



# Case Acceptance

*Nothing happens in your practice  
until the patient says:*

**“YES”**

# Table of Contents

How to Conduct an Effective Interview .....	3
Patient Profile .....	5
Helping You Understand Your Patients .....	6
How to Discover What Patients Really Want and How They Want It .....	7
The Four Pillars of Dental Acceptance .....	9
Non-Clinical Benefits of Proposed Dentistry .....	10
Guidelines for Speaking with Patients about Dentistry .....	13
Five Sets of Discovery Questions .....	18
Underlying Assumptions: Traditional New Patient versus New Client Experience .....	24

"It is not possible to do significant dentistry in the mouths of strangers."

# HOW TO CONDUCT AN EFFECTIVE INTERVIEW

## 1. Build Trust

- a. Notice how patients package themselves.
- b. Feel the emotional level of each patient and adapt to that level.
- c. Be sensitive to invading their space.
- d. Carefully watch patient's body language.
- e. Watch what they do with their hands.
- f. Ask non-threatening questions.
- g. Listen to the pace, tone, or voice and response time, and then get in sync with them.
- h. Quickly set up a communication process in which they talk and you listen.
- i. Try to remove their fear of your approaching them.
- j. Bring their natural fear out into the open.

2. **What is the objective of the interview?** To discuss the patient's needs.

## Discovering Patient's Needs

The interview is to put your patient at ease. You want to get them identifying their own needs. Put them in a posture of selling themselves. In this step, it's important that you ask questions and listen. You must give positive reinforcement to begin the bonding process with yourself psychologically to the patient. Things that you can do that will help in this process include:

1. Ask indirect questions that draw out wants or needs.
2. Listen and paraphrase all points.
3. Identify dominant wants or needs and get their agreement.
4. Assure the patient that you want to help them select the proper dental care.

There are two principles that help explain this process:

1. Patients are more apt to accept treatment when it's *their* idea than when it's *yours*.
2. Patients are more apt to believe what *they* tell you than what *you* tell them.

## Things to Remember

1. Open-ended questions always contain who, what, when, where, why and how.
2. Focus on your patient's needs, not your own.
3. As you listen, give your patients plenty of positive feedback.
4. Nod your head, verbalize your agreement, and use positive gestures as you listen.

5. Learn to connect emotionally with your patients.
6. Assume the role of a counselor, not a salesperson.
7. You don't *talk* people into accepting your ideas, you *listen* them into doing it.
8. Don't begin your case presentation until your patient has admitted their needs.
9. Remember, people always act in ways that they visualize the most payoff.

## **Summary**

In the interview step, you ask questions that get your patients to tell you how they want to end up feeling about themselves, looking to others, preventing future problems or saving money in the long run. When you ask questions and really listen, you will be amazed how you increase the acceptance rate of your treatment plans.

You can ask these questions regardless of your position in the office. You can ask questions that get patients talking about the end benefits.

Creatively view each patient and see them as they can become, then ask a question that gets them telling you how they would like to look or feel.

## PATIENT PROFILE

Patient's name:	Patient's age:
Present job or position:	Estimated educational level:
Family status:     [M]     [S]     [W]     [D] Is spouse a patient here?	Children:
List hobbies and interests:	Attitudes toward work:
Attitudes toward time:	Attitudes toward health:
Attitudes toward his/her future:	Attitudes toward self:
Family of origin; attitude about dentistry:	
Patient's chief complaint:	
Past dental experiences:	
Description of the treatment plan by procedure and \$ value:	
<p>What buying motives drive the patient?</p> <ul style="list-style-type: none"> <li>A. Profit or personal gain:</li> <li>B. Fear of loss:</li> <li>C. Pleasure:</li> <li>D. Avoidance of pain:</li> <li>E. Pride:</li> <li>F. Desire for approval:</li> </ul>	
What non-clinical benefits are possible from this dentistry?	

## HELPING YOU UNDERSTAND YOUR PATIENTS

1. How important is it for you to avoid future problems with your teeth?
2. How important is the appearance of your teeth to your job/career?
3. How important is it for you to keep your natural teeth for the rest of your life?
4. How important is the first impression that you make on people to your social or job performance?
5. How do you feel about your past dental treatment?
6. How do you feel about your teeth?
7. What attitudes do your parents have about their teeth?
8. Tell me about the experiences that you have had with previous dentists.
9. Tell me about the troubles that you have had with your teeth.
10. Are there some things that you are specifically looking for from us?
11. Are there some areas of your mouth that are of concern to you?
12. If you could, would you change anything about your smile?

