Subtle differences in patient communication can positively affect treatment acceptance.
loved golf. I’ve been playing for more than 25 years, have a decent handicap and play well. If you’re a golfer, or know one, you can appreciate how difficult the game truly is. Two rounds are never the same, and many unpredictable variables can be a recipe for a very frustrating afternoon on the course.

While I’ve often tried to make improvements to my game, I always seemed to revert to where I started. After a few particularly frustrating seasons, I decided it was time to seek professional help. I had a golf pro analyze my game, and what happened during those sessions was something I never thought would work: He literally made a one-degree change in the way my club lies on the ground. Yes, a one-degree change. And with this one small adjustment, while changing nothing else, I improved my score by an average of five strokes per round. It is amazing the impact that one-degree change had on my game, and I wish I had made that simple adjustment many years earlier.

At this point, you’re probably wondering how my golf game relates to your dental practice. You may have owned your practice for years and may have, in the past, tried to implement change through a new system or technology that required a lot of effort but reaped little benefit. Let’s face it: Change is hard, and implementing and sustaining big change in your small business can be a monumental task. But it doesn’t have to be that way. I believe that you can make small and simple one-degree changes that can yield huge results for your practice and significantly affect the overall health of your patients.

According to a 2013 research brief by the ADA that looked at dental care utilization from 2000 to 2010, the percentage of patients who visited their dentist in the past year was down among adults age 19 to 64 and flat among those age 65 and older.1 And for those who do come into the practice, research shows it takes them an average of 60.9 days to decide to purchase dentistry when there’s an out-of-pocket expense.2

During their decision-making process patients seem to seek information that answers these key questions:
• Should I get the dentistry?
• Can I get the dentistry?
• Will I have the time and money?

Patients expect the dental team to provide them with the information to answer these questions while they are in the practice.

Let’s look at a few one-degree changes that your team can make to help patients make decisions that are best for their oral health.

“Should I?”

Dentists know when patients need treatment, so they try to educate them as to why they should accept it. Doctors often start the treatment recommendation conversation with the “what” and finish with the “why.”

An example: “Mrs. Jones, you need a crown for your right back molar. While you may not be experiencing discomfort, there is a crack and eventually the tooth will break. This will cause you pain and possibly a larger financial investment in the future.”

Patients make decisions based on how the product or service benefits them. To help patients answer the question “should
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“I?” it is helpful to, in addition to educating, focus on communicating the “why.” They want the “why” before the “what.”

A one-degree change would be to start the treatment conversation with why the care benefits the patient or helps her achieve her personal oral health goals.

“Mrs. Jones, you told me you want to keep your teeth for life, and we want to help you avoid pain and what could be a larger financial investment in the future. While you may not be experiencing discomfort, our hygienist showed me a tooth that had her concerned. As you can see in this image, there is a crack in your back right molar, which means this tooth will eventually break if it’s not treated. I am recommending a crown be placed on this tooth.”

“How can I?”

Once patients understand how treatment will benefit them, then they seek to overcome any barriers to care. Often the barrier is cost. Patients may feel like they have to choose between dentistry and other financial wants and needs such as furniture, appliances, home improvement, fitness equipment or sporting goods (like a new set of clubs).

The practice may subjectively choose the payment options it offers patients, meaning it waits until the patient hesitates or is ready to walk out the door before sharing all available choices, such as a health-care credit card.

If patients feel they must find their own financial solutions—especially if the cost of care is more than a few hundred dollars—they may consider delaying or declining care and walk out the door to “think about it.”

Here’s a common exchange that could lead to the patient leaving without accepting treatment.

“Mrs. Jones, your out-of-pocket investment is $750. How would you like to pay for that? We accept cash, checks and credit cards.”

“Well, I need to think about it and discuss it with my husband.”

A one-degree change would be to make sure patients understand all payment options, so they can choose what works best without having to admit that cost is a concern or to ask for financial help.

Here’s a one-degree change in the dialogue that could mean the difference in a patient accepting treatment.

“Mrs. Jones, we want to do everything possible for you to be able to get the care the doctor is recommending. That’s why we have several payment options available to you. Of course, we accept cash, checks and credit cards. And because many of our patients would like a little more time to pay, we also accept a health-care credit card. May I tell you more about any of these options?”

“Will I?”

Patients may believe in the value of dentistry and have the time and finances to move forward with care, but still choose to

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leave the practice uncommitted to treatment. For many, the information they need to answer the “will I?” question lies in the team’s ability to minimize fear and maximize trust.

Fear is a strong emotion that motivates action or inaction. For some patients, fear is so strong they’ll avoid the dentist for decades, even if they’re experiencing discomfort. For some, solutions can be provided. From headphones and a warm blanket to sedation, teams should make all patients aware of the options they have to reduce fear.

Trust is the patient deciding that you and your team are the right ones to deliver needed dentistry. If patients are referrals, there’s a built-in foundation of trust. If they’re new to the office, everything they see, hear and experience will impact how they answer the question “will I?” Before they call or come into the practice, many patients will look at your website. In fact, in his book *Becoming Remarkable*, Fred Joyal says, “Research has shown that consumers are making judgments about your clinical skills based on the appearance of your website.” According to a study, 38 percent of patients went online for information, including review sites such as Yelp and practice websites. They want to know your why—why they should trust and choose you.

A one-degree change would be to ensure your website includes your “why” or having a proactive online reputation management strategy.

Information to include on your website:

• your mission
• your involvement in the community
• your team
• your credentials
• your patients case studies/testimonials
• your services
• your convenient payment options for patients

At a minimum, a proactive reputation management strategy would include encouraging patients to post positive online reviews on sites like Healthgrades.

“Mrs. Jones, did we exceed your expectations today? Great! Would you mind sharing your experience with us today online? You’d be surprised at how many patients talk about all the great reviews we have on Healthgrades. It’d only take a few moments of your time and we would so appreciate it.”

A one-degree difference

Small, one-degree changes can have a dramatic and positive impact. Encouraging patients to come in for ongoing care and to accept needed dentistry may only take a small change to the way your team communicates with patients. Simply helping them answer their key questions of “should I?” “can I?” and “will I?” while they are in your practice can significantly and positively affect your patients’ and practice’s health.

If you want different results tomorrow, you can choose to make simple changes today. So, that leaves you with a question to answer: What is your one-degree change going to be?

References

1. http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0213_2.ashx