

25 SURE-FIRE WAYS TO KEEP CONVERSATIONS WITH PATIENTS ABOUT RECOMMENDED TREATMENT ON TRACK AND MOVING FORWARD

*PROVEN TECHNIQUES TO INCREASE CASE ACCEPTANCE
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1. Turn objections into questions. Patient. “I can’t afford it.” You: “That’s a good question. How can you spread out the payments to make the treatment affordable? Let me see if I can answer that question.”
2. Summarize the objection and ask for more information. Patient: “I’m not sure I’m ready for this treatment right now.” You: “You said you’re not sure you are ready. What do you mean by that?”
3. Use the “feel, felt, found” method. Patient: “It costs too much.” You: “I understand how you feel. I know many patients who felt that way at first, but after treatment they found that they were very pleased and they said that they got their money’s worth.”
4. Use the treatment benefit/patient benefit formula. The formula is: “Because of (treatment benefit) you will benefit by (patient benefit).” Examples. “Because veneers look so natural, everyone will assume that you have naturally beautiful teeth.” Another example. “Because dental implants are so secure, you’ll never have to wear an old-fashioned denture that can become loose and embarrass you.”

5. Use the “Attention, Interest, Desire, Action” formula.

Attention. You could have a beautiful smile.

Interest. Let me show you some photos of patients who improved their smile.

Desire. Would you like to have a healthy mouth and a smile you would be proud of?

Action. I'd like to schedule a consultation appointment with you so I can give you specific options. Susan will be happy to schedule an appointment at a convenient time for you.

6. Use brochures, because people believe much of what they see in writing.

7. Use very specific numbers because they are more credible than general numbers. “I have been practicing for 24 and one half years.” “Our success rates with implants in the lower jaw is 97.6%.”

8. Anticipate objections. “You may be wondering why the treatment plan is so comprehensive. Actually, it's a conservative treatment plan in light of what needs to be done to help get your mouth healthy. We could leave out the periodontal treatment, but that would not be a good idea because it would jeopardize the entire treatment plan. We could use a bridge instead of implants, but that would mean cutting down some perfectly good teeth and giving you a less-than-wonderful result. We could leave out the orthodontic component entirely, but unless your bite is corrected, the restorations will not last as long. Everything that I have recommended to you is necessary and all the pieces of the puzzle must come together to give you the benefits you desire.”

9. Ask for the order. “Based on our discussion, are you interested in pursuing treatment?”

10. Echo positive comments. Patient: “I can't wait to get rid of this partial.” You: “I don't blame you for wanting to get rid of that partial. The difference between the implants and that partial will be like night and day.”

11. Use the phrase, “in my professional opinion.” Patient: “I think I’ll just wait for a while. It’s been this way for years, so I’m not in a rush.” You: “I understand. I want you to be comfortable with your decision, but in my professional opinion, you should deal with this now. The proposed treatment will never be more conservative, it will never be less invasive, and it will never be more cost effective than it is today.” (Also explain that the fee quoted is only good for 90 days.)
12. For the uncommunicative patient, use the “magic wand” question. “If I could wave a magic wand and change one thing about your smile, what would it be?”
13. When appropriate, use tag questions to move the discussion along. Patient: “I know I have to do something.” You: “So you’ve made up your mind to take action, right?” Other examples. “You understand that it’s important to get your mouth healthy, right?” “Prevention makes sense, doesn’t it?” “It’s better to get this taken care of now rather than later, don’t you think?”
14. Dress for success. People who are smartly dressed in appropriate business attire are more persuasive than those who are too casually dressed. Front office staff: unless you wear uniforms, ask yourself the following question: “If I were interviewing today for a new job that paid more money than my current job, what would I wear?” That’s the standard you should strive for every day. It’s not a question of having an extensive wardrobe; it’s a question of having a quality wardrobe.
15. Hypothetically remove the objection and gauge the reaction. “I understand your concern about the fee. Let me ask you a question. If we could find a way to make this treatment affordable for you, would you be interested?”
16. Use patient education software such as Consult Pro. Patients have a much greater understanding of dental procedures when you not only tell them, but show them, using high quality computer animation. Caveat #1. The software has a zillion features and you will probably only use a handful of them. This is perfectly o.k. Caveat #2. The software only works if you use it. It’s better to buy software, not shelfware.

17. Use Dental Fee Plan. It is by far the best patient financing plan. No equipment to buy. No hassles. More options for the patient.
18. Deal with conflict by diffusing the situation. If the patient is upset about the treatment plan, diffuse the situation. “Mrs. Jones, we’re on the same side. We both want what’s best for you. I’m absolutely convinced that this treatment is best for you. If I recommended anything else, I would be letting you down.”
19. Ask the patient to state the benefits. “Now that we’ve had a chance to talk, how do you think this treatment will benefit you?”
20. Take it personally. Patient: “Doctor, don’t take this personally, but I don’t want to have all this treatment.” You: “I do take it personally. I take great pride in my work and I’m trying to do what’s best for you. I feel badly that I haven’t explained to you how you will benefit from this treatment.”
21. Ask for permission to follow up. “I understand that you want to think about it, Bob. You know, it happens all the time that patients leave here and, later that day or the next day, they think of more questions they want to ask. Would it be okay with you if Marsha, our treatment coordinator, followed up with you by phone in a couple of days just to touch base and answer any questions you may have?”
22. As appropriate, get the doctor involved in the follow-up call. If the patient asks a financial question, the treatment coordinator should answer it. The treatment coordinator should also be able to some answer clinical questions. However, even if the treatment coordinator knows the answer, it is a great excuse to restart the dialogue between patient and doctor. “I’m going to ask Dr. Smile to speak to you personally, Mrs. Jones.” After the doctor answers the question, he or she can say, “Mrs. Jones, have you already scheduled with Marsha?” (If the answer is no): “Would you like me to put her back on the line/have her call you so you can schedule?”
23. Accentuate the positive at the outset. “Mrs. Hickenlooper, some of your teeth are in really good condition. For example, these teeth on the upper right look great and your gums are healthy here, too. Our goal is for all your teeth and gums to be this healthy.”

24. Give a ballpark estimate if asked. Patient: “I know you want me to come back to talk about treatment and fees, but can you just give me some idea of what all of this is going to cost?” Doctor: “I can give you a rough idea, but keep in mind that it’s only a ballpark estimate at this point. Before any treatment begins, we will tell you exactly what the fees will be. Based on what I see now, your goals, and the treatment option you choose, the fee for getting your mouth healthy will be somewhere between x and y dollars.” (If the patient says that even the low end of the range is out of the question, then both the doctor and the patient can save a lot of time.)
25. Make a distinction between “cheaper” and “better value for the dollar.” Patient: “Can’t you do something cheaper?” Doctor: “I could do something else, but this treatment plan will ultimately be the best value for the dollar. It’s better to do it once and do it right.”