# HOW TO DISCOVER WHAT PATIENTS REALLY WANT AND HOW THEY WANT IT

*Nothing happens in your practice until the patient says “Yes.”*

You can be the most wonderful and caring person in the world, with superb technical skills and a great staff, but your practice will not reach its full potential if you and your staff fail to consistently influence patients to accept your treatment plans. Your ability to elegantly influence people is the key that opens the door to your success.

## **How do patients decide?**

When it comes right down to it, there are three forces that push and pull on a patient’s behavior:

1. The pushing force of the pain (physical and emotional) they want to avoid.
2. The pushing force of the emotional state they’re in just before they take action.
3. The pulling force of the pleasure they desire.

It’s important to understand the dynamic interplay of these action forces and enter the process in three ways:

1. Discover the pain the patient is experiencing. Amplify it. And show the patient how case acceptance will relieve the pain.

In addition to a visual examination, use questions to probe for problems or pain. “Are you happy with the appearance of your teeth?”

Once you discover a problem, amplify the emotional pain the problem is causing by asking follow-up questions. “Is the discoloration getting worse with time?” “Are you ever self-conscious about the problem?” “Do you think the discoloration has any affect on your career?”

Next, solidly link the acceptance of the treatment plan to avoidance of the pain. “We had a patient named Mary who was in a couple months ago. She had a problem similar to yours. Take a look at these pictures before we did her esthetic dentistry. This is how she looks today. She told me she’s absolutely thrilled with the result and would recommend it to anyone, like yourself, who is thinking about having it done!”

“Nothing great was ever achieved without enthusiasm.”

- Ralph Waldo Emerson



2. Discover the pleasure the patient desires and link it to case acceptance.

Use questions to accurately discover the unique pleasure each patient is seeking. “What would happen if your teeth looked as good as Mary’s? In addition to being more attractive, would you feel more confident?”

Then, they connect acceptance of the treatment plan to the gaining of the pleasure. “Denise, I want you to know that our entire office is going to do everything we can to comfortably provide you with the esthetic dentistry you desire so that you can have the attractive smile and confidence you deserve.”

3. Create a motivated emotional state.

Finally, help patients move into a motivated emotional state so that they will want to accept the treatment plan. When it comes to motivation, where do you need to start? With the doctor and staff! In order to influence others, the doctor and staff must first be influenced to be in an upbeat, motivated state.

Influence is the transference of emotion - and, you can’t give away something that you don’t have. Bob Dole is an honest and experienced politician. How good is he at transferring emotion? Very poor. How much does this hurt his ability to get his message across? A lot! Great influencers like John F. Kennedy and Ronald Reagan knew how to convey emotion in ways that got them elected. You need to do the same to get your patients to “elect” your treatment plans.

Remember, this is not about selling.  
It’s about discovering what people really want and  
giving it to them with your services.  
When you have the ability to do that,  
you will be rich - emotionally and financially.

## THE FOUR PILLARS OF DENTAL ACCEPTANCE

- ➡ Patients accept dentistry for their reasons – not yours.
- ➡ Patients say “yes” to non-clinical benefits – not procedures; benefits will always be non-clinical.
- ➡ Patients accept dentistry based on emotions and justify with logic.
- ➡ It is more important for your patient to feel that s/he is understood by you than it is for him/her to understand your treatment plan.

