

*38<sup>th</sup> Annual*

BUFFALO NIAGARA  
DENTAL MEETING

“THE ART OF SAYING YES AND NO...”

Presented by:

*Debra*  
ENGELHARDT-NASH

Charlotte, NC

“STARBUCKS IS NOT AN ADVERTISER; PEOPLE THINK WE ARE A GREAT  
MARKETING COMPANY, BUT IN FACT WE SPEND VERY LITTLE MONEY ON  
MARKETING AND MORE MONEY ON TRAINING OUR PEOPLE THAN  
ADVERTISING.”

HOWARD SCHULTZ, CHAIRMAN, CEO STARBUCKS

[debra@debraengelhardtnash.com](mailto:debra@debraengelhardtnash.com)  
[www.DebraEngelhardtNash.com](http://www.DebraEngelhardtNash.com)

704 895-7660 office

704 904 3459 cell

IT'S ONE THING TO KNOW HOW TO PROVIDE THE TREATMENT TECHNICALLY-  
IT'S ANOTHER THING TO KNOW HOW TO PRESENT THE TREATMENT SO  
PATIENTS ACCEPT IT. (AND PAYS FOR IT)

GIVE THE PATIENT THE INFORMATION THEY NEED TO HELP THEM MAKE THE  
RIGHT CHOICES FOR THEIR CARE.

70 % OF CASE ACCEPTANCE BREAKS DOWNS BECAUSE OF THE WAY FEES WERE  
OR WERE NOT EXPLAINED.

70+% CASE ACCEPTANCE IS ACCEPTABLE STANDARD IN DENTAL INDUSTRY.

### Quality Employee Experience

The patient is looking for the Dental Team to validate the Doctor and the Treatment.  
We must involve the Team in helping the patient understand and appreciate their  
dental care.

### OBJECTIVES:

---

---

---

---

CREATE FINANCIAL PROTOCOLS THAT ARE FRIENDLY TO THE PATIENT AND  
FISCALLY SOUND FOR THE PRACTICE.

ACHIEVE TREATMENT ACCEPTANCE RATE AT 75% – 80% OR ABOVE.

**THE DECISION TO ACCEPT TREATMENT HAPPENS WITH THE CLINICAL TEAM.  
YOU'VE GOT THE POWER!**

  
ENGELHARDT-NASH



## **The 80/20 Rule**

---

---

---

---

**BEGIN WITH THE END IN MIND... START IT RIGHT!  
INSPIRE THEN INFORM**

**What motivates your Dr. to recommend different treatment modalities?  
Patients ask questions. Know the answers.  
Educate The Team – Practice Communication Skills**

**(Plan Time for clinical conversations with the Team – the Entire Team)**

**ESTABLISH CONSISTENT CONSULTATION / EXAMINATION PROCESS**

---

---

---

**UTILIZE VISUAL AIDS**

---

---

---

BE PREPARED TO DISCUSS TREATMENT PLAN – WHEN THE PATIENT WANTS TO.

---

---

---

PRESENT TREATMENT AS SOLUTION TO THEIR PROBLEMS AND WILL MEET THEIR EXPECTATIONS.

---

---

---

KNOW PHILOSOPHY OF CARE

---

---

---

CREATE APPROPRIATE ATMOSPHERE

GET IN TOUCH WITH THE WAY THE OTHER PERSON FEELS. FEELINGS ARE 55% BODY LANGUAGE, 38% TONE AND 7% WORDS.”

---

---

---

PATIENTS ARE ALWAYS INTRODUCED TO IDEAL DENTISTRY.

---

---

---

PATIENT HAS OPPORTUNITY TO DISCUSS CONCERNS & EXPECTATIONS BEFORE TREATMENT BEGINS.

---

---

---

---

**Demonstrate Value of Services Rendered**

Have knowledge of treatment options  
Practice Investment in advanced training  
LAB- one of premier cosmetic labs in country  
Materials- what the patient is trying to accomplish may determine which material the doctor chooses... a veneer isn't a veneer, isn't a veneer  
New options – ultra thin veneers, Inman Aligner  
Attention to Detail

WHAT SETS YOU APART?

---

---

---

---

*Listen with the intent to understand, not respond. People care more that they are understood than that they understand.*

Design Internal Financial Protocols.

---

---

---

---



Train Your Team – The Art of Negotiation.

