

Practice Simplicity

Breaking through complexity to better, more effective dental practices

Increasing Case Acceptance And Building Your Practice When The Patient Says No!

By Dr. Bob Willis

What do you mean? If the patient rejects the treatment, then I won't do 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's not going to happen that way with very many patients. We are going to get "No" from some patients. And "No" 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 patient's priorities are faulty. "They don't value dentistry!" we cry. "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 from "feelings of failure" (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 your 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

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UPCOMING EVENTS

- **Dynamo-**
Jan. 30-Feb. 1, 2002
Columbus, Ohio
- **Introductory Seminars-**
"Just Let Me Do The Dentistry!"
-November 13 (7-9 pm)
Pittsburgh, Pa.

Please call 1-888-216-5249 for more information about The Coaching Program or to have Dr. Willis to speak to your group or organization.

We cannot do everything at once, but we can do something at once.
- Calvin Coolidge

How To Make A Good Thing Better

A Narrative By Dr. Doug Goff

In 1994, our practice was doing well, but I thought it could do better. I was looking at different management consultants because I wanted to get a tighter handle on my practice. I didn't feel I had a grip on all the business aspects of the practice. When I met with Bob it really clicked with me. I was already committed to a more comprehensive, fee-for-service practice. What Bob talked about seemed to be a perfect match for me, so I thought that philosophically, he and I were coming from the same place. Any time you jump into a relationship, there is a certain leap of faith. I made the decision and it's been wonderful ever since.

When I started, we were doing about \$550,000 a year in 200 to 210 working days. Bob felt I could do that in 180 days, I thought, "That sounds good. I can work 20 to 30 days less and have the same production. That will be great." We started by making sure that overhead and accounts receivable were under control. My accounts receivable equaled about two months' production, so we started with a program to reduce it. Within about six to eight months we got A/R down to about half a months' production and we've been there – or better – ever since. Then lo and behold, **when the first year ended, I didn't make it. I didn't make it to 180 days. I only worked 175 days and we did \$675,000!** I would have been happy doing \$550,000 in 180 days and we did \$675,000 in 175 days!

Along the way Bob taught us systems and communication skills that we worked on together, as a team. Doctors go to a lot of

continuing education programs, then they try to come back and train their staff, but that doesn't work. I had talked to enough other dentists to realize that a lot of us felt the same frustration. You come back from the seminar and you're all excited about some program, so you tell your staff, "We're going to do this a new way." The staff looks at you and they're thinking, "Oh gosh, he just went to another program. That's okay though after a couple of days or weeks, it will all go away." The problem is the staff doesn't make a

***"The Coaching Program
has been terrific. It has
changed my life."
-Dr. Doug Goff***

commitment to the change and we doctors don't have the time to follow through. The beauty of Bob's program is that it's a *team* program and he's your coach. We're all involved. **It's not just me, the doctor, trying to teach the staff. The Coaching Program teaches and we all learn together.** And, The Coaching Program has provided more than just a system for my staff and me. The program also provided us with the tools to implement that system and coached us all along the way.

Bob's program also teaches the doctor about accountability and delegation. Unlike other practice models in which the doctor is the boss who is dictating to everybody, Bob helps the doctor realize that everybody is in charge of an area. **With Bob's coaching, the entire**

team is working for the same goals. Everybody takes charge of and is accountable for their area. Instead of everything falling on the shoulders of the doctor with no one else accepting accountability. That didn't work for me and I don't think it works – period. Today our staff are helping with treatment acceptance, collecting what we produce, There's real beauty in that. You end up with *committed* team members. We have clear systems and a plan, the team and I know what to do and it works!

It's also been wonderful from our patients' point of view. We're here to treat people exactly the way that they want to be treated. So we ask them questions, listen to their answers and *hear* what they say. **Patients gain comfort knowing we hear exactly what they say. Then we treat them how they want to be treated.** Our job is to facilitate achieving their dental goals. Sometimes we realize we're not the right practice for a person and maybe they realize they're in the wrong office. That's okay. There's nothing wrong with that. The point is we're hearing each other *first*, before we get down the road, and then we realize that our philosophies are in conflict. I think every dentist has been there. You jump into something and later realize that what the patient expects isn't where you're going. Then you have to try to make the best of it. It creates a lot of tension and stress. The Coaching Program has been a tremendous stress reliever because we know exactly where we're going with a patient and the patient knows exactly what to expect. There are no hidden agendas. It really helps us achieve

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How To Make A Good Thing Better

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our long-term goals by having good communication with our patients from the very beginning.