## NON-CLINICAL BENEFITS OF PROPOSED DENTISTRY

1. Improved appearance.
2. Better digestion.
3. You will be able to chew on both sides of the mouth and avoid over-developed muscles on one side of your face.
4. It will allow your teeth to last longer. The foot pounds of pressure on all the teeth will be reduced from chewing on all teeth evenly.
5. Increased self-esteem.
6. Better image to others in social encounters; more self-confidence.
7. You will make a better first impression when meeting strangers at work or contacts out in the field.
8. Better health; even a car has to have a check-up and repairs from time to time. Why would your teeth be any different?
9. To keep a younger-looking smile.
10. To avoid further problems when you may be out of town and are forced to see a stranger to get care; it will be more expensive.
11. To save money now. "This tooth could break unexpectedly during a social or business event and ruin the day. If it breaks under the gum line, it can't be fixed and you will need a three-unit bridge."
12. If you believe in having a healthy body, good muscle tone, complexion, and being in shape, how is having a smile in shape any different? Your smile is as much a first impression of who you are as your other body parts. Most people look at your face first.
13. Do it now to save money and time. "We can do it on a scheduled basis or unscheduled. If we do it in your schedule voluntarily instead of involuntarily, it won't cost you valuable time away from other activities."
14. "All the rest of the family is gone, and now you owe it to yourself to get the best care. You've taken care of them, why don't you take care of yourself!"
15. It would be good to have this done before you retire and lose any insurance benefits.

16. How important is it for you to get to first base with the opposite sex? How confident are you on the first date?
17. Would your leadership skills at work be increased by a new, confident attitude about yourself?
18. Would being more self-confident and having a brighter smile help you get that next job you've been seeking? That promotion interview that is coming up?
19. Would you get a few more goodnight kisses from your spouse if your smile was younger and fresher?
20. The most expensive dentistry is done on an emergency basis, and it reduces your options.
21. When we get this all done, you'll never have to come back for this type of dentistry. You'll just need to let us help you maintain it at regular checkups.
22. More fun.
23. Do you like your steak rare, medium rare, or chopped?
24. It's just like having new teeth.

The biggest fear  
in presenting  
dentistry is  
the fear  
of rejection.

This is normal!

# GUIDELINES FOR SPEAKING WITH PATIENTS ABOUT DENTISTRY

## Approaching the Patient

1. Develop rapport
  - a. Tune the world out and give your total attention to this patient.
  - b. Put them at ease, call them by their name. If you aren't sure whether to use their first name, be conservative and use their last name.
  - c. When you transfer the patient to another team member, be sure to use their name; introduce them.
  - d. Get them talking about themselves; people like to be listened to.
  - e. Hold eye contact. Listen to how they feel. This makes a stronger impact on people and you will more clearly hear what they want.
  
2. The interview
  - a. Remember that you are not in the tooth business; you are in the people business.
  - b. Learn the dominant needs of people; this is the main purpose of the interview stage.
  - c. What is it that they want? To feel better, feel important, look better, etc.

Many dental professionals say that a patient's wants are: endo, ortho, crowns, etc. This is not so. We need to know what the patient's wants are from the patient's perspective.

Some of these wants are:

- To look better.
  - To be able to afford the treatment.
  - To trust the doctor and team.
  - To feel better.
  - To prevent future problems.
  - To use up a health benefit.
  - To make the best decision.
  - For their children to have better teeth than they do.
  - For the team to follow-up and check on them.
- d. You will need some specific information from the patient:
    - Why they came to you.
    - Previous dental history.
    - Where does it hurt and for how long?
    - The type of work or profession they are in.
    - The importance of personal image to them.
    - How they like their teeth.

- Why they have put off treatment.
- How important is their long-term dental health.
- What their expectations are.

To get this information, ask some or all of the following questions:

- If you could change the appearance of your teeth, what would you change?
  - How would you describe the general condition of your teeth?
  - What kind of image do you want to convey to others?
  - What would it be worth to you to keep your teeth the rest of your life?
  - If you had it to do over again, what would you do differently about your dental health?
  - How do you feel about your past dental treatment?
  - How important for you is it to eliminate future problems?
  - What are some other concerns that you might have?
  - Why did you choose to come to our office at this time?
  - How long have you been thinking about getting this treatment done?
- e. Some offices are too busy and have time to only look into the mouth and tell the patient what they need to have done.
- f. Asking questions works well because:
- 1) People will accept it when it is their idea, not yours.
  - 2) Patients are more apt to believe what they tell you than what you tell them.

## Summary

Ask questions that get patients to tell you how they want to feel about themselves, how they want to look to others, and whether they want to prevent future problems or save money in the long run.

