

# HOW TO GET PATIENTS TO **SAY YES**

to Your Big, Comprehensive  
Treatment Plans



## HERE'S A DOSE OF REALITY:

MANY, MANY practices are getting patients to say yes to big, comprehensive treatment plans for implants, aesthetics, and full mouth rehab cases. They're hearing yes regardless of the state of the economy, who is President, and whatever other uncertainties are dominating the world news.

Jenn Janicki has collected "best practices" from more than 130 practices, who are getting the yes to large case treatment plans.

If you want to hear yes, have a high level of clinical training and confidence but have not yet created a strategy for attracting comprehensively driven patients, or studied the psychology about what motivates people to make great treatment decisions, this ebook is for you!



## YOU'LL LEARN:

- How to have a mentality of abundance (and why it matters)
- Where your focus should be (it's not on **dollars** or your craft of dentistry)
- How to uncover your patient's WHY (this is critical!)
- The solution to hearing yes more often
- How to create the marketing materials that'll guide your patients to schedule their treatment plans, even after they leave your office.

# READY TO BEGIN? LET'S GET STARTED...



# USE VISUAL TREATMENT PLANS

## IS YOUR APPROACH DATED?

The old school method to case presentation is dated for today's consumers. Objections – money, pain, time, is an age old reason for “why” patients do not say yes to treatment. It then became the clinician and team's job to “overcome objections” as a strategy to case presentation.

Case acceptance is driven through many factors that include trust, influence and differentiation. A common theme among high performing teams is they do not assume objections, they simply guide their patient to a great decision while allowing the patient to own their condition and decision!



# USE VISUAL TREATMENT PLANS

## MOTIVATION IS KEY

| DATE          | CODE | PRN  | DESCRIPTION                   | UNIT | PAT      |
|---------------|------|------|-------------------------------|------|----------|
| 8/10/2017     | D023 | 0004 | Maxillary permanent full arch | 1    | 3500     |
| 8/10/2017     | D040 | 0004 | Dental radiograph             | 1    | 1340 00  |
| 8/10/2017     | D050 | 0004 | Dental radiograph             | 1    | 537 00   |
| 8/10/2017     | D023 | 0004 | Maxillary permanent           | 1    | 3500     |
| 8/10/2017     | D040 | 0004 | Dental radiograph             | 1    | 1340 00  |
| 8/10/2017     | D050 | 0004 | Dental radiograph             | 1    | 537 00   |
| Sub 1 Totals: |      |      |                               |      | 8800     |
| 8/10/2017     | D023 | 0004 | Maxillary permanent full arch | 1    | 3500     |
| 8/10/2017     | D040 | 0004 | Dental radiograph             | 1    | 1340 00  |
| Sub 2 Totals: |      |      |                               |      | 4840     |
| 8/10/2017     | D023 | 0004 | Maxillary permanent full arch | 1    | 3500     |
| 8/10/2017     | D040 | 0004 | Dental radiograph             | 1    | 1340 00  |
| 8/10/2017     | D050 | 0004 | Dental radiograph             | 1    | 537 00   |
| Sub 3 Totals: |      |      |                               |      | 5370 00  |
| 8/10/2017     | D004 | 0004 | Maxillary Crown               | 1    | 500      |
| Sub 4 Totals: |      |      |                               |      | 500      |
| 8/10/2017     | D023 | 0004 | Maxillary permanent full arch | 1    | 3500     |
| 8/10/2017     | D040 | 0004 | Dental radiograph             | 1    | 1340 00  |
| 8/10/2017     | D050 | 0004 | Dental radiograph             | 1    | 537 00   |
| 8/10/2017     | D040 | 0004 | Dental radiograph             | 1    | 1340 00  |
| 8/10/2017     | D050 | 0004 | Dental radiograph             | 1    | 537 00   |
| Sub 5 Totals: |      |      |                               |      | 3024 00  |
| Grand Total:  |      |      |                               |      | 26200 00 |

Perhaps, the easiest strategy to implement in your practice *tomorrow* is visually based treatment plans. It's the physical piece of what the patient leaves your practice with after you have discussed treatment. If you are still providing a print out from your practice software or a generic financial arrangement form, you are really highlighting just 2 things;

1. the cost and
2. how many teeth you are presenting in their treatment plan.

And maybe what specifically you are clinically doing, like #10 Porc Crown or #31 MOD Onlay.

Let me ask you a question and I hope you will take 60 seconds to answer it – What the heck is motivating about that?



# USE VISUAL TREATMENT PLANS

## GET PATIENTS TO SAY YES

Dr. Chad Venchesky Love Your Smile. Live your life.



foxviewdental.com  
ph. 920.336.4201



### Patient Name

**Observations:**  
Patient desires an improvement in the appearance of 10 year old, failing veneers. Significant discoloration and decay are present. Shifting has occurred as well as root exposure.

