

Why Case Acceptance Must Be Systematized for Success in the New Dental Economy

by Dr. James McAnally²

Dentists with advanced training in new technologies and procedures worldwide routinely report difficulties with predictable case acceptance on higher cost treatment plans. The table below shows the "dirty dozen" of common complaints related to case acceptance that these implant clinicians report. Not surprisingly, when treatment leaves the purview of "free" because of insurance or government reimbursement, case acceptance issues increase in parallel with case fee size. Furthermore, those frustrations build quickly for doctors who refuse to believe that there must be a structured sales process for big ticket items which include any type of reconstructive dentistry. Not surprisingly, frustrations surface the most for reconstructive and implant dentists since fees start at \$5,000 USD, average \$20,000-\$40,000 USD and surpass \$100,000 USD for complicated scenarios.

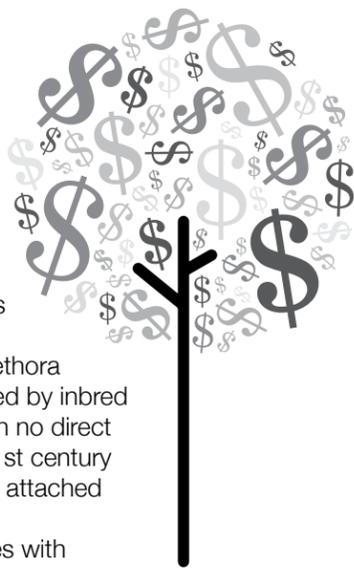
Without a systematic sales process, you are unlikely to have patients predictably enter treatment for cases greater than \$10,000 USD. With a systematic process, not only is your likelihood of success with that fee level predictable but acceptance becomes more predictable for even the largest treatment plans.

What are the issues behind all of this? It's too often that the profession blames government, insurance, or the patient. If we step back from dentistry and look at other goods and services in the same cost categories, one quickly finds that anything sold at the same price point has the same issues and yet in many of these industries the government doesn't pay for the good or service, there is no insurance for it, and the customer is still buying. Thus the issue lays elsewhere. Some of these foundational issues underlying the frustrations include: dentist and staff psychological insecurities about money, failure to gain patient understanding as part of the sales process, denial of the basic types of patients presenting to every practice, an utter lack of honesty and candor from professional organizations regarding elective dentistry (most dentistry is elective), industry wide rampant denial of 'frozen in a glacier' reimbursements, contempt for and refusal to embrace the science of persuasion and psychology related to patient buying behaviors, ignorance by CE providers on the complexity that awaits the clinician leaving an advanced

training course related to case acceptance, unwillingness of practices to invest in structured sales processes and training themselves and team in such, and lastly a plethora of outdated information touted by inbred and ignorant consultants with no direct experience in dealing with 21st century treatment plans and the fees attached to such.

If you look into industries with similar price levels as reconstructive treatments you'll find concerted efforts on structuring the steps and sequence of events in the sales process for maximum results. The businesses most successful at this all use a structured system. Think of this as a systematic check list just like those used in the aviation industry to make sure all systems are go for the flight. Captain Sully, the pilot that safely "landed" US Airways flight 1549 in the Hudson, certainly followed his pre-flight system before taxiing out for what he and his crew expected to be a normal and routine flight. Our case acceptance systems in dentistry are designed to increase the chances of the right patient making the right decision related to treatment.

Industries selling goods and services with larger financial outlays routinely devote resources to training their sales (case acceptance) processes. \$25,000-\$100,000 USD invested per sales team member is common. While dentists quickly invest in technologies and equipment with no direct revenue generation, they are also quick to ignore the fundamental need for investing and implementing case acceptance systems which positively impact the practice finances for the entire lifetime of the clinician. Too many advanced trained clinicians mistakenly think that reading one outdated sales book, going to a two day "dental sales" course, attending "rah-rah pump ya' up" events, or listening to a "bonus" lecture on case acceptance during a clinical CE course will allow them to avoid the investment in time, energy, and dollars needed to achieve the desired goal which is more patients, more treatment accepted,



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Management by Fear...cont.

In all the situations above, the Doctor is making (or not making) a decision based on fear of loss instead of anticipating gain from exploiting opportunities. The Doctor may be hardworking, intelligent and feel that he/she is being prudent by making the decision, but in actuality the decision was not the wisest or the most prudent. Fear is a most insidious enemy.

Still, when you are in the thick of things, it's hard to remove yourself and know if you are being objective. In general though, playing it "safe" is probably more dangerous than doing what may, on the surface, look risky.