### **To do:**

1. Memorize the needs development questions. Read them over two times per day.
2. When you ask your patients questions, they will like you more because it implicitly tells them that you care about them.
3. Demonstrate to the patient what they need:
  - a. Patients are not interested in what you are going to do; instead they are more interested in what the results will be.
  - b. Do not talk about procedures as a way of showing what will be done. Use only “before” and “after” pictures.

4. Avoid talking about the fee initially:
  - a. When you give a ball park figure, they will focus on the lowest fee you quoted.
  - b. All fee questions are premature until the patient has admitted their needs and you have decided what treatment plan is best for them. Not until they say “Yes, this is what I need; what does it cost?” do you mention the fee.
  - c. Only mention the fee after the patient knows the value. Look into the patient’s eyes and make what you say sound like it is ten times the value and then relate it to the need that they have expressed. For example:

“The fee for this crown will be \$985, which may sound expensive until you realize that it will help you look better, prevent further deterioration of the tooth, and help you chew better.”

### **Validation: Does the patient believe you?**

A common principle to remember: **Patients accept dentistry when they perceive it to be consistent with their own values and self-esteem.**

It is normal for you to think in terms of procedures and for the patient to think of the end result. There is a big difference.

Here is a way to get to the benefits of the dentistry for each of your patients:

1. Say the following phrase: “What this means to you is ...”
2. For a three-unit bridge: “What this means to you is your teeth won’t shift around and change your bite. Your chewing comfort will improve and, when you smile widely, you will have a natural smile and look.”
3. For a root canal: “What this means to you is that you don’t have to lose your tooth, you can keep it in its place, it will support your other teeth and cost you less in the long run.”

Know the difference between treatment, features, and benefits.

4. The most important consideration for patients is their perceived value, not the cost.

Patients may ask:

“How will I look? How long will it last? Will it make me more attractive? Will it eliminate future pain? Will it eliminate current pain?”

People spend money on what *they* see as value, not what *you* see as value. Take time to find this out for each patient.



How to negotiate objections:

What people want often takes priority over what they need.

You must determine what roadblocks keep your patients from agreeing to treatment.

Use the “**Feel, Felt, Found**” formula:

Say, “I understand how you feel.” Then argue their case for them.

For example:

The patient needs a three-unit bridge. The patient wants to improve their appearance but says that s/he cannot afford it now. Say, “I understand how you feel. I’m sure there are other things that you’d rather spend your money on. Many of my other patients have felt the same way as you until they found that by getting this done now, they prevent much bigger and costlier problems in the future. They can chew food better and it enhances their appearance.”

You may also say, “Other than this, are there any other problems? If we can work out this problem, is there any reason why we can’t go ahead with treatment now?”

After asking this question, just listen to what the patient says. The answer will be the reason why they are putting off treatment.

“I understand that you have some problems with the fee. What are some ways you see of working this out: payment plans? bringing your spouse to ask questions? etc.”

The biggest fear in presenting dentistry is the  
fear of rejection. This is normal!

To overcome this fear,  
focus on the value of your recommendations.

Values are what  
people want.

Rules are how  
they want it.

## FIVE SETS OF DISCOVERY QUESTIONS

The best way to discover the feelings or emotions people want . . .  
is to ASK.

Many dentists and teams have been trained to tell, tell, tell. Unfortunately, when we “tell” patients information, our words usually cause the patient to ask the “how much is ...” question. When we ask them questions, however, we do several things:

1. We develop rapport.
2. We let people know that we are interested in them.
3. We direct their thinking down the pathway of our choosing.

Great salespeople know this. They talk about 20 to 25 percent of the time and listen 75 to 80 percent of the time. Questions fall into five major groups:

1. Probing Questions
2. Problem Discovery Questions
3. Pain Amplification Questions
4. Pleasure Discovery Questions
5. Positive Action Questions

Dentists and their teams are highly skilled at asking certain types of questions. Now we simply need to take those fundamental skills and start asking different types of questions. If you want to get different answers, you have to ask different questions.”

Remember, find out what people want first and then show them how your treatment can give them what they want, the way they want it. Let’s take a look now at the different types of questions that can help you do exactly that.

1. **Probing Questions** enable you to discover the background and factual information you need to know about this patient. Additionally, probing questions get patients thinking about their dental health. Dentists and their teams are very skilled at asking these types of questions.

