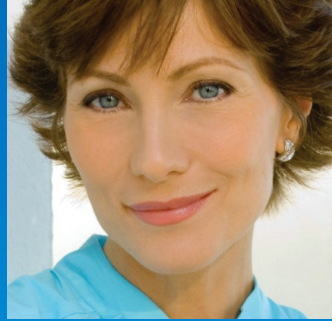




MAKING IT **EASY** FOR PATIENTS TO SAY

yes!



In-Office Online
Case Acceptance



Training

- 4.0

with Dr. Paul Homoly, CSP

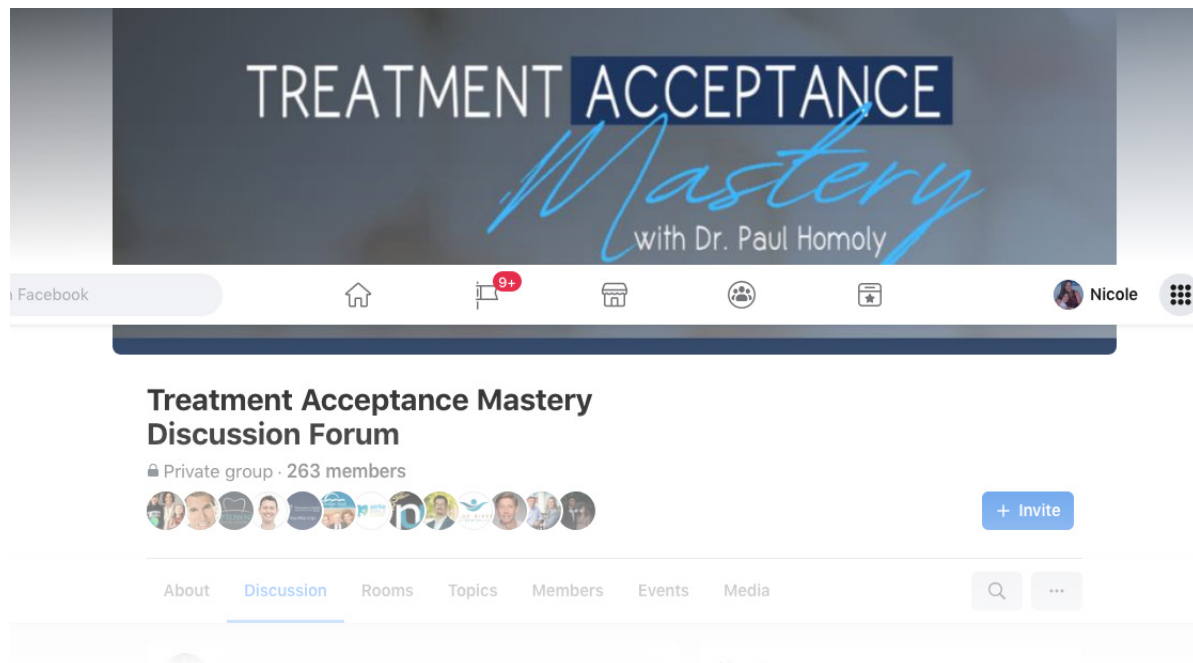
Study Guide

The Treatment Acceptance Mastery Community Discussion Forum

There is a private Facebook group which serves as a forum to share experiences and ideas, mentor each other and grow as a community in our professional and personal lives. This is the best place to make comments and ask questions related to **Making It Easy for Patients to Say “Yes”!**. Dr. Paul Homoly monitors the forum and participates from time to time.

Go to <https://www.facebook.com/groups/1823388414641862/> (or login to Facebook and search for **The Treatment Acceptance Mastery Community Discussion Forum** under Groups) and request to join. You will be asked to confirm your **Making It Easy for Patients to Say “Yes”!** enrollment before approval by entering an access code.

Enter access code: **EASY**



Building the Habits

It is important to meet regularly to study and practice the principles in the program (both in formal training sessions and in-office as a team). This keeps it top of mind and sustains the momentum toward growth and success.

Note: The dental practice should purchase 1” 3-ring binders with cover sleeve for each team member, and then download and print the Participant Guide PDF for the 3-ring binders. (At the end of the course each team member will have a complete Participant Guide.)

Section One: Concepts

- Introduction
- Standard of Caring®
- Left- vs. Right-side Patients
- Case Study

Section Two: The New Patient Interview

- The Four Chiefs™ Conversation
- The Four Chiefs™ Listening Map
- The Discovery Guide™ - Side One
- Prescriptive Diagnostics

Section Three: The Post Examination Discussion

- The Discovery Guide™ Dialogues - Part One
- Positive Framing
- The Discovery Guide™ Dialogues - Part Two
- The Discovery Guide™ Dialogues - Part Three
- The Discovery Guide™ Dialogues - Part Four

Section Four: Treatment Presentation

- Case Conversation Planner
- Case Conversation - Part One
- Case Conversation - Part Two
- Case Conversation - Part Three
- Case Conversation Rehearsal
- Quoting Fees
- Patient Readiness

Section Five: Leadership

- It's Your Turn to Lead

Section Six: Role-Play Videos

- Four Chiefs™ Conversation
- Discovery Guide™ Dialogues
- Case Conversation

NOTES

Lesson 1

Standard of Caring®

At the heart of this online program is the concept called Standard of Caring®. Standard of Caring® is consistently producing dental care experiences that signal patients they'll be well cared for. If you're a successful experienced dentist, the standard of caring concept will feel familiar. It's probably a big reason why you've been successful.

For new dentists, you'll find the Standard of Caring® concept will be the driving force in building your self-confidence and career.



Don't confuse the Standard of Caring® with Standard of care. Standard of care relates to clinical diagnosis, treatment planning, treatment, and post-operative care. Standard of Caring® is a behavioral practice that produces high-quality dental care experiences for patients.

It's human nature to want to be well cared for. When patients feel this, it's their first step in accepting your care. When they don't feel it, it's the first step in losing them.

NOTES

Standard of Caring® Glossary of Terms

Here's a list of vocabulary terms of Standard of Caring®. These terms represent concepts and processes essential when offering complete care.

Standard of Caring® - signaling patients they'll be well cared for

Left- vs. Right-side Patients - modest vs. complex care patients

The Discovery Guide™ - a record of patients' behavioral attributes

Prescriptive Diagnostics - linking the value of diagnostics to the behavioral benefit

Meet & Greet - the process of making an excellent first impression

Disclosure - revealing your non-clinical roles

Comparison - showing similarities between dental issues to common things

The Four Chiefs™ - the structure of the new patient interview

Chief Condition - the condition most concerning to patients

Chief Disability - the negative emotional component of the Chief Condition

Chief Benefit - the life-style benefits patients' seek

Chief Fit Issue - patients' life circumstances that influence readiness for care

Discovery Guide™ Dialogues - a process to determine concerned vs. unconcerned conditions during the post-exam discussion

Positive Framing - revealing the positive aspects of patients' dental health

The Sequence of Influence™ - the order in which to present treatment recommendations

Case Conversation - an influential conversation about recommending complete care

NOTES

Activity

1. Arrange the Standard of Caring® flash cards (title side up) to match the sequence of the Standard of Caring® Map.
2. Then, one at a time, starting from the top of the Standard of Caring® Map and moving down, flip each flash card over to reveal the definition side.
3. Take turns reading aloud the definition side.

Note: By the end of the training program, team members should be able to arrange the sequence of the Standard of Caring® flash cards and recite definitions by memory.