The staff loves the program and how we've grown. **Most staff people in dentistry are nurturing people who really want to help other people.**

Now they have a clear way to identify exactly how they can help.

We're here to satisfy peoples' wants and help them achieve their goals.

We all feel real good about that because we all can celebrate – rejoice – when we're done. That's a wonderful feeling for all of us. They are real excited with the financial rewards also.

Since we started Bob's program, most members of my staff have doubled their incomes.

And I'm really happy about that because if they're making money, so am I.

For me personally, it's given my practice structure so **I have a handle on the pulse of my practice.** I equate it to an athletic team. With an

athletic team, there are certain key fundamentals that you must always pay attention to. If you stop paying attention to those fundamentals, something bad happens. It works the

same way in a dental practice. The nice thing is that with this structure, we can quickly diagnose where the problem is. So you don't have to wonder what the problem is, or why is it happening. You can always

quickly diagnosis your own business and know how to fix it, or be able to quickly find out how to fix it. We find the problem, then we can go back to that fundamental, get it on track, and things start running smoothly again. That's been wonderful. Working with people who

have your best interest at heart and have walked in your shoes is a huge help.

The Coaching Program has been terrific. It really changed my life.

I feel like I have a real good handle on the practice and it has reduced a lot of the stress of dealing with people. I feel better working with patients when I know exactly what they want. And instead of working 210 days a year, I enjoy working 170 to 175 days a year. It's a nice life."

Dr. Doug Goff earned his D.D.S. from the University of Illinois in 1983 as well as a degree in Advanced Prosthetics in 1985 from Ohio State University. ❖

The Coaching Program Overview

The Coaching Program is a continual personal coaching program with regular meetings of Doctor and Staff to help them progress. **Over the course of 22 to 24 months, The Coaching Program can help you enjoy having your practice the way you want it to be** through a combination of:

***12 Doctors' Continuums** – Consistent learning and follow-up on leadership issues and techniques have proven to be critical to getting your desired results. Each Continuum is a five-hour brainstorming session, facilitated by Dr. Willis, where each participant profits from the experience of others.

***3 Doctor and Staff seminars**, near the beginning, middle and end of the program. Six days of training on easy to implement systems, including a way to monitor *key* items that make the *biggest* difference.

***Case Acceptance Seminar** – During one of the 12 Doctors' Continuums, the Staff attends a one-day Case Acceptance seminar that speeds the enhancement of staff skills so that the *entire team* can effectively communicate with patients about long-term dental goals and the benefits of ideal, lifetime dentistry. We come to your area for all Continuums and seminars so there are no costly trips for

Doctor and Staff.

***Two in-your-office consultations** to work with you and your staff to get your results.

***Personal coaching** via toll-free telephone, fax or email to *answer any question about any topic* pertaining to your practice.

***Training Video/audiotape sets** support systems taught by The Coaching Program.

***Conference calls** that enable virtual round-table discussions of current dental topics with dentists from all over the country.

***Periodic topical audiotapes and newsletters.**

***Tapes and reading materials.**

***Monitoring System** – You and your staff learn a system to .

With ongoing coaching and follow-up, you are able to keep moving toward your practice goals. **You choose your practice model and we coach you to get your desired results.**

For more information call 888-216-5249 or fax 918-294-1205 or email coachprog@aol.com. ❖

"I can put the investment in The Coaching Program in perspective by telling you that *in the first year* of Bob's program, production for the practice increased by over 40% and my personal net income increased 45%. The right time to do this program was *yesterday*. This program teaches you what it takes to run a practice in an organized and productive way. When I have any kind of pr oblem, the program is always there, answering the questions I need answered. And, the advice is good. You can't put a dollar amount on what this program is worth in the long run."

Dr. Vic Bateh, Sandy Springs and Marietta, GA

Increasing Case Acceptance and Building Your Practices when the Patient says No!

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done. 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, 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 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 the 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, feel offended and believe the patient either (a) doesn't 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 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 the obvious problems were diagnosed and discretionary and preventive restorative dentistry is rarely mentioned. These practices struggle financially and the patients are underserved.

"5 of the reasons people say No to Your Treatment Proposals"

1. The Doctor and Team ask 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 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. That blend makes for a long and fulfilling career. ❖

**"The purpose of life is not to be happy. It is to be useful, to be honorable, to be compassionate, to have it make some difference that you have lived and lived well."
- Ralph Waldo Emerson**

Evaluate Your Practice Potential

“Do You Routinely Present Complete, Ideal Treatment That Patients Value, Appreciate and Accept?”