In addition to finding out factual information, **Probing Questions** also tell us how a person processes information. For example, is he or she a big picture thinker? Do they want all the details or simply an overview? Are they crisis-oriented or action-oriented?

Here are examples of **Probing Questions**:

- Tell me about your past dental experiences.
- How do you feel about the quality of your smile?

- Have you ever had orthodontic treatment?
- How long has it been since you've had x-rays? What kind were they?
- How often do you usually have your teeth cleaned?
- Do you want the very best dentistry we can provide for you - or do you want us to patch it and get by?
- On a scale of 1 to 10, with 10 being excellent, where would you rate your current dentistry? Why? What is keeping you from being a 10?
- When I examine your mouth, do you want the details or just an overview?

2. **Problem Discovery Questions** enable you to discover the current problems the patient is experiencing that your dental treatment can solve. These questions also can make patients aware of problems they didn't even know they had. And, as your patients are answering these questions, they actually experience the pain of the problem. This is important because now you can show them how your treatment can relieve their pain.

Here are examples of **Problem Discovery Questions**:

- Do your gums ever bleed when you brush or floss your teeth?
- Do you have difficulty opening or closing your mouth at times?
- If you could change one thing about your smile, what would it be?
- On a scale of 1 to 10, where would you rate your fear of dentistry?
- Do you have any untreated dental problems that you are aware of?
- When you chew your food, do you tend to favor one side?

3. **Pain Amplification Questions** enable you to discover all the physical and emotional pain that the patient's problems have caused in the past, are causing now and will cause in the future. As the patient answers these questions, the pain of their problem is amplified.

For example, say the patient's answer to the **Problem Discovery Question**, "If you could change one thing about your smile, what would it be?" is "I don't like the space between my upper front teeth."

You could then ask these **Pain Amplification Questions**:

- "How long have you thought about correcting that?" (*the past*)
- "How is it affecting your self-confidence?" (*the present*)
- "How important is it for you to make a good first impression in your line of work?" (*the future*)

The painful experiences shown to Ebenezer Scrooge by the ghosts of Christmas past, present and future moved him to make changes. Of all the different types of questions, dentists and their teams are least likely to ask **Pain Amplification Questions**. Many practices state that they are uncomfortable asking these types of questions because they don't want to "hurt" the patient.

We need to recognize that we are not hurting patients. The pain is already there. We are simply asking questions that help patients to recognize their pain.

Many patients live in denial - sweeping their pain under the rug. As health care professionals, it is our responsibility to pull the rug back and give them a clear view. Then, and only then, can they take constructive action to improve things.

Here is another set of **Pain Amplification Questions**. These questions are being asked to a patient who has expressed sensitivity to cold.

#### **Past Tense**

- “How long has this area been sensitive to cold?”
- “Has it kept you from eating or drinking anything in the past?”
- “The pain hasn’t awoken you at night yet, has it?”
- “Does the pain subside as soon as the cold is removed, or does it linger?”

#### **Present Tense**

- “Is it sensitive now when I blow air on it?”
- “Is it sensitive now when I squirt water on it?”
- “Is it sensitive to anything else like sweets or hot?”

#### **Future Tense**

- “Do you feel like it’s progressively getting more sensitive?”
- “Are you concerned that if we don’t do something now, it will get worse?”

### **Three Things to Keep in Mind**

1. You can ask questions both in writing and orally.
2. Questions *supplement* – they don’t *replace* a thorough examination and diagnosis.
3. Be careful of the number of questions you ask a person in any one time period. You don’t want to overwhelm the patient.

Remember, we are not “telling” patients what their condition is. We are asking them questions so that they identify their own condition; that way they own the disease problem that is occurring in their mouth.

4. **Pleasure Discovery Questions** enable you to discover all of the pleasures your patient’s desire. These questions are important because you don’t want to leave patients in pain. You want to give them somewhere to go; you want to show them a solution that will get them out of their pain.

As your patients answer these types of questions, they actually experience pleasure. Now you can show them how they can receive that unique pleasure by linking it to the acceptance of treatment.

**Pleasure Discovery Questions** also tell you what pleasures or goals a patient has for their dental care and/or their relationship with your dental practice.

These questions are key to fulfilling a patient's desires and expectations. Don't guess or assume you know what patients want - **ASK**.