Quiz

1. Standard of Caring® is:
 - a. Clinical quality
 - b. Consistently producing dental care experiences that signal patients they'll be well cared for
 - c. Complete examinations
 - d. Periodontal charting
2. Good dentistry doesn't guarantee good patient experiences.
 - a. True
 - b. False
3. A blind spot for many new dentists is:
 - a. Periapical abscesses
 - b. Occlusal trauma
 - c. Camouflaging Standard of Caring® with conversations about the standard of care
 - d. Staff issues
4. Patients understand our dental jargon.
 - a. True
 - b. False
5. Educating patients to fine technical details significantly influences them to accept treatment.
 - a. True
 - b. False

NOTES

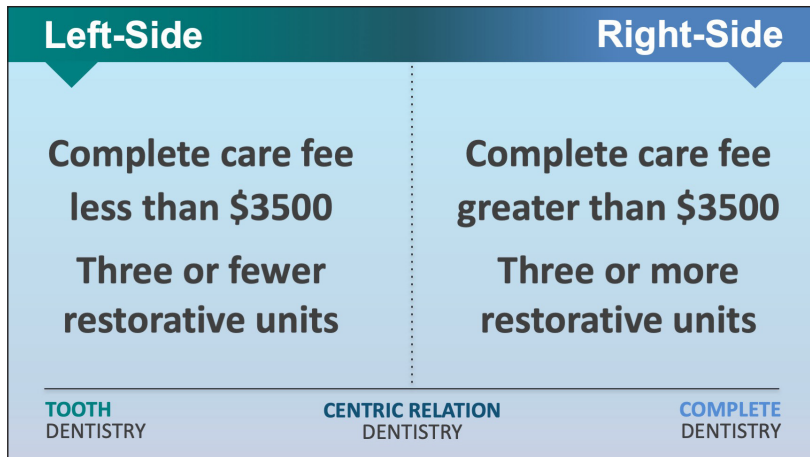
NOTES

Lesson 1 in a Nutshell

☐

Introduction to Left- vs. Right-side Patients

The illustration below shows a scale of care complexity, from simple tooth dentistry to full mouth reconstructions.



The horizontal axis of this illustration depicts the complexity of patients' conditions, from very minor to complex. In far-left patients' conditions are minor such as early tooth decay and gingivitis. Far-right patients' conditions are major like partial edentulism and severe tooth wear. In the middle of the illustration is a vertical dotted line. It's the dividing point between minor and major conditions. Patients whose total care needs are minor with treatment fees less than \$3500 are to the left of this dividing line. We'll label them **Left-side patients**. They usually require no changes in their vertical dimension, planes of occlusion, anterior guidance, or condylar positions. Patients whose total care needs are to the right of the vertical line, with treatment fees greater than \$3500, will be labeled **Right-side patients**. These patients require changes in vertical dimension, planes of occlusion, anterior guidance, or condylar positions.

The Left-vs. Right-side distinction is important because patients within these two groups;

- have differing Four Chiefs™ characteristics
- respond differently during the new patient experience

NOTES

Quiz

1. The distinction between Left- vs. Right-side patients:
 - a. Is about their dental budget
 - b. Relates to which side they chew on
 - c. Is nomenclature about the complexity of their dental conditions
 - d. Relates to their referral source
2. Patients whose total care needs are greater than \$10,000 are Left-side patients.
 - a. True
 - b. False
3. If a Right-side patient doesn't accept Complete Care, they are reclassified as Left-side.
 - a. True
 - b. False
4. The Left- vs. Right-side distinction is significant because:
 - a. It determines financial arrangements
 - b. Right-side patients have higher dental IQ's
 - c. Left- and Right-side patients respond differently during treatment recommendation conversations
 - d. Left-side patients are always younger
5. The manual for this program provides greater content details.
 - a. True
 - b. False

Lesson 2 in a Nutshell

The Left-vs. Right-side distinction is important because patients within these two groups have different characteristics and respond differently to treatment recommendations.

NOTES

NOTES

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MAKING IT **EASY**
FOR PATIENTS TO SAY **Yes!** 4.0



Do this by:

- clearly understanding and verbalizing patients' Chief Disabilities and Benefits
- acknowledging Fit Issues
- offering care suitable to their Fit Issues

Most Right-side patients are not ready for care the first time they hear treatment recommendations. Because of

Lesson 3

Fit Issues of time and money, many Right-side patients need time to get their house in order before they can start care. They need time to get their life circumstances aligned with the cost and time requirements of complex dentistry.

The guiding concept and the driver of case acceptance for Left-side patients is education. For Right-side patients, it's giving them the experience of being understood.



What keeps many dentists from providing more Right-side dentistry is their success with Left-side patient case acceptance. They examine and educate new Left-side patients. Because fit issues are minor, they are ready for care.

The problem starts when dentists use their Left-side education-centered process with Right-side patients. The illusion is complex care patients require complex treatment presentations; detailed explanations of all conditions and their etiology, multiple treatment options and risks, and consequences of no treatment. While all this is required for informed consent issues, it doesn't at all give the Right-side patient the experience of being understood.

NOTES

Lesson 3

Educating patients doesn't demonstrate you understand them. Understanding patients and demonstrating it is far more influential and interesting than anything you can say about occlusion.

The traditional case presentation is education-centered. Most dentists already have successful Left-side practices, in which the education-centered approach works fine. Expecting the education-centered approach to work equally well with complex care patients, many dentists often are disappointed. Too often complex care patients experience sticker shock and abandon practices.

The optimal case acceptance process is situational depending on the Left- vs. Right-side patient distinction. Both approaches; education- vs. understanding-centered; are important to have in practices that seek to treat Left- and Right-side patients.

Activity

1. Think of the differences between Left- and Right-side patients and make a list of some existing patients you know well.
2. Write the characteristics that classify them as Left- or Right-side.

PATIENT NAME	CHARACTERISTICS	LEFT- OR RIGHT-SIDE

In completing this activity, you'll become more aware of Left- and Right-side patients and how to accommodate their preferences in your office.

NOTES

Quiz

1. A disability is:
 - a. Inability to pay
 - b. Low dental IQ
 - c. Dental phobia
 - d. The negative emotional component of a condition
2. A fit issue is:
 - a. The quality of a crown margin
 - b. Patient's life circumstance that influences their readiness for care
 - c. Insurance coverage
 - d. Patients attitude about dentistry
3. The driver of case acceptance for Left-side patients is:
 - a. Patient education
 - b. Visual aids
 - c. Teamwork
 - d. Good listening skills
4. Right-side patients:
 - a. Are usually over 50 years old
 - b. Have major conditions
 - c. Usually have major disabilities
 - d. Have significant fit issues
 - e. All of the above
5. The driver of case acceptance for Right-side patients is:
 - a. Patient education
 - b. Insurance coverage
 - c. Convenient appointments
 - d. Giving them the experience of being understood
6. Right-side patients are usually ready for complete care.
 - a. True
 - b. False

NOTES

Call to Action

1. When meeting with patients identify whether they are Left-side or Right-side.
2. Talk about it with your team and make it part of your daily conversation.
3. Think about your patient conversations and whether or not they are appropriate to their Left- or Right-side classification.

NOTES

Lesson 3 in a Nutshell

Start recognizing and accommodating the differences in patients' preferences. When you do, they'll respond by accepting more of your treatment recommendations, referring their friends, and posting positive online reviews.

NOTES

After Christine set's her appointment, it's a nice touch to send her a Meet & Greet video that initiates her new patient process. Prior to COVID-19, the Meet & Greet was an in-person experience with the dentists greeting new patients in the reception area and leading them back to the consultation area or operator.

Christine and her husband are remodeling their basement and looking forward to their trip to Spain to visit his brother.