**Recommendation:**  
Replacement of upper 6 failing veneers with 8 all ceramic porcelain restorations to achieve the desired result, as well as the removal of black fillings, restoring teeth to ideal functionality.

**Timing:**  
3 visits over 8 weeks  
**Investment:**  
\$269/mnth or \$12,297

One constant in practices who are getting the “yes”, is their thoughtful approach to everything your patient experiences around their treatment consultation, with the end in mind.

Developing a Treatment Plan template that makes it easy for your team to insert high quality pre-op photos, the problem or diagnosis, your discussed treatment in layman terms, the overall case fee and timing of appointments. This treatment plan that appears customized, is printed on a high quality photo paper along with adjunct patient education materials makes a powerful statement. Some practices are also using that same image in their electronic communication with their patient.

**SEE OUR STEP-BY-STEP DIGITAL TREATMENT PLAN HOW TO VIDEO**



# USE VISUAL TREATMENT PLANS

HERE ARE THE FUNDAMENTALS FOR WHAT YOU WILL WANT TO  
INCLUDE ON YOUR VISUAL TREATMENT PLAN:

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- 1** Logo, contact phone and web URL. You want to drive your patient to do more research — your website should be the place to do it. (Bonus tip: This is where your relevant blog posts and services section will be used to further create confidence in your patient.)
- 2** Utilize background and font colors that are congruent with your brand. Make your font easy to read.
- 3** Exquisite pre-op photographs that support your diagnosis and treatment plan. Circle in red or use a pointer graphic if needed for more subtle concerns like abfractions etc.
- 4** Diagnosis or Problem – a short description of what your findings are. Steer clear of dental jargon!!! You want it to be in understandable terms.
- 5** Short description of treatment plan – instead on saying Porcelain Jacket Veneers on tooth #4-13, consider Porcelain Restorations Upper 10 teeth. (Bonus tip: This helps you think like a patient, not a dentist in treatment plan presentation). Educate your patient thoroughly in consult but you want the language to be easy enough for the patient to explain to their spouse or friend on their Visual Treatment Plan.
- 6** Case Fee in a lump sum and in a monthly payment form using Care Credit, Comprehensive Dental Finance etc. Utilize the term Investment, not fee, cost, or price. Investment ; \$28,130. Be specific. If some specifics are missing, for instance a specialist fee for implant placement portion, be sure you include at least an estimate. i.e. Investment \$28 – \$32k

**These custom templates are easy and affordable to set up in Powerpoint or Keynote. Once you have created a template, any member of your team can build it for case treatments big or small!**



# COME FROM ABUNDANCE, AVOID SCARCITY

Practices with the highest case acceptance ratios have one element in common without exception. They exercise a mentality of abundance.

Their treatment plan development is focused on meeting a patient's goals. Not how they will be perceived or how a patient will react. We've all heard the response from a patient after hearing about the gift of your treatment: They say, "What am I paying for, your new car?"

It's challenging to not be emotionally affected by comments that may question your intent. But if your mentality is that you have a gift to offer your patient, a gift of health, longevity, precision, and the unique clinical skills to achieve those outcomes, then when they choose not to accept it, well, that's just a choice.

Their reaction is independent of what you know is the right thing, which is to offer your patients the best care you know how to give.



# COME FROM ABUNDANCE, AVOID SCARCITY

## CHANGE YOUR MINDSET: HOW TO COME FROM ABUNDANCE

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One of the biggest secrets to case acceptance is to present it with no attachment as to whether or not a patient says yes.

Abundance mentality does not reflect on when quarterly taxes are due or how much a treatment plan acceptance would affect cash flow. It does not worry about second opinions, in fact, it welcomes them. It does not allow for excuses in perceptions of economy, locale, nor does it make assumptions about what patients will do.

There exists an emotional connection when a doctor is presenting a plan that they worked sometimes hours to develop. Ultimately, doctors want acceptance, they want a patient to value treatment, and no one thrives on rejection. Rejection can feel bad. So naturally, if you don't present the comprehensive plan, it can't be rejected. Many doctors make a classic mistake of diagnosing what they believe a patient can "afford." How a patient will pay for treatment and whether what you presented meets their goals are two entirely different conversations.

When you disconnect from the "yes" and make your treatment plan presentation about what your patient's deserve, you will change how you approach consults and treatment plan presentations.