Now, I'm not recommending firing staff, adding to facilities, or even spuming PPOs willy nilly. But, if you find yourself often trying to overcome situations through hard work, worry or fighting to maintain the status quo, then you know you would probably do better if you accepted a little more risk. After all, to go into private practice in the first place required courage! It is just that once you are in practice and established you can feel that you have more to lose than to gain. If every Doctor practiced with this same enthusiasm, optimism, and courage as they did the first day they opened their practice, the level of success achieved could be astonishing.

and a better business result. The end result is a mass of clinicians guilty of repeatedly committing "random acts of case acceptance" and who stay frustrated by the "dirty dozen." For those doctors realizing these realities and who invest the time and resources, their result is significantly different as they can expect predictable success with having more complex cases enter treatment that run the gamut of fees worthy of their skills. Interestingly enough, with the most successful, you won't find the clinician using high-pressure sales techniques, memorizing a list of "sales closes," making major changes in their clinical procedures, or spending time revisiting ineffective models of "educating" patients since they've found that by installing a systemic case acceptance and patient qualifying process those items are not part of their routines.

Why invest time, energy, and capital (\$) for getting more case acceptance? Two obvious reasons are helping more patients and having a larger income. Additionally, it makes it easier to live your values, share your integrity and create influence for a greater good. If inclined, one spiritual law states "the greatest among you is servant to all" As such, the better your case acceptance system, the more patients you can ultimately serve. Lastly, even an ethical argument can be made for augmenting this skill. If you have the most clinical skills, you also have the most obligation to increase your case

Let's look at the flip side of some of the above situations:

In Situation #1 the Doctor declines joining the PPO and accepting \$4,000 or \$6,000 per month in write-offs. Instead, he invests \$2,000 per month in a marketing campaign and gains additional patients. As a result, he's less dependent on PPOs and less vulnerable than his counterpart who signed up.

In Situation #2 the Doctor terminates the "irreplaceable" employee and after careful searching finds a replacement. She brings a new and refreshing perspective to the practice. The team respects the Doctor's leadership in making a tough decision and it is affirmed that no one is indispensable. The Doctor is back in control of her practice!

In Situation #3 the Doctor goes ahead and invests the \$60,000 on the expansion... financed over five years at 8%. The payment comes to about \$1,216 per month. With that additional capacity, her practice grows to a new level and she attains prosperity she could never have by playing it safe. Before she expanded the room, however, she did an Active Patient Count, checked on her recall effectiveness to see if there was potential for expansion, and did a cost-benefit analysis. The analysis told her she and her hygiene department each would have to average one or more patients per day as a

result of that expansion to make it worthwhile. Framed that way, they knew they could do it.

I could go on and on but, you get the point. If you really want things to go the way you want them to, you have got to create your future versus letting your future happen to you. You can't just play defense.

A courageous approach also changes your staff meetings. Are you focusing on opportunities or problems in staff meetings? Problems with cancellations, patient credit problems, cranky patients, etc., will always be with you. Sure, you want to minimize them, but are you focusing on things you can gain from instead of going over and over the same problems.

You must also realize that there has always been something that somehow threatens the dental profession. That's the way it is with every business! Again, go back to the first day you started practice. A successful small business person has to be optimistic and courageous. Otherwise, one might as well go hit the bottle or work at the factory until doomsday finally arrives. Plan on succeeding and you will.

Bill Rossi is actively involved in the ongoing management of over 250 upper midwest dental offices. Contact him at 952-921-3360 or through www.AdvancedPracticeManagement.com.

Top 12 Implant Case Acceptance Frustrations Reported by Highly Trained Clinicians

- I. Not knowing what to present related to the case (problems, solutions, photos, technology, models, etc.)
- II. Patients not "owning" their problems / "valuing" oral health
- III. Patients not having financial ability to accept complete care, patient "sticker shock"
- IV. Patients not ready for treatment
- V. Hard to get acceptance on really large cases and more optimal treatment plans
- VI. Quality of NPs who will accept more complete care
- VII. Time investment issues (time needed to work-up case, diagnose, prepare for presentation)
- VIII. Counseling patients who aren't ready emotionally or financially
- IX. Patients always settling for least costly care
- X. Patient feeling overwhelmed by treatment discussion
- XI. Difficulty gaining patients trust
- XII. Not knowing how to follow-up

Top 12 Case Acceptance Frustrations Reported to Big Case Marketing by Doctors Worldwide