NOTES

1. Re-read your workbook materials and then watch the three overview videos before the next lesson to get a quick start overview into the destination of the program.
- Four Chiefs™ Conversation (Lesson 4)
 - Discovery Guide™ Dialogues (Lesson 9)
 - Case Conversation (Lesson 15)

The Four Chiefs™ are:

- # The Four Chiefs™



Chief Fit Issue

NOTES

Lesson 5

The purpose of the Four Chiefs™ Conversation is to discover each of the Four Chiefs™ and to establish a connection with complex care patients. Complex care to patients is personal; they want it to be personal to you too. Delegating this conversation to a team member may signal to patients it's not personal to you. The Four Chiefs are;

Chief Condition – The clinical finding that's outside normal limits. This includes conditions like fractured cusps, abscesses, and gum disease. The Chief Condition is often the motive for the patient's request for dental care.



Chief Disability – Patients' experience with their conditions. The disability can be physical or emotional. The disability is how the condition is hindering patients' lifestyles. EXAMPLE: A patient who has missing teeth may be embarrassed about his/her appearance. The Chief Condition is the missing teeth, and the Chief Disability is embarrassment.



Chief Benefit – The emotional opposite of the Chief Disability. Knowing and expressing patients' Chief Benefit is a key factor in case acceptance. Chief Benefit is why patients want their teeth fixed.



Chief Fit Issue - The patient's significant life circumstances that affect his or her readiness to accept your treatment recommendation.



NOTES

Lesson 5

A good way to start the Four Chiefs™ Conversation is by welcoming your patient to your practice and asking, *“How can I help you today?”* This typically results in patients revealing their Chief Condition.

Then, stay curious about their condition and ask how it hinders their lifestyle. This may sound like, *“Hank, I understand you’re not happy with the appearance of your front teeth. Is this more of a problem for you at work or at home? How does this get in your way?”* Now, listen for words that describe emotion. These will be Hanks’ disability.

Once you learn the disability, you immediately learn the Chief Behavioral Benefit; its always the emotional opposite of the disability.

To discover the Chief Fit Issue(s), chit-chat with Hank about his work, family, and history. Disclose some things about your family and history. It’s during chit-chat conversations – when you’re listening for them – you’ll discover the significant Fit Issues. The leading Fit Issues for many patients are about family. So, get good about talking about family; yours and your patients’. It’s chit-chat that reveals Fit Issues. Learn to selectively listen for Fit Issues during chit-chat. Think about chit-chat as “fit-chat”.

NOTES

Discovering the Four Chiefs™

Example of The Four Chiefs™ Conversation with Christine

YOU	CHRISTINE
Hello Christine. Welcome to our practice. How can I help you today?	My daughter is getting married soon, and I want my teeth to look great for the photos and all the fun. Chief Benefit, Fit Issue
That's exciting! I remember when my daughter, Kristen, got married. We all flew to New York, and it was quite a party! What concerns you about the appearance of your teeth? Disclosure	It's my two front teeth. They're getting darker. I was in an auto accident years ago and injured my upper lip. I hit my teeth on the steering wheel. Since then I've noticed they've kept getting darker. Chief Condition
Now that you mention it, I can see how the two front teeth are darker. I know this is a concern for you with the wedding coming up. Are these teeth a problem for you in any other situation?	Yes, they are. For work I present in front of groups often, and it's beginning to embarrass me knowing that people can tell these two teeth are darker. Disability
What do you do Christine?	I'm an internet technologist, and I travel quite a bit collaborating with other IT teams. Chief Fit Issues
I spend part of my time speaking to dental groups and associations on clinical dentistry. I know what you mean when you say it's important to feel confident when presenting in front of groups. Disclosure	You're right. I know my technical material really well, but I can't help but worry that people are looking at my teeth and not listening to what I'm saying. Disability
Aside from the front teeth, is there anything else you're concerned about?	Well, yes, there is. I have this on-and-off pain on my lower left side. I don't know what's wrong, so I'd like you to look at it. Condition

Lesson 5

YOU	CHRISTINE
I will do that. Is there anything else bothering you beside the color of your front teeth and the soreness on your lower left?	Not really. I had one of my molars pulled years ago, and I've sort of gotten used to it being gone.
Okay ... So it sounds like for today you'd like me to focus on your two front teeth and the soreness on your lower left. As for your missing tooth, that doesn't seem to be a big concern of yours. Is that right?	That's right. It's been gone for years. I'm most concerned about the front teeth and whatever is causing me problems on my lower left. Chief Conditions
You said you're an internet technologist. Is your husband in that field, too?	Oh no. He's a construction supervisor. He works for Union Power building power plants in rural areas. Chief Fit Issue
My wife is a chef and nutritionist. She spends a lot of her time helping people who have food allergies and sensitivities to gluten. Disclosure	Oh, boy ... I bet that's convenient having a chef for a wife. I bet you eat well!
I do, but occasionally I have to sneak out to grab some pizza. Pizza is not allowed in the Homoly house! Disclosure	I'd bet a slice of pizza now and then hasn't killed anyone! Disability
I hope not. You mentioned your husband is in construction. My father, my brother, and two nephews are all in construction. They build custom homes in Kansas City. Disclosure	He used to build homes but since the housing crisis started, he got out of it and started with Union Power. Chief Fit Issue
I know you've got one daughter. Do you have any other kids?	No, just one, and one's enough!!

Lesson 5

YOU	CHRISTINE
I've got two kids who are grown up and off the payroll! Disclosure	Oh, yes ... We're looking forward to that day, too. As soon as she gets married and moves out, we're planning to remodel the basement. Chief Fit Issue
Nice ... My wife would like that. When we built our home, she did some pretty cool things with our basement. Do you have family members in this area? Disclosure	No, we don't. My parents still live in Chicago, and my husband's family lives in Spain. We're planning to visit them after we finish the basement. Chief Fit Issue
My wife and I are from Chicago. We moved here five years ago to get away from the ice and snow. Disclosure	I know what you mean about the winters there. We like Chicago a lot during the summer. We still have lots of friends there.
Let's do this. Let me bring you back to our exam area. I'll introduce you to my team and take a look at what we can do to get you comfortable on your lower left side and looking great for your daughter's wedding. How does that sound? Chief Behavioral Benefit	That sounds great!

Activity

1. In small groups (dentist, patient, observer) take turns role playing Christine's Four Chiefs™ Conversation using the scripting provided in your workbook.
2. Debrief after each role play.
3. When finished, discuss as a team how things went in the role plays.

REMINDER: Many Left-side patients have no awareness of their conditions or emotional disabilities, while for Right-side patients, there is almost always an awareness of conditions and some level of an emotional disability.

Quiz

1. The Chief Condition is the same as the chief complaint.
a. True b. False
2. The Chief Disability is:
a. Dental Insurance limitations
b. An unmotivated team
c. The negative emotional component of the Chief Condition
d. No money
3. The Chief Benefit is:
a. The lifestyle benefit patients seek from dental care
b. Centric relation
c. Oral hygiene instructions
d. Dental Insurance reimbursement
4. The Chief Fit issue(s) are patient life circumstances that influence readiness for care.
a. True b. False

NOTES

Lesson 5

5. Fit-chat is:

- a. A casual conversation about patients' lives
- b. Taking a dental/medical history
- c. Patient education
- d. Financial arrangements

Call to Action

What can we do to create the opportunity for discovering the Four Chiefs™ in conversations with patients?

DENTIST(S)	BUSINESS TEAM	CLINICAL ASSISTANTS	HYGIENIST(S)

Lesson 5 in a Nutshell

The Four Chiefs™ objective is to discover patients' mindsets about complete care and their readiness for it. The objective is also to discover patients' life circumstances that influence their readiness. Most importantly, the Four Chiefs™ discovers the behavioral benefits patients seek, and builds a personal connection with you.

NOTES

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Lesson 6

Call to Action

1. Make copies of the Four Chiefs™ listening map and keep them handy for upcoming patient conversations.
2. Use the map to begin leading patients to any Chief you have not yet discovered.

NOTES

Lesson 6 in a Nutshell

Listening is an art. It's about sensing more than what's being said. It enables us to offer answers that make patients feel understood. Listening is the essential skill of the Standard of Caring®.