**Meet your patient's WHY and they will find the HOW.**





# FIND A PATIENT'S WHY THROUGH THE POWER OF GREAT QUESTIONS



Understanding what motivates a patient is fundamental to leading the conversation in the direction of a YES to treatment plans. You want to communicate in a way that the patient can best hear your true intentions from. It's critical to get an understanding of their WHY to do treatment.



# FIND A PATIENT'S WHY THROUGH THE POWER OF GREAT QUESTIONS

## WHY INTENTION MATTERS IN BEHAVIORAL SCIENCE

The WHY of treatment is significantly more important than the HOW you are actually going to perform the treatment. Many times, dentists make the mistake of showing, telling, and explaining what they are going to do to fix the problem, before getting to WHY someone would move forward with treatment.

Intentional questions are the key to discovering a patient's WHY. Understanding what a patient's goals are won't necessarily change your treatment plan. Instead, it helps you develop the "language" in which you will present it.



# FIND A PATIENT'S WHY THROUGH THE POWER OF GREAT QUESTIONS

## TWO GAME- CHANGER INTENTIONAL WHY QUESTIONS

*“What’s most important to you about your teeth?”*

*“What’s been the nature of your past dental experiences?”*

These questions are intentionally designed to guide your understanding of what a patient values.

Be much more interested in HOW a patient answers this question than the actual answer they give. This will assist you in determining if a patient is motivated by avoiding consequences of not doing treatment or if they are looking for benefits of completing treatment.



# FIND A PATIENT'S WHY THROUGH THE POWER OF GREAT QUESTIONS

## COMMON RESPONSES INCLUDE:

- That I keep them (benefit)
- That I don't lose them (consequence)
- That I don't have any needs (consequence)
- That my teeth don't cost me too much (consequence)
- That they look nice (benefit)
- That they are healthy (benefit)
- That you don't hurt me (consequence)
- That I'm comfortable (benefit)



# UNDERSTANDING PATIENT PERSPECTIVES



*“On a scale of 1 to 10, 10 being best, how would you rate the teeth or smile?”*

This question simply tells you from your patient's perspective where they think they fall. If they say “2,” they know they have a significant opportunity to improve. If they say “9,” there may be education that is needed prior to presenting a significant treatment plan. The answer to this question will guide you as to how fast or how slow to take the treatment presentation process. It's important that a patient's pace is honored and this is a good way to ensure they are not shocked by a comprehensive treatment plan, especially if they have never had one before.

“What needs to happen for it to be a 10?”

If they say “WHITER” but you see they have wear, caries, perio, or other functional considerations, you know you'll need to thread “whiter” into your final treatment plan, because that is what they asked for.



# THE POWER OF NEEDS VS. WANTS

Co-discovery questions are those that you and your team can use to help guide a patient to develop their own conclusions about needs vs. wants.

***“Have you ever noticed ...”***

***“How long have you noticed ...”***

***“Are you concerned about ...”***

***“How long since you’ve had those black fillings put in your mouth?”***

***“What needs to happen to make this work for you?”***

***“Because I know \_\_\_\_\_ is important to you, I’m committed to developing a treatment plan that meets your goals. Is what we’ve discussed in line with your goals?”***

***“We are committed to personalizing the care you receive to fit your goals. Is what we discussed today in line with your goals?”***

Remember, the questions you ASK are infinitely more important than the answers you SAY. However, relying on some key phrases that you’re comfortable with can help move a treatment conversation toward asking for a commitment.



# GETTING THE YES

Enrolling patients into comprehensive treatment starts before a patient sits in your chair. By creating a visual treatment presentation that focuses on the transformation your patient will see after he/she works with your practice vs. costs and jargon. Shifting your treatment planning from the mindset of scarcity to a mindset of abundance. This is powerful.

What's equally powerful is the conversation you have with your patients. By asking leading and co-discovery questions, you'll not only learn more about your patient's motivation for the procedure, but also guide her into great treatment decisions.

Now you've learned what clinicians from over 130 practices across the country do to get the yes to large case treatment plans, but that's just the beginning.

Implementation is the key to all of this. Without taking action, you'll never get the reaction you want from your patients.

Not sure where to start? We are. At Mastery Lab, we help dental offices like yours put this all into action in just two days.

Join us for a two-day live workshop to implement your new strategies and receive the type of coaching that'll help you and your team get on the right track and keep you there.

But don't take our word for it. Here's what others have said about their experience at our engaging workshops.

*“By far the best team training I’ve been to in the last 7 years!”*

**TEAM MEMBER, NEDERLAND FAMILY DENTAL**

*“I’m so thankful for this opportunity to bring my team! I’ve taken a ton of CE and while I love them – you have been able to communicate to my team and myself the culture we want for our office!! I will recommend this to my colleagues for sure!”*

**DR. A HEIM**

