



## **Increasing Case Acceptance and Building Your Practice When the Patient Says No!**

What do you mean? If the patient rejects me, then I'll do no dentistry on them. How does that help build a practice? When they turn down my plan, how can that be good? What we'd really like to happen is for all patients to:

1. Ask for a complete exam including centric relation, mounted study models, an FMX and Panoramic X-ray;
2. Say 'yes' to any treatment we propose.
3. Pay with cash today.
4. Schedule the clinical appointment for tomorrow morning.

HELLO!! Wake up from your dreams. This is reality. It isn't going to happen that way with very many patients. What actually will happen is that we will hear 'No' from some of our patients. When they say "No" it feels like rejection. To deal with the discomfort of rejection or avoid it completely, we tend to:

1. Only offer treatment that is authorized by insurance companies or we think they will readily accept, or
2. Make ourselves feel better by pointing out that the patients' priorities are faulty. We cry, "They don't value dentistry!" "She has a low dental IQ." "Did you see her diamond or that car?" They have misplaced priorities! Some doctors "fire" patients that say 'no' to protect themselves by placing the blame on the patient (as if we had no fault in the matter).

The patients' priorities are not upside down. Just ask them. From their point of view their personal priorities are just fine, 'thank you'. Additionally, their dental IQ isn't too low. In the U.S., dentists have decay and gum disease at the same frequency as the general population. Does that mean dentists' dental IQ is low?

First, timing can be everything. Who needs a plumber until there is a broken pipe flooding the house? Who needs a real estate agent until you want to sell your home? Who wants to spend money on a new smile when they are worrying about paying for college tuition? When patients say 'no', they are generally not rejecting us or the care we offer. Rather, there are some seemingly insignificant words that are understood but not spoken. "No, (not now)." Perhaps they will say 'yes' next year, or even next month, but the timing isn't right...today. That does not mean that 'no' will last forever or that they dislike you. "No" does not mean the patient is rejecting us. It simply means, "No, not now." Rejection plus simmer time equals success. Let the patient know you are willing to help them on their time frame and you will build a reserve of patients who trust you and know where to come when the time is right. This same patient would respond in a different way if they had been hit in the mouth with a tennis racket and broken several front teeth. The timing and acceptance would now be dramatically different.

Second, the doctor and staff cannot make the patient want dentistry any more than we can change a teenager's mind about altering their hairstyle to match ours. It simply can't be done. We try, but the patient will feel pressure. On the other hand, we can help patients build their own value by listening to gain insight and offering to help them achieve specifically what they want. If we let patients build their own value, just as we allow a teenager to build value for their grooming decisions (with gentle guidance from our experience) acceptance will be much higher.



Third, 50% case acceptance is very feasible, as long as the diagnosis is complete to include full cosmetic and restorative options. Doctors who claim 100% case acceptance are merely diagnosing extractions for hopeless, painful teeth, offering treatment that is authorized by insurance companies or other treatment they know the patient will accept. These cases make the doctor feel secure with very little possibility of rejection as opposed to taking the 50% risk to diagnose comprehensive, discretionary, restorative dentistry. Imagine how successful a business would be if one out of every two people who came in said 'yes' to their product or service. The owners and staff would be ecstatic. We should be delighted with the same result.

Hindsight teaches us that comprehensive cases that were accepted are the ones where:

1. No pressure was applied by scaring the patient with magnified images on a monitor to point out 'cracks' or the need for 'root canals'.
2. The dentist didn't talk too long, pontificating about their philosophy, credentials, laboratory, training or the procedures.
3. The patient was able to view photos of their own teeth (occlusal and anterior views) and was allowed to lead the discussion in order to own the problem and the solution.
4. The patient was made to feel welcome in the practice whether or not they accepted treatment today. They were invited back for continuing care.

Many cases that could have been done and benefited the patients were lost because we have:

1. Been upset or offended when 'no' was said the first time.
2. Made patients feel guilty for not accepting our recommendation.
3. Given the 'my way or the highway' high pressure/mercury scare line of attack, after which the patient is very doubtful to return.
4. Taken the 'no' as a personal rejection, felt offended and believed the patient doesn't (a) trust us, (b) perceives we are too expensive or (c) feels we aren't competent. Our tail goes between our legs, we leave the room and befuddled panic sets in. Subsequently, we carry an 'I'd better back off' attitude into our next co-diagnosis appointment and either "watch" the disease get worse or under-diagnose so as to not scare patients away or face rejection.

A word of caution; I have seen doctors who have paid a high price to learn the latest cosmetic and restorative dentistry skills from the 'gurus.' They come roaring back to their offices, have changed their philosophies and are prepared to conquer the world. In their exuberance and newfound (over) confidence, the unintentional attitude that emanates from the doctor is offensive to the patient and communicates pomposity. They "fire" patients or present an all or nothing approach. Patients feel pressured if they don't accept the treatment recommendations. Often, they don't feel comfortable returning to the office. Firing patients because they didn't accept our treatment plan is a huge blunder. I've also seen practices where only obvious problems are diagnosed, and discretionary and preventive, restorative dentistry is rarely mentioned. These practices struggle financially and the patients are underserved.



## Five of the Reasons Why People Say No to Your Treatment Proposals

1. Asking Case Acceptance barrier questions: "Is anything bothering you?" "Are you having any problems?" "Are there any areas of sensitivity I should know about?" "Are you having any discomfort anywhere?"
2. Diagnosing what you think is needed rather than asking them what they want long term.
3. Making your treatment decisions based on the insurance maximum or what you think the patient can afford
4. Having a schedule that is too busy to be able to allow time for multiple unit, quadrant or larger cases
5. Not having an easy way for people to pay for the services you provide

In these changing economic times, our job is to help people discover what's possible, let them see for themselves, and get as many of the barriers out of the way as possible so they can have what they want. In the past, the economy was so good that dentists could just show up and be successful. In the future, this will not be enough. We must know how to help our patients by removing as many obstacles to treatment as possible. If we do that, we will have some dentistry accepted today, some tomorrow, and some in the next few years. The blend makes for a long and fulfilling career.

If you want to increase Case Acceptance and build a stronger, more desirable practice, pick up the phone and call us today at 888-216-5249. Our clients have proven over and over again that our Case Acceptance Protocol really works. Imagine walking in to an operatory and having the patient ask for the treatment they need. Think about how much easier it would be if the staff had the patient ready to hear treatment recommendations when you arrived. Through working with us, our clients and their staffs have learned how to best communicate with patients to get a mutually satisfactory result. You owe it to yourself, your staff and your family to be as expert in Case Acceptance as you are in your technical dentistry.

Why re-invent the wheel? The most valuable asset we all have is time. Knowing what to do now will literally save you millions over the next few years. Why wait? Call today to find out what's possible for you! We look forward to hearing from you. The call is FREE. That's 1-888-216-5249.