The Discovery Guide™ Side One



Discovery Guide™

Today's Date: _____ Patient's Name: Christine

The Four Chiefs

Chief Condition: Discolored front teeth
Soreness lower left side

Chief Disability: Embarrassed in photos
Worried about soreness

Chief Benefit: Looking great for daughters wedding
No soreness to worry about

Chief Fit Issue: Daughter getting married
Remodeling basement
Trip to Spain

New Patient ↔ Interview

Occupation: IT specialist

Spouse/Family: Married w/1 daughter

Schools/Neighborhood: West Valley

Hometown: Chicago

Hobbies/Vacations/Fun: Dance and cooking

Copyright © 2014 Homely Communications. All Rights Reserved. SIDE 1

It's essential to document what you discovered during Four Chiefs™ Conversations. You'll do this on side one of The Discovery Guide™. During the Four Chiefs™ Conversation, you may want a team member present as an extra set of ears. Your team member's role is to document side one of the Discovery Guide™. Here's side one. The top portion records the Four Chiefs™. The bottom portion is for patient notes. Here it is completed for Christine. This form can be administratively managed by completing the paper version, then scanning it into your practice management system. Or, I offer it in a digital version. It's essential side one be documented and easily retrievable.

NOTES

Activity

1. Work in small groups to document one of your patient's Four Chiefs™ on a blank copy of the Discovery Guide™.
2. When finished, share your patients' Four Chiefs™ and discuss as a group.

Why don't we know about all of our patients' Four Chiefs™?

Quiz

1. The Four Chiefs™ will be an essential part of presenting treatment recommendations.
 - a. True
 - b. False
2. Patient education distinguishes your practice.
 - a. True
 - b. False
3. The Discovery Guide™ is:
 - a. An excellent leadership tool
 - b. A good way to connect with patients
 - c. A way to sharpen your listening skills
 - d. An accountability tool
 - e. All of the above

NOTES

NOTES

1. Work as a group to create a plan for using The Discovery Guide™ with patients.
2. Assign roles and make copies of The Discovery Guide™.

[illegible]

Documenting the Four Chiefs™ on side one of The Discovery Guide™ ensures your treatment recommendations are an excellent match for patients. This documentation makes it easy to retrieve information that is most influential to patients.

Prescriptive Diagnostics



Prescriptive vs. Commoditized Diagnostics

Diagnostics - the clinical records used to diagnose and treatment plan patients (i.e., radiographs, study models, face bows, CBT scans, intraoral scans, photographs)

Prescriptive diagnostics - those related to the patient's Chief Benefit or Chief Disability

Example: Case study patient Christine is concerned about her appearance and the Chief Behavioral Benefit she is seeking is confidence in her appearance at her daughter's wedding. The diagnostics become prescriptive when you explain to her radiographs and photos will help you better understand how to improve her appearance.

"Christine, I'm going to recommend my assistant Suzette take a series of x-rays and photos of your teeth. These will help me plan to improve your appearance."

This dialogue creates a link in Christine's mind between the diagnostics and her Chief Benefit, increases the value of the diagnostics, and significantly reduces objections to them.

With **commoditized diagnostics** there is no association made between the purpose of the diagnostics and the patient's behavioral benefits.

"Christine we take photos and x-rays on all our patients."

This commoditized approach to diagnostics often diminishes their value and makes them vulnerable to patient objections.

NOTES

Activity

1. In small groups (dentist, patient, observer), take turns role playing offering patients prescriptive diagnostics - link the diagnostics value to the Chief Benefit.
2. Debrief after each person presents.
 - How did it sound?
 - What went well?

Quiz

1. Prescriptive diagnostics:
 - a. Links diagnostics to providing Chief Behavioral Benefits
 - b. Diagnostics completed by specialists
 - c. Diagnostics completed on emergency patients
 - d. Diagnostics completed based on patients' requests
2. Commoditized diagnostics do not link to behavioral benefits.
 - a. True
 - b. False
3. Prescriptive diagnostics are best completed:
 - a. After the complete examination
 - b. At the recall appointment
 - c. After treatment is complete
 - d. Following the Four Chiefs™ Conversation
4. Prescriptive diagnostics are part of Standard of Caring®.
 - a. True
 - b. False
5. Commoditized diagnostics:
 - a. Diminish the value of the diagnostics
 - b. Can experience patient objections
 - c. Are less expensive
 - d. a and b

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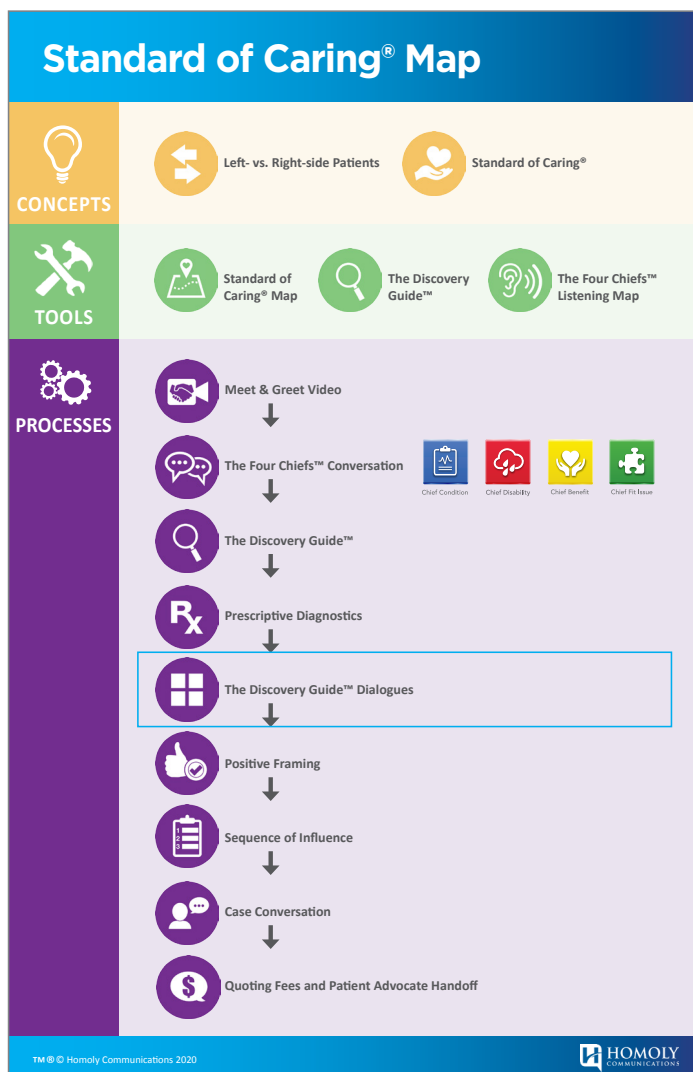
1. How can we start focusing on prescriptive diagnostics with patients?
2. Establish a plan around creating links in the patient's mind between the diagnostics and their Chief Benefit.

RECOMMENDATION: Watch the first six video lessons again. This time follow along with the Four Chiefs™ listening map. Have your study guide handy and takes notes.

By offering prescriptive diagnostics, you can expect far fewer objections to diagnostics and lessen the emotional toll on your team having to explain away why all patients get x-rays.

The Discovery Guide™ Dialogues

The Discovery Guide™ Dialogues are the structure of the post exam discussion. It's during these dialogues patients discover all their conditions. Also, dentists discover which conditions patients are concerned about and those they're not. This will be essential information when we present care. Too many dentists underestimate the influential value of the post exam discussion. This discussion when structured around the Discovery Guide™ Dialogues is a critical component of the Standard of Caring®.



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The Discovery Guide™ Dialogues help the dental team discover which conditions patients are concerned about and those they're not.

People are more motivated by positivity than negativity.

