



# ESTHETIC TEAM

THE WISDOM OF SHARED KNOWLEDGE



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## Case Acceptance: A Contact Sport

Case acceptance, like customer service, is a “contact sport.” Each time a patient has contact with a team member, there is an opportunity to “win” or “lose” in the relationship. We are in a relationship business, and it is the ability to develop and maintain lasting relationships that will determine the success of any practice.

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Case acceptance occurs when a patient trusts you enough to say, “Yes, I want to work with you.” Author Bob Burg states, “All things being equal, people will do business with and refer business to those people they know, like, and trust.”<sup>1</sup> It is important to remember that when a patient says “yes,” he or she is saying “yes” to an entire team. Although diagnosis is done by the dentist, most hygienists present treatment every day, as do many clinical assistants and treatment coordinators. In addition, many administrator/financial coordinators either present cases or follow-up presentations with the actual case closure and financial arrangements. Case acceptance truly is a team effort.

By the same token, just one team member contact with a patient that doesn't reflect satisfactory customer service process can change the entire dynamic from positive to negative and thus damage the relationship. In today's competitive marketplace, merely meeting customer expectations isn't enough—it is necessary to *exceed* expectations every step of the way. A customer satisfaction study

by the American Society for Quality found the following:

- 9% of customers terminate their relationship with a business because of competitors
- 10% of customers leave for other reasons (e.g., moving)
- 14% leave because of dissatisfaction with the business' products or services
- 67% of customers leave due to indifference on the part of a company employee.

Given these statistics, it stands to reason that the development of a high-performance team is imperative to gain case closure and create lasting success in a dental practice. So, what is a high-performance team? The authors of *The Wisdom of Teams* define it as follows:

"A working group has the potential to become a team when they are committed to a common, meaningful purpose with shared aspirations and performance goals. A team has the potential to become a rapid response, high performance team when they meet the above criteria but also have members that are deeply committed to one another's personal growth and success."<sup>2</sup>

It should be noted, however, that, even high-performance teams require ongoing training. Without it, doctors and team members may feel unprepared to answer patients' questions. To be caught off-guard can cause embarrassment and may result in anxiety or restraint during future presentations. If attempts at case closure are routinely refused, it may even feel like a personal rejection.

However, the skills necessary to build relationships and present and consistently close more comprehensive cases can be learned. Devel-

opment of these skills can create a team that believes its work is meaningful and this, in turn, can create greater job satisfaction. In addition, when a person takes risks and succeeds, there is greater opportunity for personal growth and increased self-esteem. There are seven steps to creating quality relationships and case acceptance.

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## 1. DEVELOP RAPPORT

A patient's first contact with the team comes with his or her initial phone call to the practice. Although this isn't a new concept, it is surprising how many team members are hired and told to answer phones without being trained in customer service or phone etiquette. Because body language is not a factor in phone conversations, tone of voice and choice of words become critical. Teams should engage in role-playing exercises that include not only the questions to ask patients, but also recorded playback and evaluation of the effects of tone and language on the message.

Once the patient arrives, a process of step-by-step contacts begins. Patients may be greeted by one team member, taken on an office tour by another, and examined by yet another. Each team member must know how to "pass the baton" to the next to continue the process of building rapport. Remember, each contact is an opportunity to build or destroy the relationship. Offering refreshments (and other amenities) is one way to build a quality experience that shows patients that they are appreciated. Creating and perfecting this "patient experience" can be a fun team exercise.

## 2. "INTERVIEW" THE PATIENT

The interview is a crucial contact point, the purpose of which is to determine what the patient wants. As simple as this sounds, it may be the most difficult part of the examination process. But it is certainly the one that best lays the groundwork for eventual case acceptance and, if done well, may even offer the opportunity to present "ideal" care. Most dentists would prefer to offer comprehensive care to their patients, yet patients usually don't walk through the door "wanting" it. More often, patients seek dental services to relieve pain, enhance their appearance, or to maintain their dental health.

Often, dentists and team members hesitate to offer ideal treatment, as they are afraid they will alienate the patient. Patients often react adversely when offered comprehensive care because they fear being "sold" on something that they don't perceive they need. But if a positive relationship has been established and the patient feels he or she will not be pushed or manipulated, many patients would appreciate knowing everything that is available to them to avoid pain, look their best, and stay healthy. Building a positive relationship requires the ability to put others at ease, and nothing puts others at ease as much as showing genuine interest in them. The patient should be doing about 80% of the talking and if the professional is paying attention, they will probably hear everything necessary to gain some level of case acceptance. Ask the right questions—and *listen* to the answers.

### QUESTIONS TO ASK

- What can I do for you?
- Do you have any specific problems or concerns?

- Have you discussed the problem/concern with a previous dentist?
- What did he or she say?
- Why did you not proceed with treatment at that time?
- What convinced you to discuss it with me?
- How does the problem affect you physically, emotionally, or socially?
- What has changed—why are you considering treatment at this time?
- Is there anything in particular that would hold you back from taking care of the problem now?
- Is there any timeline or sense of urgency driving the decision now?
- Rate your smile on a scale of 1 to 10; if it's not a 10, what would it take to become one?

