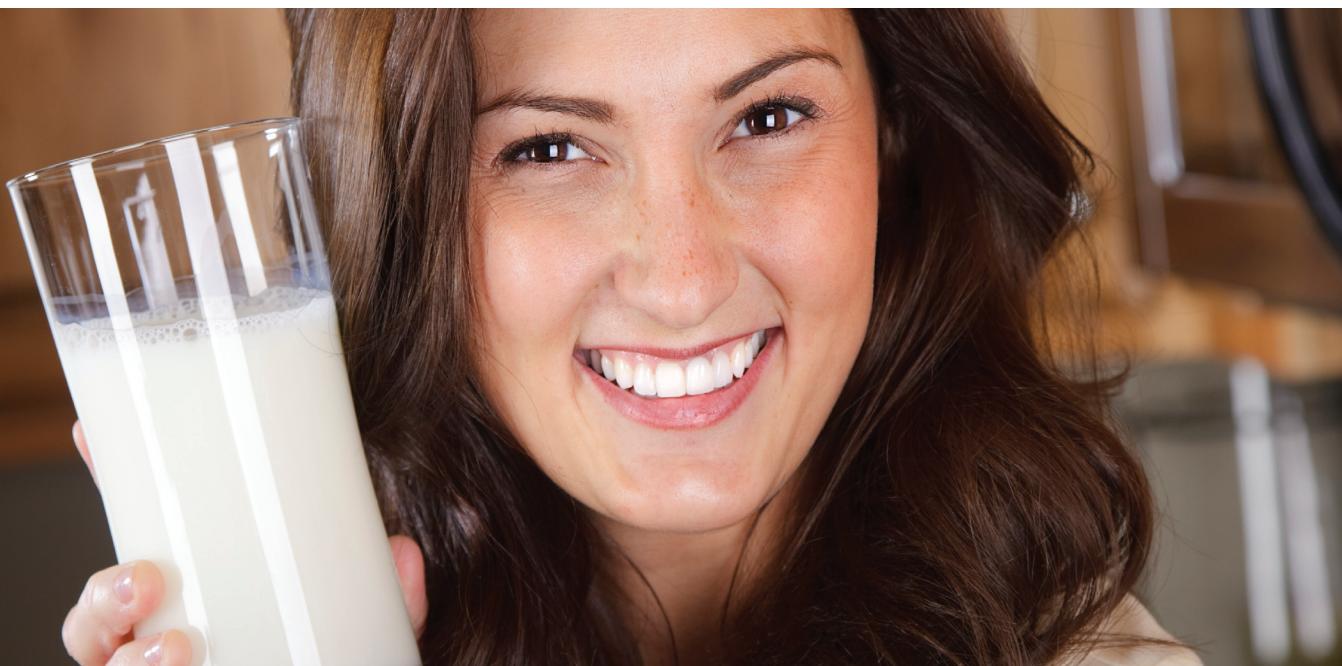


## GOT MILK? THE KEY TO TREATMENT ACCEPTANCE

By Amy Morgan, CEO, Pride Institute



The use of strong communication skills is one of the most effective keys to increasing case acceptance in today's strained economic times. How do you clearly know what someone wants? You ask them.

We've all seen the successful Got Milk ads on billboards and magazines. We see our favorite sports stars, actors and musicians in easily recognizable advertisements. These ads may be the key to increasing case acceptance. How could a milk advertisement help me? Well, I'm so glad you asked....These ads have proven significantly effective over time, the reason, the use of curiosity! In adult learning we know, when asked a question, we will search (in our head) for an answer. The result? For milk product sales it has shown to increase when these ads are utilized. So what does this have to do with orthodontics? Learning how to ask more effective questions will do the same for your case acceptance. So...Got Treatment?

It's important to emphasize that the opportunity to ask effective questions begins with the first contact with the patient on the phone. It is vital that your front office team can take the time during that first call to ask appropriate "We Care Questions." We Care Questions provide valuable insight and information about the new patient, their interests, history, initial motivators and concerns. The information is shared at the morning huddle prior to the patient being seen in the practice and is utilized by the doctor to ask deeper, more profound questions during the preclinical interview.

The focus in this article will be on the doctor's pre-clinical interview, because we know that asking the right questions during this relationship building time is the make-break-point for the patient saying "yes" to treatment. The secret is asking new, more effective questions and hearing the answers with nothing but curiosity. Traditionally, during a new patient

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evaluation, the doctor focuses on the chief complaint, health history and clinical questions followed by a thorough examination. The orthodontist then presents a treatment plan based upon the patient's clinical needs only. In this old model, the doctor is delivering a solution or solutions without knowing the patient's true wants and needs. So what does an ideal pre-clinical interview look like? During the first part of the patient's experience, the doctor must do something to ignite trust and confidence. Yet, in a typical interview the patient may only reveal what they think the doctor wants to hear (ex: "Yes, my son always uses his retainer," etc).