---

---

---

---

Put Financial Discussion in Proper Place of Patient Care

---

---

---

---

PUT TREATMENT PLAN IN “PATIENT –SPEAK” NOT DENTAL TERMINOLOGY.  
AVOID LISTS.  
DISCUSS BENEFITS TO PATIENTS AS A RESULT OF YOUR FINANCIAL PROTOCOLS.  
SPEAK TO THE PATIENT – NOT THE PAPER.

Present preferred option first.

---

---

---

---

Give patient opportunity to respond.

---

---

---

Listen with intent.

---

---

---

---

This is a two-way conversation.

---

---

---

---

Remember - it's elective.

---

---

---

---

**“WHAT OTHER QUESTIONS MAY I ANSWER FOR YOU?”**

Don't Forget Recare. There are a lot of incomplete treatment plans hovering over existing patients.

Learn how to re-introduce incomplete treatment and new treatment during continuing care appointments.

Increase Patient Comfort. No hard pressure sales – it's all elective. Patients will feel more relaxed and more comfortable listening to treatment options. Give them the information they need to be comfortable and confident in your care.

  
ENGELHARDT-NASH

## **8 Rules for Increasing Treatment Acceptance**

By Debra Engelhardt-Nash  
www.DebraEngelhardtNash.com

What does it take to get a “Yes” to treatment from your patients? There is no quick fix, magic wand or potion that will give you the treatment success you’re dreaming for. The difference between success and failure is not a single secret but it is a secret formula. There is a series of 8 critical principles that will lead you to success. Some of these are fundamental steps that successful salespeople and entrepreneurs have been executing for centuries. They are attributes that high achievers have in common.

### **1. BELIEVE YOU CAN.**

A sense of confidence is the air you have about you that’s bred by preparation. Prepare with education. Acquire the skills to become proficient in your work. A commitment to ongoing training keeps Doctor and Team on top of the latest clinical techniques and practice development strategies.

Expose yourself to what’s new. If you’re not learning new techniques and technology your practice will not be prepared to offer these to patients. Providing in office training programs, sharing journals and manufacturer’s materials for review helps the Team stay current in dentistry. Plan with goals and the details for their achievement.

The best part about confidence is that it’s contagious. You can give it to your team and your patients.

### **2. INTENTION**

The doctor who will gain the most treatment acceptance is the one who wants it the most. Victory does not always go to the swift (hare vs. tortoise), victory does not always go to the powerful (David vs. Goliath) and victory does not always go to the lowest price (Kia vs. Mercedes). The victory we call success goes to the best-prepared, self-believing, responsible person who sees the opportunity and is willing to take a risk to achieve.

### **3 TEAM**

There are influential moments during a patient’s visit when opportunities occur to discuss and validate treatment options. Finding these occasions to perpetuate and sustain the perception of quality care is the responsibility of every Team member. From the initial moment of contact to post treatment continuing care visits, the Team builds quality culture at all patient encounters. With the rest of the Team, the Chairside Assistant is responsible for those critical moments in and out of the



operatory. Being Chairside with patients is an exceptional opportunity to communicate quality and endorse treatment.

#### **4. KNOWLEDGE**

Additional training to learn new techniques and technology will boost Team confidence in talking to patients. A well-informed auxiliary can help patients better understand treatment recommendations. The more knowledgeable in materials, treatment processes and technology, the more information they are able to share with the patient. Confirming the doctor's diagnosis and helping define the treatment plan aids in patient understanding and promotes treatment acceptance.

With the use of visual aids, the Chairside Assistant can explain treatment. Photographs, intra-oral cameras, and media learning improve patient communication. The Chairside Assistant should be adept with learning technology use them to augment patient learning.

Teaching the Assistant to share patient information improves Chairside efficiency and doctor / auxiliary utilization. This Team member can assume a lot of the responsibility of patient communication while the doctor is attending to other treatment needs. Knowing the details of patient care helps the Chairside Assistant become the Treatment Ambassador.

#### **5. EMPATHY**

Patients are looking for validation of treatment choices. They want the assurance that they have chosen the right office and the right doctor for their dental care. When the Chairside Assistant introduces the practice philosophy and praises the doctor's care, she is fulfilling the need for treatment validation. In essence, the Assistant becomes the second opinion at the chair.

The dental Assistant can take the time to listen to patient concerns, expectations and questions. The Assistant becomes the liaison between doctor and patient. Time must be allocated to listen without interruption. Appropriate body language telegraphs empathy and interest to the patient. The Assistant should sit at eye level with the patient, at their side, and slightly forward. Eye contact must be maintained and the Assistant leans into the patient. This body language says, "What you are saying is important and I am paying attention."