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The interview is the most important time that a staff member spends with the patient and the greatest opportunity for relationship building. Some practices have an assistant or treatment coordinator do the interview and then give the doctor a synopsis prior to beginning the examination. However, as so much of communication is in tone of voice and body language, much can be lost in translation from one staff member to another. And as the groundwork for case acceptance may come from the information gathered in the interview, it may be most beneficial to have the same person participate in both the interview and the presentation of the case. Write down

the patient's answers in his or her own words—this demonstrates your sincere interest, and the information will be needed later.

#### CAUTION

The team's relationship-building efforts must be sincere. Successful, high-performance teams are committed to common, meaningful values and shared aspirations. Genuine care and patient-focused team commitment will result in fulfillment of performance and financial goals. Care should be taken not to make the interview about the practice's success or the clinician's accomplishments or awards. Remain focused on the interests of the patient. When the patient realizes that there is no pressure, only the intention to help, you will have established a quality relationship. If you have created the relationship and focused on the patient's desires and concerns, you will find much less resistance to the presentation of comprehensive care.

### 3. EXAMINE AND CO-DIAGNOSE (GATHER THE DATA)

Begin with a brief statement acquainting the patient with your treatment philosophy and how he or she can expect to be treated in the practice. As in physics, the principle that "force creates counter-force" applies; easing patient concerns of being "sold" or manipulated will release the patient from the need to create protective barriers.

"Caroline, we do things a little differently here than in some other dental practices. We'll be doing a very thorough and complete examination and then, once the exam is completed, we'll tell you anything and everything that we find or that we believe might be a concern for you. However, we believe

it's your choice to determine whatever level of care you feel is appropriate for yourself or fits within your budget. We just want to be sure that we've given you all the information you need to make an informed decision. Does that sound fair?"

The patient can choose to go ahead with just a portion of the work, all of it, or none of it. In giving control back to the patient, the "force" is removed. At the same time it allows a comprehensive examination to be done without resistance.

During the examination, observation of any chief concern should come first. Then begin the process of co-diagnosis, by which the patient discovers the problems. Show the patient areas of concern with the intraoral camera, x-rays, or mirror. Keep the patient involved; the examination is, in part, a fact-gathering mission to bring the patient into the diagnostic process. However, the most important point to remember during this step is not to offer treatment to the patient. Offering an expensive solution to a problem that the patient doesn't perceive they have would be creating "force" and could damage the trust and the relationship.

### 4. VALIDATE AND EDUCATE

After the patient sees and understands the concerns, validate them with the use of third-party information. Educational videotapes can be extremely helpful, as can brochures, photos, and models. It can also be helpful for an assistant or treatment coordinator to revisit sites of concern with an intraoral camera (especially if this was not done during the examination process). Giving the patient the opportunity to observe the findings up close is an important form of validation. The purpose

of co-diagnosis is to help the patient to recognize that a problem exists. The validation process corroborates it and the educational process gives the patient options.

## 5. PRESENT THE CASE

During patient education, the doctor or other clinician can be free to write up the treatment plan. Presenting the case on the day of the examination can be extremely helpful, as this is when the patient is best-informed and concerned. The longer the time between examination and presentation, the less value and urgency the patient will feel. Still, many cases will need study models and a second consultation appointment to make a complete diagnosis and case presentation. In this situation, it is important to make the consultation appointment within the next few days and invite the patient to bring along anyone they feel will help them in making decisions.

Before making the presentation, rethink the original interview discussion. Remember what the patient wanted. Was it esthetics or function? Was there a chief complaint? What was the past dental experience? What kept the patient from proceeding in the past? Were there any timelines or urgency factors? What words did the patient use?

After creating and entering the treatment plan into the computer, it is useful to invite the financial coordinator to join in the presentation. Return to the opening statement. Remind the patient that, as agreed, you will be advising of any concerns or opportunities that were found, but that it will be up to the patient to determine the level of care he or she feels is appropriate. Advise the patient that most people approach dental appointments with three concerns: the health of their teeth, the

appearance of their smile, and the cost. Concentrate initially, however, on the first two: "Just for a moment, can we set finances aside so that we can stay totally focused on your health and smile? I promise to bring the budget back into the discussion immediately after." By removing the pressure, you are free to offer more comprehensive care without seeming pushy or insensitive.

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Always begin by addressing the patient's original concerns (if there were any). Then offer "ideal" treatment as a starting point for the patient's decision-making process. Not only is this fair to the patient, it is also good risk management. The patient may not choose to do "ideal" at this time, but it becomes a logical starting point for the negotiation process. During the presentation, go back often to the patient's own concerns and desires; link your concerns and findings to those of the patient. Build value and urgency where appropriate. Demonstrate how immediate patient concerns relate to other findings, such as occlusion or periodontal breakdown. After presenting comprehensive treatment options, do as you promised and bring finances back into the discussion.