This is especially true for new patients. Unfortunately, the culture of dental school education doesn't lead students to put patients in a positive frame of mind. It's just the opposite. We're taught to parade during our case presentations all the negative aspects of the patient's dental health, creating a negative frame of mind. Taking this bad habit into private practice, it is no wonder why patients push back on treatment recommendations and object to fees.

The traditional exam and case presentation process can put patients in a negative frame of mind. We're taught very little about how to give patients an optimistic perspective on their dental health.

This lesson is about fostering patients' positive frame of mind, which helps improve their outlook about their dental health. A positive outlook spawns energy and helps them see opportunities in their relationship with you. This is a giant step toward patients trusting and having confidence in you.

NOTES

Positive Framing Statement Structure

1. Link good medical health with good dental health.

Example: *"One of the most important things about dental health is medical health. Looking at your medical history, I see nothing that would cause dental problems. You're healthy. Some people aren't so lucky. Diseases like diabetes and leukemia create horrible dental conditions."*

2. Comment on overall anatomy.

Example: *"The overall structure of your upper and lower jaws is excellent. I look for proper alignment of teeth and jaws, and in your case, they look good. The bone and root support of your teeth are excellent. Your teeth are solid."*

3. Discuss results of x-rays.

Example: *"When I look at your x-rays, I see healthy jaw joints, clear sinuses, and no suspicious areas."*

4. Discuss oral cancer.

Example: *"I checked you for oral cancer. Oral and head and neck cancers are serious and I found no evidence of them in you."*

5. Reveal long-term prognosis.

Example: *"My sense is with proper home care, regular dental check-ups, healthy diet, and avoiding unhealthy habits like smoking, you should be able to keep your teeth for the rest of your life."*

NOTES

Activity

1. Use the Positive Framing Statement Structure to role play in small groups (dentist, patient, observer).
 - Link good medical health with good dental health
 - Comment on overall anatomy
 - Discuss results of x-rays
 - Discuss oral cancer
 - Reveal long-term prognosis
2. Debrief the role play activity.
 - Did it feel different using Positive Framing during case presentation?
 - How did the patient respond to Positive Framing in the role play?

Quiz

1. Positive Framing:
 - a. Puts patients into a positive frame of mind
 - b. Is a Standard of Caring® issue
 - c. Increases patients' confidence
 - d. All of the above
2. Patient education can have the unintended side effect of discouraging patients.
 - a. True
 - b. False
3. Start Positive Framing statements with:
 - a. Patients' periodontal condition
 - b. Results of patients' oral cancer examination
 - c. Review of medical history as it relates to dental health
 - d. Your office mission statement
4. Sometimes patients need more hope than education.
 - a. True
 - b. False
5. Whose responsibility is it to practice Positive Framing with patients?
 - a. Dentists only
 - b. Assistants only
 - c. Hygienists only
 - d. All team members and dentists

NOTES

Call to Action

1. Practice/rehearse using Positive Framing prior to case presentation with patients in your office.
2. Then begin using the Positive Framing structure during your actual case presentations with patients.

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Lesson 10 in a Nutshell

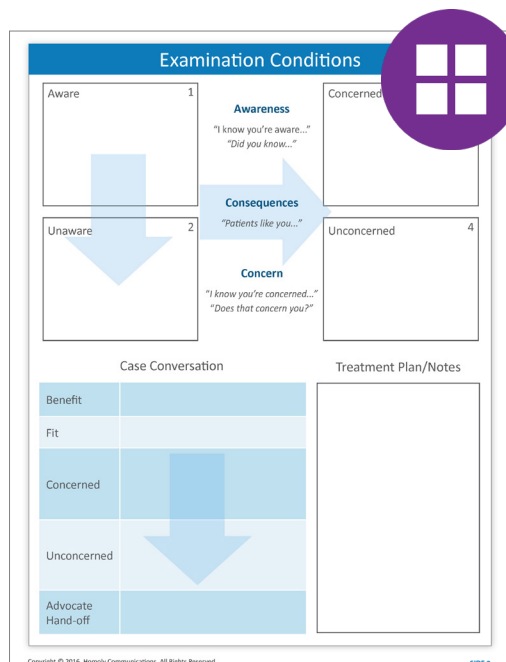
For many patients to become receptive to treatment, they first need to believe good dental health is possible for them. They need encouragement.

The Discovery Guide™ Dialogues

Part Two

The Discovery Guide™ Dialogues is the Standard of Caring® nomenclature for the post-exam discussion. Their objectives are to:

- Present Positive framing
- Ensure patients become aware of all conditions
- Reveal consequences of untreated conditions in similar patients
- Determine concern for the consequences of untreated conditions



My experience with coaching thousands of dentists for over two decades is their underestimating the importance of the post-exam discussion in the form of the Discovery Guide™ Dialogues. However, as you continue in this program, you'll discover the structure and delivery of these dialogues are equally crucial as the case conversation.

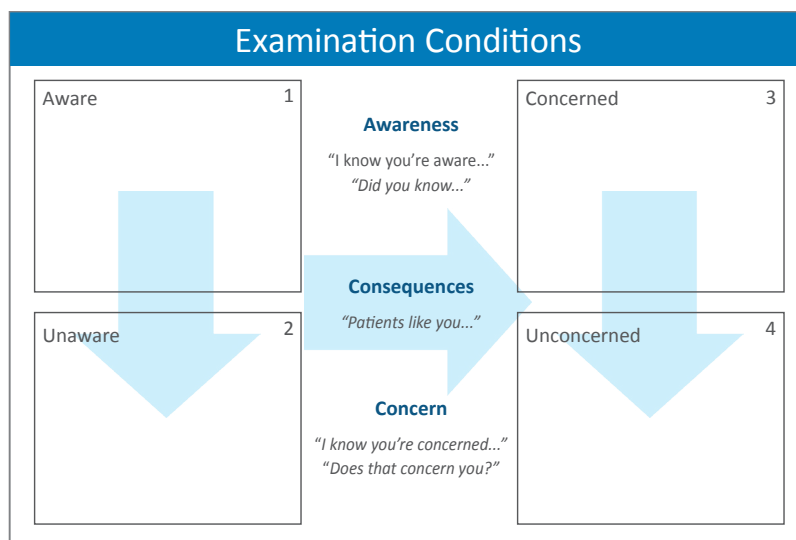
Having a complete understanding of the structure and purpose of side two of the Discovery Guide™ is critical when presenting complete care.

The Discovery Guide™ Dialogues are assembled using side two of the Discovery Guide™. The top portion of side two is a guide used during the exam and Discovery Guide™ Dialogues. The bottom portion of side two is used to assemble and rehearse the Case Conversation.

NOTES

The Discovery Guide™ Dialogues

Part Two



Discovery Guide™ Quadrants

The top portion of Side two of the Discovery Guide™ is divided into four quadrants that categorize conditions and disabilities.

Quadrant One - Aware

Quadrant one conditions patients are aware of. These are conditions patients talk about during the Four Chiefs™ conversation. The Chief Condition almost always resides here, along with other conditions patients mention. Quadrant one conditions usually are why they're in the dental office.
EXAMPLES - discolored/chipped front teeth, loose mandibular denture, broken fillings, toothaches

Quadrant Two - Unaware

Quadrant two conditions patients are unaware of. Typically these conditions have no disability.
EXAMPLES - gingivitis, asymptomatic periapical abscess, impacted third molars

Note: There are situations where a quadrant two conditions can be The Chief Condition and Chief

NOTES

Lesson 11

Disability. These conditions have symptoms, but patients are unaware of their underlying cause (condition) of the symptoms.

EXAMPLES - TMJ conditions, periodontal disease

Quadrant Three - Concerned

Patients are concerned about quadrant three conditions. Typically these conditions have a disability.

