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The Newsmagazine for the General Dentist

June 2011, Vol. 39, No. 6

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Boosting Case Acceptance, Part II
It Takes a Village



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Boosting Case Acceptance, Part II

Closing the Deal

Part I of "Boosting Case Acceptance" (May 2011, *AGD Impact*) discussed the necessity of building patient trust and understanding patient needs and personalities before presenting comprehensive treatment. Part II discusses the intricacies of case presentation, including the overall sequencing of the new patient exam and the steps for financial presentation.

Case presentation involves several steps.

These include:

1. Coordinating the new patient exam.
2. Communicating the need for treatment.
3. Presenting the bigger picture.
4. Offering a financial presentation.

Coordinating the new patient exam

There are two models for appointing patients for the new patient exam: One is the doctor-centric model, the second is the hygienist-centric model. The doctor-centric model—in which the

patient sees the dentist first—is designed with the idea that the *messenger* is important. The hygienist-centric model—in which the patient sees the hygienist first—operates on the assumption that *repetition of the message* is important. In other words, the patient hears everything once from the hygienist and then again from the dentist.

Dentist-centric model

The patient is scheduled to see the dentist for about one hour. The dentist, with the dental assistant's help, does the full exam and diagnoses treatment. The advantage is that the patient meets the dentist immediately, and the dentist begins to build rapport with the patient. The dentist gets information directly from the patient and can begin to prioritize steps for treatment. The disadvantage is that the dentist's time can be wasted if the patient is a no-show or cancels.

Hygienist-centric model

The patient sees the hygienist first. The advantage to this model is that, in addition to gathering data, the hygienist gets a "feel" for where the patient is coming from and also can "talk up" the dentist—reassuring the patient that the dentist is "gentle, will listen to your concerns," etc.—before the dentist enters to do the exam. In this case, the dentist's schedule is not cluttered with non-productive appointments. The disadvantage is that the dentist has less direct control over the full process.

Sequencing for the exam

Whether the patient sees the dentist or the hygienist first, the new patient exam involves gathering information. This includes dental information, the patient's personal

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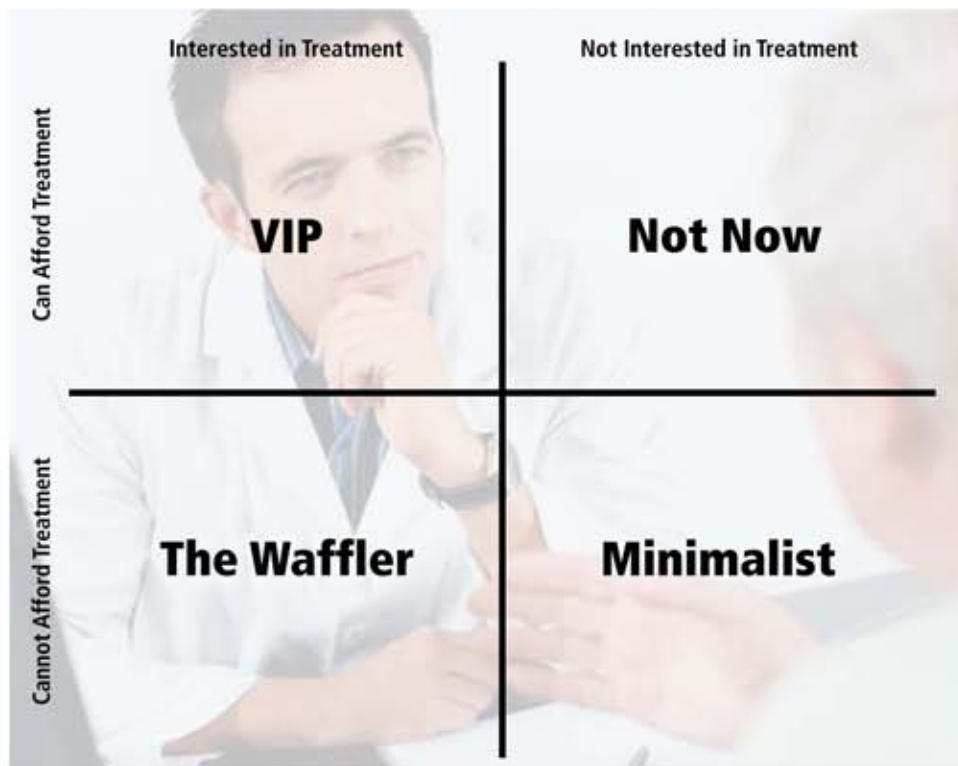