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Dr. James McAnally is CEO of Big Case Marketing, a global leader in providing turn-key marketing targeted at the complex case patient needing implant and reconstructive dentistry and in teaching a trade-marked case acceptance system to dentists who treat elective reconstructive and dental implant patients. Big Case Marketing member doctors are on 3 continents and programs are conducted world-wide. Dr. McAnally holds several implant fellowships, is the author of numerous papers on marketing and sales in dentistry, and maintains a 2 day per week clinical practice focusing on reconstructive and implant dentistry in Seattle, Washington in which his average case size accepted was \$8,000 USD in 2008. Over 26,000 dentists worldwide see his e-mail and newsletters monthly. To find out more visit, www.bigcasemarketing.com or e-mail info@bigcasemarketing.com

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Castle Rock Oral & Facial Surgery Welcome's Newest Team Member:



We are thrilled to welcome our newest addition to the CROMFS family, Caitlin. Originally from Kansas, Caitlin is glad to now call Colorado Springs her home. She comes to the practice with a background as a general surgery assistant from Geary Community Hospital and fits right in with our team. Having worked as a surgical assistant before, Dr. Hart is excited to have found someone dedicated to promoting personalized patient care.

The dedication to continuous learning, the commitment to always offer the latest in oral and maxillofacial surgery technology and deep caring for the individual are what attracted Caitlin to join the team of Castle Rock Oral & Facial Surgery. Sharing those values are what make her such a great addition to our practice.

CROMFS 1st Annual Scholarship Award:

Active participation with the community and helping our patient's attain their dreams is a goal we strive for at Castle Rock Oral & Facial Surgery. This is why we created the scholarship award by helping young adults pursue their educational goals and follow their passion. At the beginning of April, after all the entries were in, we drew the winner for our 1st Annual Scholarship Award. Below is a photo of Becca as she received her award from Dr. Hart. She was ecstatic to learn she had won and is extremely excited to pursue her passion of teaching. We are even more enthused to be part of her journey and wish her much success in her future endeavors!



Entry for high school and college students is now open for our 2nd scholarship award which will be drawn August of 2013. Students must be 14 years or older and a wisdom teeth patient of CROMFS. Let your students know!

New Office Update:

We are getting closer to our move in date for our new office. We are still on schedule to open for business July 8th 2013!

Management by FEAR



by Bill Rossi¹

Almost anyone would agree that hard work, intelligence and integrity are important components of success...but there is another trait that is not talked about as often that is equally important: courage.

Just as you would predict that someone who was lazy, stupid and dishonest would not be successful...it is important to note that someone who is fearful would have limited success too. How does this manifest itself in a dental practice?

SITUATION #1: A practitioner in a small-to medium-sized town with seven to ten major employers gets a letter from a PPO announcing that it has captured the business of one of those employers. The letter implies that he should sign up (and accept the reduced fee schedule) or he's liable to lose a significant portion of his patients. Furthermore, he has to decide soon or he will miss a chance to be on the provider list.

The practitioner signs up with the PPO...not to explore an opportunity or gain a benefit...but out of fear of losing patients.

SITUATION #2: A dentist has a front desk person who has been with his practice ten years. She consistently rejects the dentists' suggestions on how to improve the practice. She occasionally offends patients. Other staff have left because of her. Still, this person is the only one who really seems to know the computer and is very efficient. The dentist feels that his practice would go into chaos without her. So, despite her intransigent and disruptive behavior, he does not replace her out of fear that she is irreplaceable.

SITUATION #3: The dentist is very busy and cramped in her three operatory offices. She has room to add another operatory but the equipment and their related expenses in expanding the facility might cost her \$60,000. Because of the uncertain nature of dentistry nowadays (increased competition, managed care, etc.), she holds off doing it even though she

is very busy. She fears she might over expand and be stuck with high overhead while facing an open schedule.

SITUATION #4: A Doctor in a small town is worried about increasing his extremely low fee schedule because the other Doctor in town also has a very low schedule. He is afraid that he would lose patients.

SITUATION #5: A Doctor does not take the time or money to attend an important continuing education event because she fears that the temporary loss of income will not be recovered. She is just making ends meet as it is.

SITUATION #6: A Doctor does not present his best options to a patient because he fears that the patient will say, "No." The truth is this is dentistry he would have in his own mouth; however, he doesn't think the patient will feel he can afford it. Previously, when patients have declined carefully proposed treatment he found it quite upsetting.

SITUATION #7: A Doctor wants to be more active in the delivery of perio treatment to her patients but she fears if she does, so many will ask, "Why haven't you talked to me about this before?"

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Our Newest Team Member & Scholarship Award	(4)