EXAMPLES - discolored/chipped front teeth, loose mandibular denture, broken fillings, toothaches

Quadrant Four - Unconcerned

Patients are unconcerned about quadrant four conditions. Typically these conditions have little to no disability.

EXAMPLES - a missing back tooth, crowded mandibular anterior teeth, gingival recession

NOTES

The Discovery Guide™ Dialogues

Part Two

Step one when using side two of the Discovery Guide™, is to record conditions patients are aware and unaware of. Recording conditions on the Discovery Guide™ is called mapping. Map aware and unaware conditions during the Four Chiefs™ Conversation and the exam.

Examination Conditions			
Aware #8, 9 #18, 19	1 Awareness "I know you're aware..." "Did you know..."	Concerned 3	
Unaware Perio	2 Consequences "Patients like you..." Concern "I know you're concerned..." "Does that concern you?"	Unconcerned 4	
Case Conversation		Treatment Plan/Notes	
Benefit			
Fit			
Concerned			
Unconcerned			
Advocate Hand-off			

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Quadrant One -

Teeth #'s 8, 9, 18, 19 are in quadrant one because Christine is aware of these conditions. Although Christine isn't aware #18 has a cracked filling, she is aware of symptoms.

Quadrant Two - Perio is in quadrant two because Christine is unaware of this condition and has no symptoms.

The Sequence of Influence™

The Sequence of Influence™ is the order in which you discuss patients' conditions immediately following their exams.

The Sequence of Influence™ makes the post-exam conversation easy for patients to listen to and is more influential than the treatment sequence.

Discuss patients' conditions in the sequence of quadrants one then two.

NOTES

Lesson 11

This sequence is rarely the sequence of treatment. The Sequence of Influence™ does not change your treatment plan or the sequence of treatment.

Always talk to patients about what they are interested in first. Make it easy for patients to listen and be influenced.

Note: The Sequence of Influence™ is not subject to informed consent standards. Informed consent and the sequence of treatment will be presented later after the Case Conversation at the same appointment.

NOTES

The Discovery Guide™ Dialogues

Part Two

Step two using side two of the Discovery Guide™ is to present the Discovery Guide™ Dialogues immediately following patients' exams. These dialogues are indicated within the oval. Present them in the sequence;

Awareness

- Awareness Dialogue - makes patients aware of conditions they are unaware of or acknowledges the conditions for which they are already aware

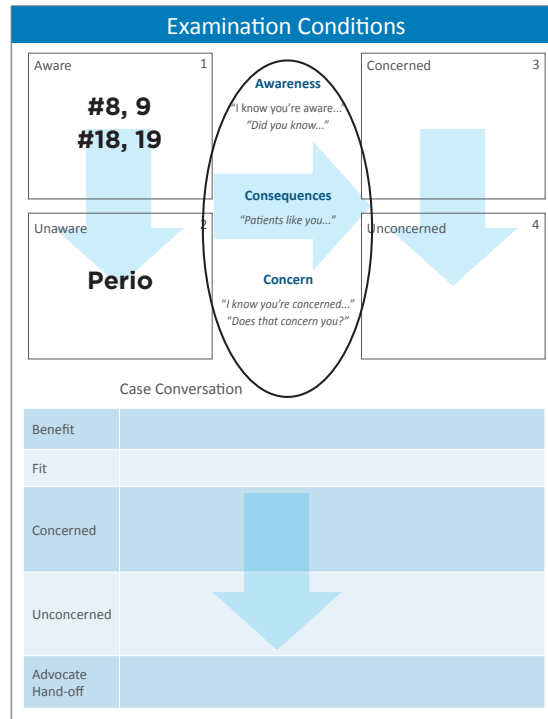
Consequence

- Consequence Dialogue - informs patients of the consequences of their conditions if left untreated in similar patients

Concern

- Concern Dialogue - determines patients' concerns for conditions or acknowledges conditions for which they've already stated concern

The Discovery Guide™ Dialogues meet the legal standard for informing patients of their conditions and the consequences of not treating their conditions.



NOTES

The Discovery Guide™ Dialogues *Part Two*

Quadrant One	
AWARENESS (#s 8, 9)	<i>"Christine, I can see why you're concerned about your discolored front teeth. I understand why you want to look your best for your daughter's wedding and all the photos."</i>
CONSEQUENCE	<i>"I've seen this situation in many of my patients. Over time, without treatment, teeth like these continue to darken."</i>
CONCERN	<i>"It's easy to see why this is a main concern for you."</i>
AWARENESS (#18)	<i>"I know you're also concerned about the soreness on your lower left side. Did you know you have a broken filling there?" (Demonstrate the cracked filling in a photo or X-ray.)</i>
CONSEQUENCE	<i>"Broken fillings like this cause many of my patients to have discomfort just like you're having. I've seen fillings like this completely break and cause major toothaches if left untreated."</i>
CONCERN	<i>"I know this is something you're worried about."</i>
AWARENESS (#19)	<i>"You mentioned to me that your lower left molar has been missing for some time now."</i>
CONSEQUENCE	<i>"Typically, missing teeth lead to more teeth being lost. Many patients of mine who've lost teeth without replacing them find that the teeth next to them begin to move. This can cause those teeth to be lost too." (Demonstrate the movement of the adjacent teeth in a photo or X-ray.)</i>
CONCERN	<i>"Is this something that concerns you?"</i>

Quadrant Two	
AWARENESS (Perio)	<i>"Christine, the last thing I want to talk about is the health of your gums. Did you know you had some gum infection around your back teeth?" (Demonstrate periodontal condition intraorally or with a photo or X-ray.)</i>
CONSEQUENCE	<i>"Gum infection is a condition I see commonly in patients. For many who don't treat it, it can lead to mouth odor, loss of bone around teeth, and in more severe situations, loss of teeth due to the infection."</i>
CONCERN	<i>"Is this something that you'd want to take care of?"</i>

**There are NO TREATMENT RECOMMENDATIONS
in the Discovery Guide™ Dialogues.**

Activity

1. Role play Christine's Discovery Guide™ Dialogues shown on the previous page in small groups (dentist, patient, observer).
2. Debrief the role play activity.
 - What were the benefits for the dentist?
 - What were the benefits for the patient?

Quiz

1. The three Discovery Guide™ Dialogues are:
 - a. Patient education, informed consent, financial arrangements
 - b. Awareness, consequence, concern
 - c. Phone etiquette, chit-chat, oral hygiene instructions
2. Acknowledging a condition that a patient is aware of is:
 - a. Part of the awareness dialogue
 - b. Patient education
 - c. Informed consent
3. When stating the consequence dialogue:
 - a. Tell patients the consequence of their condition if untreated
 - b. Tell patients the consequence of their condition if untreated in similar patients
 - c. Tell patients the consequence of account receivables
 - d. Tell patients the consequence of poor home care
4. The concern dialogue is an acknowledgment of conditions patients are already concerned about.
 - a. True
 - b. False
5. The Sequence of Influence™ is:
 - a. The sequence of treatment
 - b. The sequence of the post-examination discussion
 - c. Oral hygiene instructions
 - d. Conversations that raise patients' dental IQ's

NOTES

Lesson 11

NOTES

6. During the Sequence of Influence™, discuss conditions patients are concerned about before conditions you're concerned about.
 - a. True
 - b. False
7. Most new dentists discuss the sequence of treatment during the post-examination discussion.
 - a. True
 - b. False
8. The Sequence of Influence™ is rarely the sequence of treatment.
 - a. True
 - b. False
9. The Sequence of Influence™;
 - a. Is a Standard of Caring® issue
 - b. Helps patients be better listeners
 - c. Is a standard of care issue
 - d. a and b

Call to Action

1. Begin mapping your patient conditions on side two of the Discovery Guide™.
2. Use the mapping to practice/rehearse all three Discovery Guide™ Dialogues for your patients. Always follow the Sequence of Influence™ (sequence of Q1 and then Q2).