In order to get "Got Milk" impact, the orthodontist must ask questions that will deepen the conversation so the patient reveals deeper needs, wants and desires. With curiosity, the doctor can then follow up with even more probing questions, based on what the patient is sharing like, "tell me more about your fear of the dentist?", or "how does not feeling comfortable with that gap in your front teeth affect your life?" The easiest way to learn this vital skill is to separate the kinds of questions you ask into two categories: Level I and Level II.

**Level I Questions reveal:** the patient has a chief complaint or desire and is willing to tell the orthodontist about it. But the patient might be holding back or even unaware of other needs and if the orthodontist simply stays at level one, other possibilities, fears, and needs are not uncovered. Here are some Level I questions that work well:

- What would you like to accomplish in today's visit and overall?
- What are your most pressing concerns about your dental health? (This is great to pass on to your GPs.)
- What qualities are you hoping to find in me as your orthodontist?
- How do you feel about taking care of your teeth?

**Level II Questions reveal:** the unexpressed or subconscious needs and wants. These may be unrealized but the driving force behind any patient's decision to pursue orthodontic care. When a patient refuses treatment and the orthodontist and team are mystified by this decision, it's because Level II needs have not been uncovered. You can't simply ask the patient, what are your other dental needs? (Because, most people don't know how to answer) Their only frame of reference might be what they got or didn't get from other dentists or specialists. This limits their focus to the past. The goal is to get patients to see future possibilities. Example: "I have a dark spot on my upper right tooth and I believe it keeps me from being more social, because I am embarrassed by my smile." or "My gums bleed when I floss and I am afraid I'll lose my teeth." This can be powerful information when collaborating with GPs.

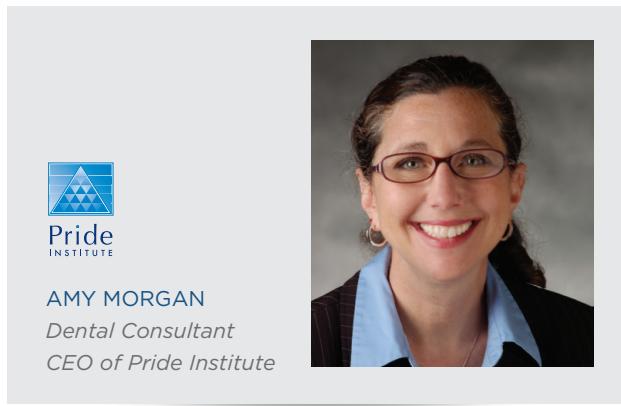
Here are some Level II questions that work well:

- How have these concerns affected your life?
- How have those experiences affected your decision to come here today?
- You've said that you are concerned about how you will look in braces. Can you tell me more about that? Why do you think this is happening?
- Is there anything happening in your life right now that might affect your orthodontic decisions?

Recently, while visiting a practice I evaluated a doctor's new patient experience from the initial greeting to the treatment conference. Let's fast forward to the treatment conference where the doctor did an excellent job showing the patient pictures of their teeth. He beautifully explained the treatment that was appropriate for the patient, yet the patient, Ms. X, was not engaged in the conversation. She seemed disinterested and was looking away while fiddling with her keys in her hands. Paying attention to her lack of engagement, the doctor, excused himself for a minute and asked me "What am I not doing? She just doesn't seem interested and she really NEEDS this treatment!"

The problem...? The doctor had not done any real in-depth preclinical interview. And the questions he did ask only revealed Level I responses! Like, "I know my teeth could be in better shape". He never really got her "Got Milk" A-ha – therefore, he was providing solutions and Ms. X was never engaged in the true problems associated with her failure to pursue orthodontic care. So I sent the doctor back in with two simple Level II questions:

- One: What was Ms. X's goal with her teeth a year from now?
- Two: Did she want to preserve her natural smile or was she comfortable with the way her smile is right now? (Please note the way to ask this question is important in tone, sincerity and curiosity.) In the case of Ms. X as soon as the doctor asked a more significant, Level II questions the patient could easily describe what she wanted and didn't want. The response from Ms. X was so significant, she immediately asked the doctor? "So, when can we get the treatment started?" Got Milk? (AKA success!) This orthodontist immediately saw the impact of a few specific, deeper (Level II) preclinical questions. Could you learn from this doctor's experience too? Have you seen a new patient that did not accept treatment? Pull their chart, brainstorm with the team what one or two additional questions you could ask. You want milk, then follow up!



*Amy Morgan is a top dental consultant and CEO of Pride Institute, a nationally acclaimed, results-oriented practice management consulting company. Amy has revitalized thousands of dental and speciality practices using time-proven management systems, so they become more secure, efficient and profitable. Pride Institute is the premier consulting organization for dentists/ specialists and their teams who want to acquire the skills necessary for running a successful practice. Pride Institute offers a nationally acclaimed, results-oriented management program, accredited continuing education management and marketing workshops, on-site training and telephone consultation support.*