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Practice Management Articles

Communicating Trust

- Lisa Philp, TGNA

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Patients' perceptions, and oral health in general, have changed radically in just a few generations. How "comfortable influence" can increase your rate of case acceptance.

THE SUCCESS OF a modern dental practice can be greatly impacted by how effective it is at influencing its patients to say yes to optimal dental health.

It's simple consumer economics: No matter how exceptional the practice, if the patient rejects the recommended treatment and won't (or can't) pay us more than it costs us to provide it, dentistry — or that particular practice, at any rate — no longer exists.

Nor will your professional finesse necessarily win the day: Roughly 85 percent of case acceptance stems from a dentist's ability to relate to his or her patients, while just 15 percent is due to technical proficiency.

Case presentation has thus evolved significantly in recent decades - thanks to demographic changes, broader access to dental information and patients increasingly viewing proper dentistry as a core component of their overall health care.

The traditional case-presentation method was simple: the problem-solution-disease model. Something's broken? Fix it. There's a disease? Remove it. "Only repair that which is broken" was the mantra. That included emergency care and tooth removal; patients in this bygone era regarded tooth loss as an unavoidable fact.

Communication consisted primarily of the dentist telling his/her patient, "You have a problem; I have the solution". Patients in this traditionalist time took their dentist's opinion as read, seldom questioning it. "Do I need this treatment? I must; the dentist told me I do!"

The dentist's particular challenge was last-minute and emergency palliative care; the most common patient objection, quite reasonably, was fear of dentistry being exquisitely painful.

Then came the era of “prevention rather than repair” — a result of more widespread dental insurance coverage and, not coincidentally, the rise of the cosmetic revolution once the Baby Boomers got old enough to value their appearance.

They accepted regular hygiene checkups as commonplace and even began to elect smile enhancements that were not medically necessary. Communication now entailed education, education and more education — bombard the patient with information. Losing teeth is no longer a certainty? You don’t say!

This era’s new techniques: reception-room education; before-and-after photography; chair-side videos; brochures; the intraoral camera — proved highly effective, taking advantage of the fact that the vast majority of learning is visual. It became incumbent upon dentists to persuade their patients to be proactive about oral health — armed with substantially more information than previous generations, they’d make much smarter decisions.

The challenge, naturally, was the emergence of the paradox of choice: the risk that patients would become overwhelmed by the complexity and number of treatment options, and flummoxed by dental terms and descriptions as indecipherable to the layman as the Rosetta Stone.

In the clinical area, patients would often signal “agreement” with their dentist by smiling and nodding. We falsely registered acceptance, and stopped talking. Once they arrived at the checkout desk, though, their main objection was time — that is, the limitations of their insurance policy, which in turn typically created a massive increase in predetermination submissions.

Today, case presentation has entered the era of “comfortable influence.” This entails the entire dental team offering evidence of the systemic link between oral health and overall health. No one wants to get sick, look old or die early, after all, and a message of “oral health is the gateway to full-body wellness” is sure to meet with a positive reception. This mantra — coupled with the “seek first to understand, and then to be understood” approach — will support the informed patient’s decision making.

Patients, naturally, will say yes more often if they regard their dentist as interested in their well-being — as a trusted partner and not a condescending teacher or crass salesperson.

“Learned communication skills” — in words, tone of voice and body language — is the phrase that most pertinently describes today’s communication techniques, which include building a rapport within minutes; becoming an expert interviewer; learning to listen without judgment; and showing that you understand how they see the situation before telling them how you see it.

When you take the time to learn about patients’ long-term health-care plan, they’re much more apt to trust your intentions. Trust, of course, breeds case acceptance, with you becoming an active part of the patient’s decisions. Your power to influence is strong — but optimally, it will help your patients make their own decisions.

All research — as well as endless reams of anecdotal evidence — shows that a patient who feels your authentic desire to collaborate rather than dictate is much more apt to develop a better relationship with you, and more likely to consider dentistry a significant part of their overall health plan. What most stands in the way of case acceptance for practices today is not cost objections — it’s dentistry’s lack of perceived value. Overcome that, and case acceptance will climb.

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