Data entry and record keeping is integrated in such a way that does not take precedence over patient focus. Full attention is paid to what the patient is conveying, not what the response will be. Other distractions to patient focus is eliminated or minimized.

  
ENGELHARDT-NASH

## **6. ENTHUSIASM**

Being excited about treatment possibilities transmits to patients. The Chairside Assistant must convey her / his zeal for the practice. Praising the doctor and exhibiting enthusiasm for what the treatment plan can offer the patient in dental health and appearance translates to the patient. When the staff is genuinely excited about the office, and apparently proud of the doctor's care, it captures the patient's interest. Patients like to be surrounded by a team of professionals that exude confidence and show interest in their care. The enthusiasm of the team captivates the patient.

Imagine going to a Theme Park, such as Disneyworld or Universal Studios and meeting apathetic employees. These are employees who aren't excited about the thrills and adventures being offered by the park. Would that change your experience? If you asked a ride attendant if the amusement is fun or worth the wait, and they responded by saying, "I don't know", or "I have been on this so many times, that it isn't fun for me anymore", would that alter your opinion? Or, if the employee said, "This is just my job, I don't enjoy the ambiance anymore." would you have a different perspective? This writer thinks that you would.

Enthusiasm is infectious. Creativity and enthusiasm will outsell experience. Patients will respond more favorably to a positive, affirming Team.

## **7. SINCERITY**

Patient communication must be genuine. In order to be believed, the message must be heartfelt. The Dental Assistant must communicate with authority and sincerity. Scripting may be a helpful tool in designing communication. But if the Team member does not believe the message, the patient may feel the remarks rehearsed and contrived.

Time must be spent in helping Team Members understand and appreciate treatment philosophy, practice systems and desired treatment outcomes. Opportunity to ask for clarity and tools to help in patient communication is handled in staff meetings and Team dialogue. Core beliefs are described and discussed to provide a clear understanding of practice philosophy and design to achieve sincere endorsement.

The patient will witness care from all Team Members when everyone genuinely agrees on the core values of the practice. The message may be articulated differently, blending individuality with the philosophical foundation of the practice. But the core belief is the underlying theme in all communication processes.

## **8. PRESENCE**

In order to communicate effectively, the Dental Assistant must be fully present. This is more than physical attendance. The Assistant must be in the moment, paying attention to the words and watching for signs that the communication connection is successful.

The patient may be reluctant to tell the doctor that they don't understand, or haven't fully grasped the treatment dialogue. This is when the Chairside Assistant becomes an interpreter. When the doctor is not in the room, the Chairside Assistant reviews information, confirms treatment recommendations and asks the patient, "What questions can I answer for you?" This allows the patient to ask for more information and gain more assurance in the treatment plan and procedure.

The schedule must be structured to allow the Dental Assistant to attend the patient in the operatory rather than leave them stranded while attending to non-patient duties. Sterilization time, chart completion and preparing for patient care must be factored into patient treatment time to avoid leaving the patient alone to attend to these functions. Patients want to feel well cared for, and are more interested in how they are being treated, rather than if the next operatory is being stocked.

Sitting with the patient while the doctor is out of the room, or during a planned waiting period during the procedure aids in the communication process. Using this time as an opportunity to discuss their care, their potential treatment results and the additional services the practice can offer builds rapport and patient loyalty.

There are many tasks that need to be accomplished by the Assistant. Exceptional assistants are specialists in infection control, materials management and operatory efficiency. In addition to these clinical duties, effective patient communication is an essential skill for the Chairside Dental Assistant. What drives all of the practice tasks is patient care. Patient care is improved when communication processes are fine-tuned.

Opportunities abound to improve and enhance Chairside Communication. The result is patient comfort is improved, treatment acceptance is increased. Patient satisfaction is achieved and practice potential expands.

The real secret to gaining treatment acceptance is to put your heart into your work

**The Art of Saying Yes ... And No**  
**Communicating Financially With Your Patients**  
**By Debra Engelhardt Nash**  
[www.DebraEngelhardtNash.com](http://www.DebraEngelhardtNash.com)  
[debra@debraengelhardtnash.com](mailto:debra@debraengelhardtnash.com)

One of the most challenging tasks in the office is making financial arrangements. In fact, more treatment is lost during financial arrangements than any other place in the office. In a perfect world, all patients coming into your practice would choose your preferred comprehensive treatment plan and have the financial resources that allow them to choose that option 100 percent of the time.