As dentists, we have been taught that it is our responsibility to provide the dental care that patients need. Unfortunately, many times that is not possible. What is almost always possible is to provide the dental care that patients *want*. The key to real fulfillment in dentistry is to treat patients who *want* the kind of dentistry you enjoy doing. This article is for dentists who enjoy doing complete, ideal, *lifetime* dentistry.

Most patients *want* a smile that looks attractive, is comfortable and will be long lasting. Some *want* that smile now more than others. Unfortunately, some very deserving patients don't get that smile because we drive them away by presenting a treatment plan that they didn't ask for or weren't ready to hear about. You and your staff need to ask questions that enable you to identify those patients that place a high value on that smile. When you find those patients, you then need to *carefully ask thoughtful questions* so you can learn what those patients want and so they can create and discover the value of ideal, lifetime dentistry. (*By the way, you will also find that you will open up the possibilities to those who aren't ready. By listening and hearing your patients you will enable those patients the opportunity to return for treatment when it is appropriate for them.*)

It is not likely that you are going to find out which patients place a high value on complete, ideal, lifetime dentistry if you don't ask the right questions and listen carefully to the answers. A treatment plan for lifetime dentistry does not result when you or your staff ask, “Are you having any problems?, Is anything bothering you today?, Do you have any concerns?, Are you having any discomfort?” or any similar questions. After asking those questions, and hearing the patient say, “No. No problems,” how do you start talking about the treatment they just told you they don't need? I call these questions, Case Acceptance Killers. When you use these questions you build a wall against anything but “I've got a problem now” dentistry. I would strongly suggest that you stop asking those questions.

If you want to learn which patients place a high value on lifetime dental care and what those patients *want* for the long term, stop asking questions about the short-term. Instead, help your patients focus on their dental goals 10 to 20 years from now. You will find a lot of patients who *want* that smile for the rest of their life. Let them see what's possible. Help them visualize for themselves. Show them pictures of what you can do. Help them create and understand the value of ideal, lifetime dentistry.

The competition for the treatment you enjoy providing is not other dentists. Your real competition is the many products and services on which your patients are continuously tempted to spend their discretionary dollars. Your patients are bombarded daily with messages that attempt to maximize and dramatize the “value” of all the other goods and services available to them. You must be able to help your patients create their own value for your services. With the proper focus and communications with your patients, you can help them *think into the future*. You must ask future focus questions and listen to their responses. You can help them create and understand the value of ideal dentistry that can *last a lifetime*. Stop asking questions that kill case acceptance before you have a chance. Start looking long term to help your patients have the dentistry they deserve.

In the next issue of *Practice Simplicity* we will talk about how you can help patients fit ideal, lifetime treatment into their budgets. If you don't want to wait for that information, call 888-216-5249. We can help you and your staff routinely present complete, ideal, long-term treatment that patients not only value, but treatment that they will accept. ❖

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Upcoming Groups

Our next Coaching Groups are being formed in Atlanta, Ga, Columbus, Ohio and in the Carolinas.

Call Jack Wunderlich at 1-888-216-5249 for further information or email: coachprog@aol.com

Practice Simplicity is published by The Coaching Program, 10020-C S. Mingo Rd., Tulsa, OK 74133
Phone: 888-216-5249
Fax: 918-294-1205

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Readers are invited to submit, for the Editor's consideration, brief reports or suggestions for articles. Questions are also welcome and may be answered in print.

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Dr. Bob Willis
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““We had a great practice before working with The Coaching Program, but I always wanted to go to the next level. We were sitting on a huge reservoir full of dentistry, but there was no way to get it to the patients. **When we figured out how to open up that reservoir of dentistry and let the patients tell us what they really wanted, our numbers jumped hundreds of thousands of dollars a year.** We went from being a three to four hundred thousand dollar practice to being a seven to eight hundred thousand dollar practice in a year or two. The staff loves it too because they share in that income. I paid for The Coaching Program with money I never would have had. It's almost embarrassing. I feel guilty sometimes because I feel like I got it for free.”

Dr. Mike Fair, Columbus, Ohio

“Bob Willis and The Coaching Program have improved my practice dramatically in both enjoyment and profitability. This is not done with a quick-fix approach. Rather with proven principles that are employed as your practice is ready to absorb them. Each step carries you further and further. Soon you look back and think, “Why didn't I do that years ago?” I certainly thank Bob Willis for all his help.”

Mike Womble, Naples, Florida

“Even though we were already doing well, The Coaching Program helped us increase case acceptance and production dramatically. Last year, we were able to **work only 180 days, take a three-week vacation for the first time in my career, and still have my best year ever!** Dr. Willis' coaching also allowed me to unify my staff and streamline the practice systems. As a result, **the staff has shared in the success of the practice, both financially and otherwise.**”

Dr. Jay Shartzter, Bonita Springs, Florida

A *Quiet* Secret For Higher Quality And Technical Success In Crown And Bridge

In my interaction with dentists around the country, I find that there are many key quality enhancing, time saving and more profitable ways to do dentistry.