Figure 1. Schematic representation of Patient Personality Profiles (PPP™)

information, and financial information. The following is an example of sequencing for the new patient exam. Once the patient is seated in either the dentist's chair or the hygienist's chair, follow these steps for a successful new patient exam.

- **Get acquainted**—Talk to the patient to make a personal connection. Gather information about his or her family, workplace, or hobbies. The more you know about your patients, the more you will understand them and the more you will be able to help them.
- **Understand the patient's chief complaint**—Ask if this appointment is for a regular dental exam or if there is a specific problem. Always deal with the patient's chief complaint first.

“If the patient balks at the dentist's recommendations, the consequences of not doing treatment, both financial and clinical, should also be discussed.”

- **Understand patient personality and motivation**—Did the patient make the appointment because of pain, cosmetic concerns, health concerns, a special event, or a recent dramatic change in life? Life changes could include the loss of a job, divorce, death of a loved one, or an upcoming wedding. Does the patient need treatment done within a certain time frame? Is the patient a quick

THE PPP™: PROFILING YOUR PATIENTS

The PPP™ (Patient Personality Profile), developed by Visionary Management, is designed as a simplified profiling process that concentrates on patient behavior as it pertains to dentistry. The categories for this profiling system include:

- “The VIP” who wants dental treatment and is willing to pay, even if it requires financing.
- “The Waffler” who wants dental treatment but has a chaotic life, and/or is dental phobic, and/or cannot afford treatment.
- “The Not Now” who has no interest in dental treatment but has the ability to pay for treatment when needed.
- “The Minimalist” who has no interest in treatment and cannot afford extensive treatment.

The purpose of creating a patient profile and listening to verbal and non-verbal cues is to enable easier communications with the patient. It also allows the dental office to protect itself when patients are not serious about treatment.

The VIP—Most often treatment discussions go very smoothly with the VIP. Long explanations are rarely necessary and a decision to do treatment is reached quickly. This type of patient makes case presentation and case acceptance look easy. The VIPs are your best type of patients. They rarely miss appointments and they have a good reason if they must. They are highly motivated and therefore will find a means to afford their treatment.

The Waffler—These patients generally have problems making decisions and sticking to commitments. By their very nature they are often confused, disorganized, phobic, or have unrealistic expectations regarding dentistry. They often ask a lot of questions but are not always forthcoming with their own personal financial situation. Many Wafflers are truly interested in treatment, but affordability can be a big issue. This type of patient can create the most havoc with your schedule and may constantly try to negotiate the price. Wafflers will make numerous appointments and then cancel or not show up.

If the dentist and staff understand they are dealing with a Waffler, there are steps they can take to prevent chaos in the office regarding patient scheduling or payment issues. For instance, the office staff person can collect a deposit before an appointment is made. If the patient does not leave a deposit, the office has the options of making a shorter appointment, simply keeping the patient within the re-care loop, or converting him or her to a “same-day” patient on the short call list.

The Not Now—Most Not Nows are rarely interested in comprehensive care. They can afford treatment but have other priorities. These may include vacations, a new car every two years, sports, or hobbies. If there is an immediate problem, especially if it's painful, they will want it taken care of right away, but they are not interested in consistent appointments or full dental care. This patient will show up as an emergency or recall patient once every three years. But when they come in, they are willing to

do whatever is necessary to fix their immediate problems, despite the cost. Often, over the course of time, the Not Nows can be converted to VIPs if their priorities change.

Here is an example of how to talk to a Not Now:

“John, I know you're worried that this tooth will prevent you from enjoying your cruise. You don't need to worry about that if we take care of it right now. If you wait, I can't guarantee that you won't find yourself out at sea in the middle of your vacation with a toothache. And then what are your options? I'm sure you're looking forward to having a good time on your vacation. Don't wait until this hurts.”