It sounds so simple. But in reality, there are times when treatment must be delayed, phased or denied due to the financial constraints of the patient. This is when the finesse of communication is critical — knowing how to discuss treatment and financial options, and knowing what is possible for and in the best interest of the practice and the patient.

**Why it's okay to allow "no"**

The last thing a practice should do is put a patient in an attitude of financial discomfort. Sometimes the right thing is to say that the full treatment is not necessary at this time: "Let's pend some of this treatment until you're in a financial position to fit it into your budget." That person will come back.

But if a patient feels pressured into agreeing to treatment that they don't feel they can afford, that can create resentment. That's the patient who calls the day of treatment to cancel or who shows up and downgrades the treatment. If the patient does follow through with the treatment plan, they may fault the treatment, because they feel it wasn't the right

thing for their financial situation at that time. That patient is then less likely to refer, less likely to return.

So when a patient says they think they can't pay for treatment, I thank them for their candor. I let them know how important the relationship is and that the practice wants them to be financially comfortable. Then I say, "Let's talk about how we can make this work for you and your dental health."

### **Get comfortable with the financial discussion**

At the grocery checkout, they aren't uncomfortable asking you to pay. But for some reason, we've become embarrassed about asking to be paid for what we do.

You need your entire team to be comfortable discussing fees and to be comfortable with the fees being charged, without embarrassment or apology. They have to help patients feel the treatment is worth the fee.

Your team needs to clearly understand that discussing treatment fees with patients is a natural part of the process of treating patients. It's an important part of the whole patient relationship. The reason we're frank about fees is that we want the patient to be comfortable. We want them excited and ready to proceed with care.

To become comfortable, your entire team has to understand your practice's financial protocol. What are the terms in your office? Where do you draw the line between offering in-house financing and outsourcing?

### **Understand the patient's financial position**

It is prudent to have a good financial understanding of the patient so that you can be careful not to put the patient in a position of financial discomfort. That starts with establishing a relationship with the patient from the moment of initial contact.

When you begin the financial discussion, it's important to get an idea of what the patient is thinking. If the patient says, "There is no way I can afford that," then you ask if they can't afford to pay it all at once, but perhaps they could afford to pay for it over time.

So many people are accustomed to extended payment plans or paying over time on credit. For most patients, it's a very natural thing to do. And I think that offering payments through third party financing, like the Care Credit healthcare credit card, is a win-win. It opens financial resources to patients for the treatment they choose. And it allows practices to be justly compensated for the work they do, without having to be the bank.

The fee that the practice pays is earned back by having the treatment fee in the bank versus owed on your books. I'm a firm believer that a practice can't afford to have a large account receivable. It's too costly and most practices don't have the resources. And having to make collections calls on patients can create an adversarial relationship.

### **Have the financial discussion**

Eighty-five percent of the time practices spend with a patient is in communication, and just 15 percent is spent in treatment. And, while a patient's decision to accept treatment happens with the clinical team, the decision of how to pay for it happens with the financial team. So if your financial team is not communicating effectively, then you may not get to that 15 percent.

Remember, you are discussing the patient's finances, so treat it sensitively, securely and maturely. Select a quiet, non-threatening environment, with an atmosphere of confidentiality. And keep it conversational. The patient should be at the same level as the person presenting the fee, not sitting in a lower chair, for example. The person presenting the fee should look comfortable and be leaning slightly forward, looking the patient in the eyes, not looking down at a piece of paper or just handing the patient a piece of paper. To present the fee, say, "Your treatment investment will be ..." I don't say cost or fee. Then be quiet, and the next person to respond should be the patient. They may ask, "How can I pay for that?" And then you can present the practice's preferred option of payment: "Most of our patients prefer to take care of that at the first appointment."

Then again wait for the patient to reply. If they say they aren't prepared to do that, put it back in the patient's court: What were you thinking of? If the patient asks about making payments, then ask what kind of payments they were thinking of. They may respond by asking what you offer, but I like to give them that first opportunity.

If the patient chooses to make payments, but doesn't qualify or doesn't qualify for the amount hoped, that's when you go into the discussion of what they can do now and what they can do in the future to revitalize their dental health in a way that's financially feasible for the patient.