Here are examples of **Pleasure Discovery Questions**:

- "What did you like best about your last dental office?"
- "What's most important to you in the dental treatment you receive?"
- "What would be the benefit to you of a white, more youthful smile?"

5. **Positive Action Questions** are "yes" inducing questions. They ask, "What's the next step?" These questions influence patients to make commitments. These can be small commitments made during the case presentation or the final commitment made at the end of the case presentation when treatment is accepted.

It is extremely important to sprinkle **Positive Action Questions** throughout your case presentation because they influence patients to take numerous small steps to case acceptance, instead of one big commitment at the end. People, for the most part, prefer to take small steps.

Most dentists and their teams ask few **Positive Action Questions** throughout the case presentation. They tend to wait for the one big question at the end. How much more could you increase case acceptance if you could influence patients to make small commitments along the way?

Here are examples of **Positive Action Questions**:

- "If we could fix your tooth so it wasn't sensitive to cold anymore, would you want to do that?" "Is there anything keeping you from going ahead?"
- "Does that make sense, Mrs. Smith?"
- "You do want to stop this bone destruction before it becomes more serious, don't you?"
- "Does option A or B look better to you?"
- "Is there anything that would keep you from getting this done?"

## **How to Discover a Patient's Values & Rules**

How do you discover what people want in their dental care and in their relationship with the dental staff? By now, you know the answer to that question - **ASK!**

“Values” are what people want;  
“Rules” are how they want it.

Values are the emotions and feelings that they want the most. Rules are what you have to do as an office staff in order for the patient to experience those feelings. For example, let’s say that a person wants respect. When you ask the patient what the staff can do to show respect, she may answer, “Be on time.” That is one of her “rules.”

What happens if you discover that you can’t deliver what your patients want? Number one, you may have to educate the patient; or number two, you may have to respectfully refer them to someone else who can give them what they want, in the way they want it. The best time to find that out, though, is up front.

To discover what your patients want and how they want it, ask the following questions. Remember to use these suggested verbal skills as a guideline, not as an absolute. In order to “naturally” enter into the process, it must feel natural.

1. How to discover what a patient wants in his/her dental care (Values)

You can lead into the Values question by saying something like: “Mary, I really want to get to know my patients. And because all of my patients are different and have different wants and needs, would you mind answering a few questions?”

“What’s most important to you in the dental care you receive?” After the patient responds, follow it up with: “What else is important to you in the dental care you receive?”

2. How to discover how a patient wants it (Rules)

Next, ask the Rules questions:

“What has to happen in order for you to feel (*insert one of the values the patient shared with you in #1 above*)?”

Then: “What else has to happen in order for you to feel (*again, insert the value the patient shared with you in #1 above*)?”

3. How to discover what a patient wants in his/her relationship with the dental staff (Values)

Explore your patient’s values concerning a relationship with the office staff by asking:

“What’s most important to you in your relationship with a dental office staff?”

Then: “What else is important to you in your relationship with a dental office staff?”

4. How to discover how a patient wants it (Rules)

Ask the Rules questions: “What would I (our staff) have to do in order for you to feel *(one of the values you discovered in #3 above)*?”

Then: “What else would I (our staff) have to do in order for you to feel *(one of the values you discovered in #3 above)*?”

Then: “What else would I (our staff) have to do in order for you to feel *(one of the values you discovered in #3 above)*?”



## **UNDERLYING ASSUMPTIONS: TRADITIONAL NEW PATIENT VERSUS NEW CLIENT EXPERIENCE**

### **Traditional Office New Patient Underlying Assumptions**

1. Teeth are more important than people.
2. Our office is just like the last office you visited.
3. Fixing problems is our business.
4. Insurance usually dictates the treatment plan.
5. Methodology is more important

### **Successful Office New Patient Experience Underlying Assumptions Comparisons**

1. The patient is more important than their teeth.
2. The process of delivering dentistry is at least as important as the dentistry.
3. We are not the same as other offices.  
**WE ARE BETTER.**
4. We treat people equally but not the same.
5. The patient and doctor are peers.  
The doctor is not on a higher level than the client.
6. The patient is engaged with the doctor through the doctor's questions, not statements.
7. Non-clinical outcomes are at least as important as clinical outcomes.