Increasing Treatment Acceptance — Communicating the Value of Your Care

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Imagine how healthy your patients — and practice — would be if you could increase patient treatment acceptance by 10–15%. This is a real possibility, especially if your team is trained to effectively communicate the value of care as it relates to the patient's own dental goals and health. Treatment acceptance starts by creating relationships with patients that encourage them to be open and receptive to dental care and then providing patients with the information they need – in the way they need it — to understand how the dentistry benefits them.

In my opinion 80% of gaining treatment acceptance is the ability to connect with patients in a relationship-based experience. People buy from people they like and people who make them feel as though they matter. A patient begins choosing their dental home the minute they contact your practice for an appointment. Even on the phone the patient is looking for a quality experience that indicates they are going to be valued and receive quality care.

INITIAL CONTACT — THE TELEPHONE

When the patient picks up the telephone to call your office, they have already chosen your care. It now becomes the responsibility of the person answering the telephone to validate their decision. This is a two-way conversation to learn the patient's expectations and discover how the practice can meet their needs as well as their wants. So, your very first questions should uncover a) how the patient found your practice and b) what they are looking for in a new dentist.

"Mrs. Jones, we are so happy you have chosen to find out more about our practice. May I ask which one of our patients referred you to us?"

"May I be the first to welcome you to our practice?" "So that we are sure to meet and exceed your expectations, may I ask you a few questions?" "What inspired you to seek our care (or what inspired you to call our office)?"

Avoid launching into potential patient conversations by listing the "rules and regulations" of becoming a patient, or launch into a health history questionnaire. Gathering data is secondary to making a warm and welcoming first impression. The call should provide inspiring information about the practice and the doctor as it relates to the information they provided you on what they want and need from their new dentist. Use this time as an opportunity to share how patients

appreciate your approach to their treatment and the high level of care and attention they receive during their visit. Introducing your philosophy of care in an easily understandable way is the start of gaining better treatment acceptance.

"Mrs. Jones, thank you for sharing your information with me. May I tell you a bit about our office and doctor? We want you to be comfortable and confident you have chosen the right office for your care. We believe in creating a stress-free environment. And what I mean by that is an environment that is comfortable for your schedule, your family and your budget. Wait until you meet Dr. Brown. You are going to love his caring nature and his approach to your care."

A quick note: always ask permission before asking questions or providing information. "May I tell you a little bit more about our office?" or "So that I may schedule the proper appointment for you, may I ask you a few questions?" are excellent ways to initiate conversations.

CREATING THE RIGHT ENVIRONMENT

When the patient arrives at the practice for their first appointment — their new patient experience — they immediately begin validating their choice from the moment they open the door. Create the right atmosphere in your office to engage the patient's visceral senses — how do they feel when they walk in? Is the office pleasant and professional? Does it have a pleasant aroma? Is it consistent with the quality of care of you provide? Your patient's senses are keying in with their "learning sensors" to all of these validation points.

As the patient begins their new patient experience, the first step is a conversation where the team learns about the patient and the patient about the practice. The team should focus on understanding who the patient is, their previous dental experiences and their treatment expectations. The information gathered during the initial phone call where the patient expressed what she/he was looking for in a new dental home should be recorded and shared with the entire team the day of the appointment during the morning huddle. This will enable every team member to greet and welcome the new patient into the office and have a starting point for the discussion. Once the team has more in-depth insight on the patient, they will be better equipped to share details on the practice, the doctor and team in a meaningful way that is relevant to that specific patient's needs and wants. This conversation should happen in an atmosphere that encourages patients to share their concerns, expectations and questions, and gives the dental team the ability to talk about potential treatment possibilities. The goal is to help the patient feel comfortable and confident they have chosen the right practice for their care.

PRESENTING TREATMENT

The second part of the new patient experience should focus on the clinical examination, diagnosis and treatment recommendation. It's important to have enough time to introduce the patient

to treatment possibilities and give them the information they need to make the right choices in treatment before clinical procedures commence. Always present the doctor's preferred or ideal treatment option first. If you never share with the patient what ideal treatment is, they will never choose it. Make sure you have enough time to talk with patients, not talk at them. Asking for a substantial dental investment on their part deserves time and attention. (And for some patients, \$500 is substantial.) Remember to present the treatment as a solution that is relevant to the needs, wants, problems or expectations they previously shared with you.

Avoid unnecessary details. Put the treatment plan in "patient-speak" and avoid a lot of dental terminology. If you have a treatment plan on the monitor or printed, use it as a reference. But speak to the patient, not the paper or the screen.

Utilizing visual aids is important when talking to patients about treatment recommendations. Most patients are visual learners, which means they have to see what you're referencing in order to understand. Photographs, intra-oral cameras and media learning improve patient communication and information retention. Showing them before and after photographs of completed treatment (with smiling full-face pictures) helps them visualize the treatment for themselves. Because patient understanding is enhanced when you incorporate conversation and photographs or other visual aids into treatment discussion, your treatment acceptance rate is likely to improve.

There should be no outside interruptions when presenting treatment to patients. Body language is important. Sitting near the patient (not too close!) and leaning slightly forward signifies the conversation is important and the focus is on the patient. Avoid sitting too far away from, or with your back to, the patient, staring at the computer monitor or study models on an articulator. The focus should be totally on the patient.

Once you present your treatment plan, give the patient an opportunity to respond and listen with intent. The goal here is to make sure your team has clearly communicated the value of care from the patient's perspective. Give them time to process what you have told them and be careful not to assume that silence is negative. A great way to encourage patients to share any misunderstandings, questions or concerns they have is to ask.

"Mrs. Jones, we have shared a lot of information with you about your treatment.

What questions can I answer for you?" or "How are you feeling about the dentistry we have recommended?"

If the patient doesn't have any questions or the questions are "When can we start?" or "How much is this going to cost?" then all that is left is helping them manage time and finances. If the patient has a lot of questions or is still not sure, there may have been a miscommunication along the way — either the patient was not entirely open about their needs or personal restrictions, or the treatment plan may not have been effectively communicated.

The next step is to ask a very important question:

"Mrs. Jones, may I ask what is preventing you from moving forward with your care?" **or** "What are your particular concerns about Doctor's recommended treatment for you?"

Then listen as the patient responds. It may be they understand the value but have other barriers to care such as fear, cost or time.

TRACKING SUCCESS

In order to track an increase in treatment acceptance, a baseline percentage must be determined. An important statistic to monitor is what percentage of treatment plans are currently being accepted. This means of all treatment presented, what did the patient ACTUALLY commit to by making financial arrangements and scheduling the appointment?

Most dental software companies provide this report as long as treatment plans are being entered into the system. The administrative team can then compare the total treatment plan amounts by the total amount collected upon and appointed. This will provide the office with the Treatment Presented versus Treatment Accepted rate. If the Treatment Acceptance rate is below 75–80%, there is potential patient treatment that is not being appointed. Discovering where the treatment acceptance obstacles are and learning how to enhance treatment presentation skills will dramatically improve patient compliance to recommended treatment.

Presenting treatment to patients so they accept it and pay for it requires skills training. The more prepared the dental team is in helping patients understand and appreciate the dental care being offered, the more confident and competent the team will become. Spend time learning how to talk to patients about ideal treatment. The patient will benefit from the outstanding care they receive and the practice will benefit from increased productivity.



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