The Minimalist—Minimalists are mainly emergency patients with treatment outcomes being a prescription, an extraction, or a quick restoration. Most conversations with Minimalists are about cost and the removal of pain. They are usually happy if you take care of their problem and don't fuss with them too much. Certainly an attempt should be made to set up an appointment for a thorough exam, but don't be surprised if the patient refuses, cancels, or doesn't show up at all.

Predicting patient behavior is not an exact science, but it is a useful tool to help you communicate better with patients and reduce havoc with your schedule and collections.

See Figure 1 for a schematic representation of Patient Personality Profiles.

“Reassuring patients of your commitment to helping them, working out a payment plan that works for them, and discussing consequences of not acting on specific problems—from both a treatment and financial perspective—will go a long way toward the patient committing to treatment.”

decision-maker? Does the patient seem to be fearful? The PPP™ (Patient Personality Profile) on page 15 can help determine patient personality.

- **Gather dental data**—Take radiographs and photographs. Review the patient’s medical history, his or her chief complaint, examine radiographs, chart teeth, check for caries and periodontal disease, do an oral cancer screening, do a full examination of oral mucosa, evaluate for temporomandibular joint disorder (TMJ), and diagnose any occlusal issues. Study models can be taken at a later appointment, if needed.
- **Discuss findings with patient**—This is the stage at which the patient is informed of his or her various issues. Details about treatment options are not necessary at this point. If the problems are minimal, discuss treatment options immediately and set an appointment. If issues are complicated, set up for a further treatment consult appointment.
- **Understand the patient’s ability to finance treatment**—Get a preliminary understanding of the patient’s financial situation, although full discussions will not take place until treatment has been decided, usually at the treatment consult appointment.

Communicating the need for treatment

Once data has been gathered during the patient exam, the next step is to communicate the findings to the patient. There are three challenges that must be overcome to successfully do this.

1 Navigating complex dental treatment descriptions
Explaining dental treatment is difficult, therefore, every available tool must be used. This includes visual media, such as intraoral cameras, radiographs, pictures, DVDs, CAESY videos, and study models. In addition, any useful magazine or newspaper dental articles and compelling stories to which the patient can relate should

be incorporated into the presentation. Complex information can confuse the patient, therefore, it is important to develop concise, non-technical explanations that the patient can understand easily.

2 Acquiring effective communications skills
The dentist and staff must develop excellent communication skills in order to properly discuss dental treatment. This requires a thorough knowledge of the problems, strong verbal skills, and the ability to not only discuss treatment options but to prioritize the treatment in a sequential manner. If the patient balks at the dentist’s recommendations, the consequences of not doing treatment, both financial and clinical, should also be discussed. There is no easy way to acquire effective language and communication skills. It requires careful thought and development of scripts for every situation—including every possible patient objection—and plenty of role-play and practice. Explanations should be simple, non-technical, and easily understandable. Both the dentist and staff members must practice until the message is clear.

3 Understanding the patient’s personality and cognitive ability
The dentist or hygienist also must take the time to understand the personality of the patient. This leads to better communication with the patient and a greater likelihood that the patient will accept treatment. In the beginning, this may seem complicated, but it should only require a few minutes when the necessary instincts are developed. Instincts about patients also must include paying attention to verbal *and* non-verbal cues. What do the eyes say? What does the body language say?

The importance of understanding patient personality was initially discussed in Part I of this article (May 2011, *AGD Impact*). There are several personality profiles created by psychologists throughout the last 50 years, but most of them concentrate on the psychology of the consumer, rather than their behaviors. It is implied that, if you understand a person’s psychology, then you can understand his or her behaviors. But, in the course of a one-hour exam, truly understanding a person’s psychological makeup is virtually impossible.