One of the simplest yet most effective ways to do this is in your choice of materials used in taking opposing impressions or study models.

For years, most of us have used alginate or the newer, better, faster setting, more accurate alginates. Improved, yes. Significantly better, no. The one supposed advantage of alginates is that they are inexpensive. Let's look at the facts. Is the mixing time more, or less than with the new polyvinylsiloxanes? Certainly it is not less time. What is the pour up time for alginates. Certainly it is not less than the poly vinyl's. In fact if you pour up your own study models, the pour-up time is about the same. The real difference is the alginate must be perfect the first time plus the impression must be poured quickly, often when it is least convenient. Why use alginate when the best results are a one-chance shot to pour up the impression very soon after it is taken to minimize distortion. You can't just let it wait until it's convenient for you or your staff, the alginate dictates the time. If you are sending the case out you must pour it up, wait for it to set up, clean up the mess plus trim the model before shipping out or having the case picked up. In contrast, the poly vinyl can be poured and repoured, on your timetable or the impressions can just be sent to the lab to do the work.

Now let me see if I get this right! The Doctor or the staff have to pour the alginate up, clean up the mess, let it set up properly, trim the model, then put in the lab case or I can take a poly vinyl and put it in the box and I'm done. Tough decision!

Let's see, **the Doctor's and the staff time are valuable.** When they are doing the lab work it costs money. If we could pass this on to someone else, with no loss of quality wouldn't it make sense to do it?

But I'm a high quality dentist and no one pours up the models as well as I do. That may be true, however, a high quality lab has as much invested, maybe more because their job is to provide you with a great result that fits. To minimize the chance that you will have to waste time when you seat the case. Besides if you use a poly vinyl or any dimensionally stable, repourable material you give them a chance to repour if they don't like the first one or to have a second model to fine tune the occlusion.

What about accuracy? Using a polyvinyl or similar material is going to give you far greater accuracy than the alginate. Remember how you've picked the bubbles off the model to make sure the occlusion turned out right. Remember how the bubbles always seem to end up on the occlusal surfaces where they are in the way. The average dentist's time is valued at \$250 or more. Spending 10 minutes cleaning-up an impression before it goes to the lab because you used

A Quiet Secret For Higher Quality And Technical Success In Crown And Bridge

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an alginate can costs an additional \$25 or more. Now that's an expensive material.

Do yourself a favor find an inexpensive accurate polyvinyl material and start using it to take study models and opposing arches. Your quality will improve, you'll use less time so you can stay on schedule better, you'll be less stressed and you'll have time for other more profitable things to do.

Are you looking for reliable lab that can save you even more time and money?

I have seen several very good labs in my travels. Some were more expensive, some had longer turnaround time, some were more difficult to communicate with than others. When the dust settled, I found one of the best, most cost effective, most consistent dental labs right in my back yard, **Tom Kelly & Associates**. Here's the good news. I have personally used this lab. (I don't own it or any part of it.) If you like them, Great! If they don't seem to meet your criteria, no problem, find someone else who does. The lab is centrally located in one of the most affordable places to live in the country, so low overhead allows them high quality with reasonable pricing. They turn cases around in days, not light-years. If they accept your case, there is no remake charge to you. There are only a few reasons why they wouldn't accept a case; mainly because margins are not well defined or the tray/material combination is too flimsy creating inaccuracy in the model work, otherwise, if you know how to prep and give them an impression that is accurate and that has anterior and posterior stops for occlusal accuracy, you're home free. If they have something to work with, they can give you cases where dusting off an area is the adjustment; not attacking the crown with a 4X coarse diamond.

They have people who are well trained to pour up your impressions with precision. Why? Because if the pour up is mediocre, they don't have a chance to give you the high quality you deserve. By the way, they pour up hundreds of impressions a day. How many do you pour up? Get the picture?

If you'd like a C&B lab that can help decrease the stresses of dentistry and save you time call 800-364-9925- Kelly Dental Lab

Call while you are thinking about it to start receiving quality lab work that makes your job easier. They will send you all the information you need to get started. Save time, money and have a happier Doctor & staff.

Save 25% on Your Next Case When You Call 800-364-9925

Tom Kelly and Associates Dental Lab is **offering a 25% discount to our readers on their first case. To receive this savings**, tell them that you heard about them in The Coaching Program newsletter. ❖