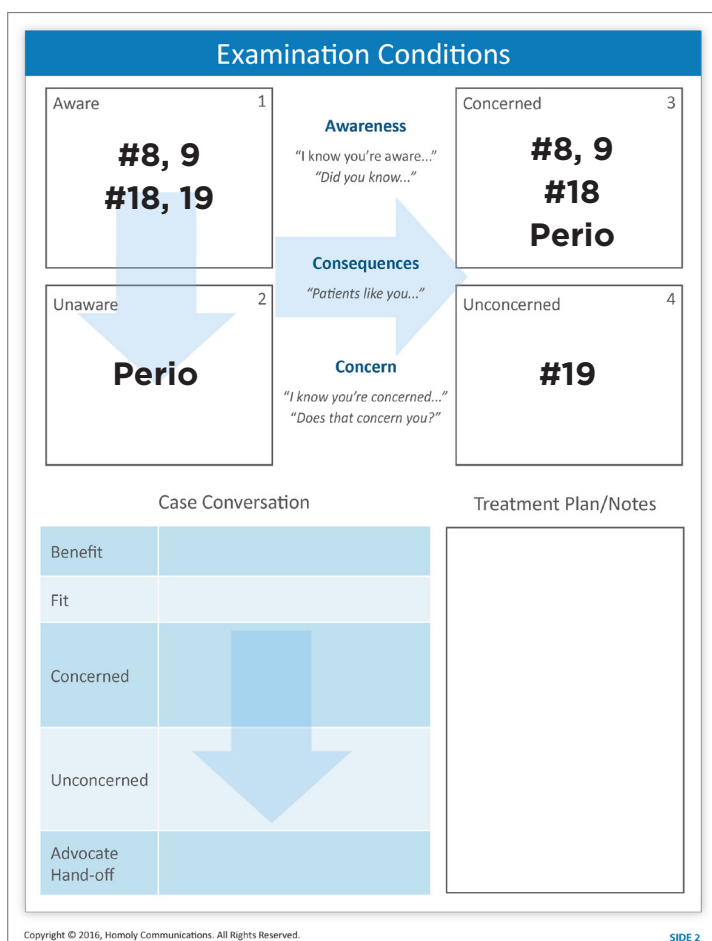
Note: If you feel comfortable to begin delivering the Discovery Guide™ Dialogues when you meet with patients go ahead. But if you want to wait, you'll learn more about the dialogues in upcoming lessons and get more time for practice.

Lesson 11 in a Nutshell

The objectives of the Discovery Guide™ Dialogues are to: present Positive Framing, ensure patients become aware of all conditions, reveal consequences of untreated conditions in similar patients, and determine concern for the consequences of untreated conditions.

The Sequence of Influence™ is based on human nature. Patients are more interested in discussions about conditions with disabilities than conditions without them.

The Discovery Guide™ Dialogues Part Three



Step three using side two of the Discovery Guide™ is to map Christine's concerned vs. unconcerned conditions in quadrants 3 and 4. The chairside assistant does this mapping during or right after the Discovery Guide™ Dialogues.

Discovery Guide™ Dialogues Summary

1. Immediately following the exam, start the Discovery Guide™ Dialogues with a positive framing statement.
2. Map aware vs. unaware conditions before and during the exam.

NOTES

3. Present the Discovery Guide™ Dialogues in the sequence;
 - Awareness
 - Consequence
 - Concern
4. During the Discovery Guide™ Dialogues don't make treatment recommendations, disagree with lack of concern, or over educate.
5. Map concerned vs. unconcerned conditions in quadrants 3 and 4.

To facilitate learning Discovery Guide™ Dialogues, consider abbreviating them to **ACC**; awareness, consequence, concern.

This abbreviation makes it easier to discuss them with team members. The phrase Discovery Guide™ Dialogues can be a "mouthful." **ACC** is more comfortable to say!

Activity

1. Watch the lesson video again and listen to how Dr. Homoly flows from the awareness dialogue to consequence, and then ends with concern.
2. Work in small groups to discuss the purpose of each dialogues/why it is important.
3. Debrief/discuss the activity with the whole team.

NOTES

Quiz

1. When patients have a condition they're unaware of, immediately tell them they have it.
 - a. True
 - b. False
2. Comparisons are:
 - a. Good ways to help patients understand their conditions
 - b. Part of Standard of Caring®
 - c. Below the standard of care
 - d. a and b
3. Asking patients whether they are concerned about a condition is more collaborative and patient-friendly.
 - a. True
 - b. False
4. The abbreviation ACC stands for:
 - a. Awareness, Confidence, Coincidence
 - b. Action, Concentration, Courage
 - c. Attitude, Concern, Conceit
 - d. Awareness, Consequence, Concern

Call to Action

1. Begin mapping your patients' concerned vs. unconcerned conditions in Quadrants 3 and 4 of The Discovery Guide™.
2. Then use the mapping to continue practicing/rehearsing the Discovery Guide™ Dialogues for the patients.

Reminder: Do not to make treatment recommendations, disagree with lack of concern, or overeducate during the Discovery Guide™ Dialogues.

Lesson 12 in a Nutshell

The results of using the Discovery Guide™ Dialogues are:

- Make patients aware of all their conditions
- Inform patients of the consequences of their conditions if they remain untreated
- Reveal which conditions patients are concerned and not concerned about

NOTES

The Discovery Guide™ Dialogues *Part Four*

A note about the Concern Dialogue

Responding to Patient Apathy

In response to the Concern Dialogue (where patients are not experiencing disabilities), patients may offer various answers.

What do you do when patients are apathetic when asked about their concern for a condition? For example, when asked about concern for a missing tooth, your patient responds, *“Oh, I’d like to get something done about it one of these days. For now, the spaces don’t show when I smile, and I’m not concerned about it.”*

The best response is “I understand” and continue the Discovery Guide™ Dialogues. Resist making treatment recommendations, or disagreeing, or educating patients.

The response *“I understand”* acknowledges their lack of concern and gives them the experience of being understood.

Avoid responses that suggest agreement with their lack of concern, such as *“okay”* or *“alright.”*

Avoid responses that create disagreement with their lack of concern such as *“You really should reconsider ...”*, *“You should be concerned and let me explain why this is important ...”* or *“You really need this taken care of.”*

Remember, the Concern Dialogue’s objective is to determine concern, not create it, nor make treatment recommendations, disagree, or educate.

We’ll revisit the importance of treating conditions for which patients are unconcerned later during the Case Conversation. For now, it’s essential to know what their current concerns are. You will see the wisdom in this when we discuss the Case Conversation, where we will make treatment recommendations for all conditions, whether patients are concerned or not.

NOTES

Activity

1. Re-watch the Discovery Guide™ Dialogues video from Lesson 9.
 - What is the best way to recommend treatment for conditions patients are concerned about?
 - What is the best way to recommend treatment for conditions patients are not concerned about?