It really does not matter whether the patient is introverted or extroverted or whether he or she is dominant or compliant. The only thing that matters is his or her behavior as it relates to dentistry. Is the patient interested in getting dental treatment done? Does he or she understand the information conveyed? Is the person a firm decision-maker? Are there any barriers to treatment—such as physical disabilities, health-related issues, or phobias? Can the person afford the treatment? Will he or she appoint for treatment? Will he or she keep the appointments?

Presenting the bigger picture

Once a patient has been informed of his or her specific problems, the dental team and the patient should discuss

treatment options. How treatment is presented, however, is crucial. If the patient's problems are simple, certainly discuss them at the new patient exam appointment. If the patient has several issues, however, *do not discuss everything on the day of the initial appointment*—the information can be overwhelming. Instead, present the bigger picture at the first appointment and get into the details at the second "consult" appointment. If you sense that the patient is not the decision-maker in the family, ask the patient to bring the decision-maker to the consult appointment.

The consult appointment

The following is an example of the sequence of the treatment consult appointment. During the consult appointment, information that the dental team gathered at the new patient exam is explained and problems are discussed. The team also discusses treatment options and financial options during the consult appointment.

1. **Case presentation**—This will include a more detailed and comprehensive discussion of the patient's dental issues. Once problems have been highlighted, the dentist will discuss treatment options. Photographs, study models, and other aids may be necessary to explain more complicated concerns. The treatment coordinator needs to be ready with estimates and financing options.
2. **Full-mouth dentistry, quadrant dentistry, or single-tooth dentistry**—At the consult appointment, the dentist and patient will discuss and come to an agreement on how to proceed with treatment. Is it best for the patient and dentist to do all of the treatment at once? One quadrant at a time? Or one tooth at a time? Cosmetic cases may not be able to follow a quadrant dentistry or single-tooth dentistry format, and this should be explained to the patient.
3. **Financial presentation**—Discuss financial options after understanding what the patient can afford.
4. **Case acceptance**—The patient understands the scope of treatment, why it's necessary, and signs financial forms necessary to begin treatment. The patient then appoints for treatment.

Expecting all patients to agree to ideal full-mouth dentistry may be unrealistic. However, there will always be a certain percentage of patients who want full-mouth dentistry, so never assume that patients don't want to know about all of their dental problems or that they cannot afford treatment. Before plunging into a treatment discussion with the patient, elicit information about the patient's financial and life circumstances. Present treatment based on what the patient wants and what the patient can afford. Many patients tend to be more receptive to quadrant dentistry simply because it is more manageable for them financially. Single-tooth dentistry is the last resort when all else fails.

Offering a financial presentation

Financial presentations are done by the treatment coordinator or the receptionist at the front desk, after treatment has been discussed. Patients need to understand their financial commitment and the options for payment available to them.

Understanding patients' financial concerns

Many patients perceive dental treatment to be expensive and they worry about how they can afford it. Credit has dried up, and credit limits on consumer cards have been lowered. Few patients have the ability to put cash down for all their treatment. Dental offices must understand these concerns, and they must offer patients several options for payment. These options can include cash, check, credit card, external third-party financing, internal financing (credit card payment for three months), and layaway plans.

Understanding how much a patient can afford per month

The total cost of care is less important to patients than their monthly financial commitment. Therefore, the key to discussing financial options is to understand how much a patient can afford per month. Once this dollar amount is known, it is easier to help patients figure out how they can afford treatment. Superior verbal skills are required in this area as well. Reassuring patients of your commitment to helping them, working out a payment plan that works for them, and discussing consequences of not acting on specific problems—from both a treatment and financial perspective—will go a long way toward the patient committing to treatment.

Gaining and maximizing case acceptance is a challenging task. By laying the groundwork—including building trust, understanding patient personality and motivations, developing excellent communication skills, having a nuanced approach to case presentation, offering the options of ideal, full-mouth dentistry, quadrant dentistry, and single-tooth dentistry, and offering several financial options—the dental office can see a higher rate of success with more patients agreeing to treatment.

Every step of the new patient process and the subsequent consult appointment must be examined and improved upon to see increased rates of case acceptance. With the right process and communications skills in place, significant numbers of patients will accept comprehensive care, which can drive up productivity and production in your office quite dramatically. ♦



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