

Your Guide to Greater Patient Success

Part 1

Immediately, at this very moment, I want you to imagine yourself walking into a treatment room for any given procedure, filling, crown, extraction, implant, something more involved, perhaps an emergency patient or maybe a first time meeting leading into a comprehensive exam.

As a Doctor, no matter how many years you've been doing what you have been doing, you have a PROCESS for doing it. It might be deliberate, it might still be 'under construction,' it might be second nature, or it might barely require any actually "thought" instead just done.

The point is, you sit in a certain place, you say certain things and you rely on certain techniques (physical, mental, clinical, verbal).

Depending on your nature you either have developed your own way of doing this, you have combined many educational experiences to come up with your tried-and-true method, or you are following someone else's method passed down by a mentor.

You might prefer to talk less, talk more, sit right, sit left, stand, be handed tools or reach for your own, have the assistant at one angle or another, and review certain pictures and x-rays in a particular way.

All of these habitual motions and steps for every different component of your dentistry is a process. It's impossible to operate without a multitude of processes (intentional or not) in your practice.

However, here's what most Practices never have: a legitimate and deliberate PATIENT PROCESS.

Of course, they have to walk in, sit down, be greeted, called back to room, exited and checked out. This is the absolute minimum to do anything. It also happens to be boring and accomplish nothing but a transactional visit. There is no meaningful progress made with the patient.

I don't care whether it's a brand-new patient or a hygiene patient for decades or an emergency patient of record who's fully restored.

Perhaps this is why my Specialists see such dramatic growth so quickly because the nature of being completely in the "new patient business" forces the focus of the practice to master and define the New Patient Process. I'm not even talking about the Experience – that's coming up – I just mean the process.

Most Practices fail first at process. There are other shortcomings too, including systems, experience and overall objectives of the outcome they are trying to achieve. Still, the first place most practices miss is that they have no real process to build a better patient and achieve success more often.

I'm talking about getting a patient prepared not just for the doctor but for the diagnosis; not just for the diagnosis but to value dentistry as whole; not just for the money but for the outcome, benefits, next steps that are inevitable.

Quickly, imagine you are a new patient and immediately outline the process that you would go through. This is not what you think should happen; it must be what reliably occurs every single time.

Then look at that list and ask yourself: is it more transactional or relational? Is it more sterile or interactive? Is it more passive or proactive? Is it more clinical, operational, speed focused or is it more human, educational, trust focused? Is it more problem fixing, order-taking, emergency focused or it is more health-based, possibility discovering, optimal outcome focused?

If you are really serious, you will break a part that last paragraph and literally dissect every step you are doing in your patient process to see where you can improve in each of these key qualitative measures.

I will give you some buzz words about the Patient Process in your Practice that everyone should strive for...

Consistency

Positive

Energetic

Attentive

Health

Personal

Engaging

Future Focused

Curious

Together (i.e. no patient is alone at any time of the process)

Interactive

Of course, the list could go on and on. It would be a fun exercise for your team to talk through these words and make your own list of what you want a patient to experience and feel during the process in your practice.

There are nuances inside of the overall experience (such as the verbiage, the gifts, the dialogue), but before we can enhance an experience we must have a process to follow.

This is not just a checklist of steps as if we are performing a procedure. You are dealing with another human being, so instead of identifying a task to check off, think about a response you want to elicit. You are trying to accomplish the ultimate goal of every patient interaction...

CASE ACCEPTANCE with a patient who has trust, feels loyalty to the relationship and is proud of the successful outcome which the patient values.

The big lesson of this week is to put as much energy and thought into how deliberate you are with your NON-CLINICAL PROCESS as you do your clinical procedures and protocols. You'll have more of those to do (and more at one time with the same patient) if you go to work on this.

You think through what process looks like in your practice right now and how you can improve use your team's keywords. Next week, we'll go straight into the details of the experience and the nuances of the psychology required to move patients forward with their health.

Here is what I can tell you from having more intimate knowledge and experience of more patient processes in more practice than you could fathom – poor case acceptance on comprehensive dentistry is not because patients are no good, it's because practice process are so bad.

It's negligence around or flat out not understanding the purpose that leads us to a 'take what you can get' mindset instead of educate, cultivate, and create what you want with your patients.

When you are in the mouth during a procedure then a clinical protocol is fine to follow but to get into the mouth, you have to go through the person – the living, breathing, feeling, thinking person – and that requires a different approach. In order to take them to the state of ideal for you, you must have a process that takes them to state of ideal for themselves.

It is all in the approach to the Practice Process for turning in ordinary patient into an amazing A Patient. If I were you I'd get to work on yours.