## 6. NEGOTIATE

After presenting the treatment plan to the patient, begin the negotiating process. The first step is simply to let the patient know you are aware that you gave them a lot of information, but that you really don't know how they feel about it.

Just ask what they would like to do. The financial coordinator should be there to offer the fee amounts. It can be helpful for the patient's decision-making process to begin by offering the third-party payment amount first. The introduction of large financial amounts may overwhelm a patient initially and they may not even hear the payment amount if it is presented last.

If the patient says that "ideal" treatment is not what they are looking for at this time, or that it doesn't fit within their budget, remind them that the decision is theirs but that you will be happy to let them know what other options may be available to them. Go back to what they "wanted" in the interview. Then they can decide what they feel is most appropriate for their needs and budget.

Now you are negotiating. Present other options for the patient. However, don't be afraid to voice any concerns that you may have about active periodontal infection or decay. Remember, they came to you for your opinion. Ask the patient how they think they may wish to proceed. At this point you can negotiate by discussing the treatment plan in phases to best meet the patient's desires. This plan might include one quadrant of restorations, one arch of veneers, periodontal therapy, or even one tooth. The financial coordinator can advise of amounts all along the way to help in the patient's decision-making process.

## CAUTION

A patient's head nodding up and down does not constitute a closed case; it means only that the patient hears you. The "test" close is, "I gave you a lot information and I have no idea how you feel about it. What do you think you'd like to do?" This is

where many doctors and other clinicians go wrong—they assume that a nodding head means the case is closed and send the patient to the financial coordinator, who is left to try to close the case. Remember, if patients are turned over to the financial coordinator before the case is closed based on value and health, it will now have to be closed on finances alone. Always give the patient some idea of the fees while still discussing the treatment and value. Negotiate to wherever the patient is comfortable clinically and financially. Have a financial coordinator present, who also serves as a patient advocate.

## 7. CLOSE THE CASE

Because the term *close* in this context is a sales term, its use can cause some discomfort for clinicians. However, *close* is simply short for *closure*; and in this situation, closure just means asking the patient where they want to go from here, and letting them know the steps to getting there.

## HANDLING OBJECTIONS

Realize that the patient may raise an objection at any time (an objection is anything that concerns the patient and needs to be answered before moving forward). Many team members get frightened when patients raise objections, yet this is actually a good sign as it means the person is considering the treatment.

Team training on case acceptance requires that the whole team know how to respond to objections. There are honest and logical answers to every objection. However, when team members are caught off guard without time to think, the answers can be elusive. This can create em-

barrassment for all concerned and lead to patient distrust. By creating a list of common objections, the team can work together to also create a list of well-thought-out answers. This is also helpful for patient education, as patients may hear the same answers in the same way more than once. This consistency is part of the validation of the treatment, and also helps with overall case acceptance.

## CAUTION

Remember, however, after answering an objection, you must go back again and ask, "What would you like to do?" Until the patient says, "Yes, I want to schedule the treatment," the case is not closed.

Once a patient has agreed to treatment, make written financial arrangements and schedule appointments. The advantage to offering ideal treatment in a non-threatening way is that you can then negotiate to the patient's comfort level without damaging the relationship. Unless you create relationships where the patients feel comfortable enough to discuss their wants, needs, and budget, offering ideal treatment could overwhelm them and make them want to leave as quickly as possible. If patients believe that you may judge them or that they are disappointing you, they will make excuses and leave. How many times have you heard, "I need to ask my husband/wife" or "I'll give you a call," and then the patients are never heard from again? You wonder what went wrong and why they didn't discuss any concerns with you. Creating a comfortable environment where patients feel they will not be pushed, manipulated, or talked into treatment is essential to practice success. And when an ideal treatment plan has been written, even if it is not

all accepted at once, team members can discuss other possible phases for treatment in the future when the patient returns for treatment or recare

## CONCLUSION

Team-building is an ongoing process. To build a high-performance team is a worthy goal. Not only is it an opportunity to work in a supportive environment that honors each member's personal growth and raises their self esteem, it is also a more satisfying and fun environment. Each team member is essential in creating value for case acceptance, and it happens one contact at a time. The establishment of such a team and such an environment must be created from within. Each of us is responsible for our own growth and our educational journey, yet joining together with like-minded team members can certainly make it that much more rewarding, both financially and emotionally. Let the games begin. *Ap*

## References

1. Burg, B. *Winning Without Intimidation: How To Master the Art of Positive Persuasion in Today's Real World in Order To Get What You Want When You Want It* (p. 29). Jupiter, FL: Samark Publishing, Inc.; 1998.
2. Katzenbach J, Smith DK. *The Wisdom of Teams* (p. 92). New York: Harvard Business School Press and Harper Collins Publishers, Inc.; 1993.

## Suggested Reading

- Daley K, Wolfe E. *Socratic Selling*. New York: McGraw Hill; 1996.
- Willingham, R. *Integrity Selling*. New York: Doubleday; 1989.

