factors such as introversion/extroversion, sensing/intuition, thinking/feeling, and judgment/perception to identify personality types.

Some of these systems are unnecessarily complex and not completely suitable for the dental field. Dental offices need a simple system that enables them to effectively communicate with patients and, as much as possible, predict behavior. The system must take into account not only patient behavior but also priorities and financial considerations. Dental offices can use the Patient Personality Profile™ (PPP), developed by Visionary Management, to obtain personality information about patients. The PPP also includes a financial component.

The PPP divides patient behavior into the following categories:

- "The VIP" wants dental treatment and is willing to pay, even if it requires financing. This is the ideal patient who comes for regular appointments and always finds the means to afford treatments.
- "The Waffler" wants dental treatment but has a chaotic life and/or a dental phobia and/or cannot afford treatment. This patient will waffle with appointments due to disorganization, fear, or affordability issues. He or she will make numerous appointments and cancel. This person will slow down treatment, make shorter appointments, or only choose smaller procedures and hope for the best.
- "The Not Now" patient has no interest in dental treatment but has the ability to pay for treatment when needed. He or she has other priorities. This patient will not come for regular appointments, but when there is a problem, he or she will want it handled immediately, no matter the cost. The "Not Now" patient can sometimes be converted to "The VIP."
- "The Minimalist" has no interest in treatment and cannot afford extensive work. This category includes the emergency patient only.

See the June 2011 issue of *AGD Impact* to learn how the PPP system can be used to communicate effectively with patients about comprehensive care and schedule appointments.

Understanding patient priorities

People in the dental profession tend to be evangelists for dental treatment. Those outside the profession do not always have the same enthusiasm. Many patients may be financially comfortable but have no real interest, except in minimal dentistry—just enough to keep them out of pain. While it is important to discuss comprehensive treatment with these patients, do not be surprised when they don't immediately appoint for extensive treatment. One of the main reasons to discuss comprehensive care is that, while

"The first appointment is like a first date. Both the dentist and the patient are testing the waters."

patients may not be interested at that specific moment, their priorities could change over time. If the dental office is nonjudgmental, helpful, and concerned, patients will call when they are ready.

Understanding the financial situation

Asking patients about financial circumstances can be uncomfortable for dentists and staff. They may feel it is too intrusive and worry that patients will be offended. However, no real dialogue regarding dental treatment can take place without some discussion of affordability. If this dialogue does not take place, what normally happens is that the dentist speaks and the patient nods very politely and seems to agree. The patient then goes to the front desk and never makes an appointment. This always leaves everyone puzzled. When approached in a sincere manner, patients will open up about their finances and can give a realistic picture of what they want to do and how they hope to pay for their treatment.

Dentists are often worried about coming across as too "money-oriented" in front of patients. If this is the case, a treatment coordinator should be designated for this role, and all financial discussions should be handled by the treatment coordinator. But a discussion of patient finances is important, because very often that is the No. 1 obstacle in patients' minds. Patients will not necessarily articulate their concern because it may be a source of embarrassment. However, once patients know that they have financial options, they will be more relaxed and receptive to what the dentist has to say. (How and when dentists should have these financial discussions will be discussed further in the June 2011 issue of *AGD Impact*.)

For now, what must be understood is that having a methodology for case presentation is crucial for success. Patients can be finicky, and finances are a real issue for many people today. Dental office staff members need to understand that the process of getting a patient to say "yes" to comprehensive treatment begins the moment the patient calls the office. If efforts are oriented toward being helpful and reassuring, understanding patient mind-sets and personalities, and allaying patient fears, the rate of success for comprehensive care increases sharply. This requires the understanding and commitment of the entire dental team.



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