Quiz

1. When patients state they are unconcerned about a condition:
 - a. Continue to tell them why treatment is important
 - b. Tell them you are not going to supervise their neglect
 - c. Tell them you understand
 - d. Offer to reduce your fee
2. When patients are unconcerned about a condition:
 - a. You are relieved of all responsibility
 - b. Doesn't relieve you of the responsibility of recommending care for unconcerned conditions
 - c. Tell them again why they need it
 - d. Have them sign a noncompliance form
3. The Sequence of Influence™ is the same as the sequence of treatment.
 - a. True
 - b. False
4. During the Discovery Guide™ Dialogues:
 - a. Make no treatment recommendations
 - b. Delegate to treatment coordinator
 - c. Raise patients dental IQ
 - d. Tell patients your mission statement
5. ACC stands for awareness, consequences, and concern.
 - a. True
 - b. False

NOTES

Lesson 13

Call to Action

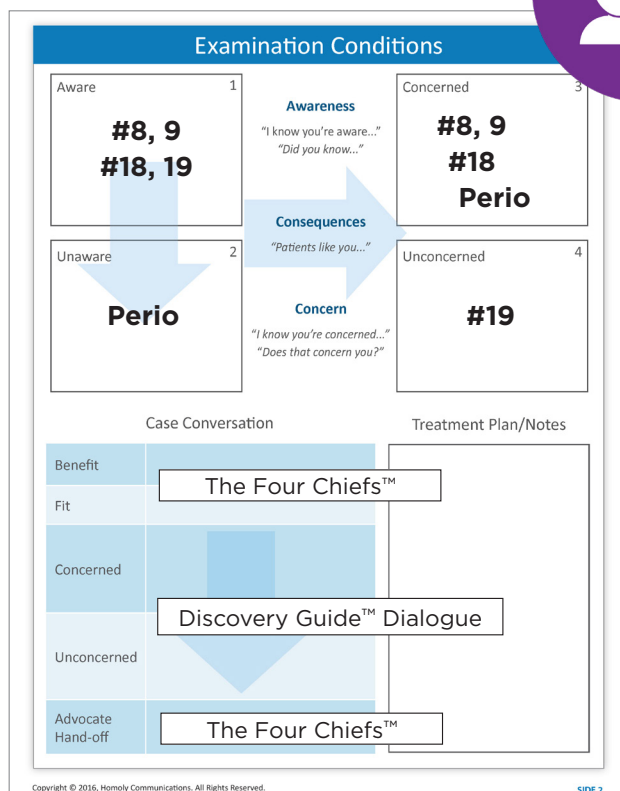
Begin using the three Discovery Guide™ Dialogues with your patients. Be sure to always rehearse the dialogues prior to delivering them with the patient.

NOTES

Lesson 13 in a Nutshell

Treatment recommendations are not the goal of the Discovery Guide™ Dialogues. The goal is to make patients aware of all conditions and discover their concern or lack of concern for those conditions.

The Case Conversation Planner



The Case Conversation Planner assembles the Case Conversation. It's also used rehearse tool. The Case Conversation Planner has two columns and five rows. The five rows are labeled Benefit, Fit, Concerned, unconcerned, and Advocate handoff.

- The Benefit is the Chief Behavioral Benefit we discovered during the Four Chiefs™ conversation.
- Fit is the life circumstances we also discovered during the Four Chiefs™ conversation.
- We learn the concerned and unconcerned conditions as a result of the Discovery Guide™ dialogues.
- The Advocate Handoff is a summary of the benefit and fit issues to my patient advocate.

NOTES

Lesson 14

MAKING IT **EASY** **Yes!**
FOR PATIENTS TO SAY 4.0

The Case Conversation Planner

Examination Conditions	
Aware 1 #8, 9 #18, 19	Consequences <i>"I know you're aware..."</i> <i>"Did you know..."</i>
Unaware 2 Perio	Concern <i>"I know you're concerned..."</i> <i>"Does that concern you?"</i>
Concerned 3 #8, 9 #18 Perio	Unconcerned 4 #19

Case Conversation		Treatment Plan/Notes
Benefit		
Fit		
Concerned	#8, 9 #18 Perio	
Unconcerned	#19	
Advocate Hand-off		

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Here are the steps to assemble the Case Conversation Planner

1. Transfer concerned and unconcerned conditions to their rows on the planner

Examination Conditions	
Aware 1 #8, 9 #18, 19	Consequences <i>"I know you're aware..."</i> <i>"Did you know..."</i>
Unaware 2 Perio	Concern <i>"I know you're concerned..."</i> <i>"Does that concern you?"</i>
Concerned 3 #8, 9 #18 Perio	Unconcerned 4 #19

Case Conversation		Treatment Plan/Notes
Benefit	Looking good for daughter's wedding	
Fit		
Concerned	#8, 9 #18 Perio	
Unconcerned	#19	
Advocate Hand-off		

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2. Enter Chief Behavioral Benefit

NOTES

Lesson 14

MAKING IT **EASY** **Yes!**
FOR PATIENTS TO SAY 4.0

Conversation Planner

Examination Conditions			
Aware #8, 9 #18, 19	1	Awareness "I know you're aware..." "Did you know..."	Concerned #8, 9 #18 Perio
Unaware Perio	2	Consequences "Patients like you..."	Unconcerned #19
Case Conversation		Treatment Plan/Notes	
Benefit	Looking good for daughter's wedding		
Fit	Wedding, remodeling, Spain trip		
Concerned	#8, 9 #18 Perio		
Unconcerned	#19		
Advocate Hand-off			

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1. Enter Chief Fit Issue(s)

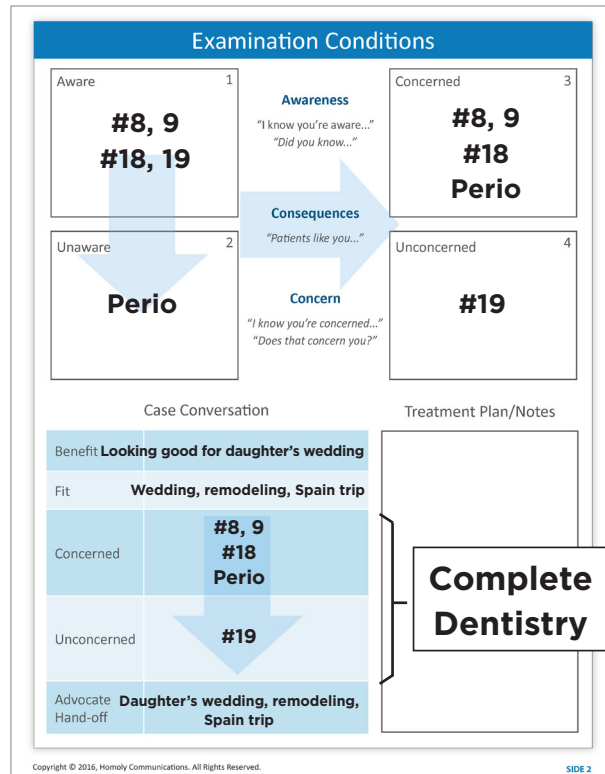
Examination Conditions			
Aware #8, 9 #18, 19	1	Awareness "I know you're aware..." "Did you know..."	Concerned #8, 9 #18 Perio
Unaware Perio	2	Consequences "Patients like you..."	Unconcerned #19
Case Conversation		Treatment Plan/Notes	
Benefit	Looking good for daughter's wedding		
Fit	Wedding, remodeling, Spain trip		
Concerned	#8, 9 #18 Perio		
Unconcerned	#19		
Advocate Hand-off	Daughter's wedding, remodeling, Spain trip		

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2. Enter Patient Advocate summary

NOTES

The Case Conversation Planner



Please notice the Case Conversation Planner includes all conditions; concerned and unconcerned. Patients' Complete Care needs are a combination of conditions they're concerned about and ones they're not. Patients are best served when offered complete care.

NOTES

Activity

1. Complete the Case Conversation Planner for one of your patients.
2. When finished, share and discuss the planner with the rest of the team.

Quiz

1. The Case Conversation Planner:
 - a. Is used to assemble the process of presenting treatment recommendations for Complete Care
 - b. Makes the treatment presentation easy for patients to understand
 - c. Is a good resource for rehearsal
 - d. All of the above
2. To communicate the value of Treatment Coordinators to patients change their title to Patient Advocates.
 - a. True
 - b. False
3. The first step when using the Case Conversation Planner is:
 - a. List Chief Benefit
 - b. List concerned vs. unconcerned conditions
 - c. List Chief Fit Issue
 - d. List Patient Advocate handoff
4. The second step when using the Case Conversation Planner is:
 - a. List Chief Benefit
 - b. List concerned vs. unconcerned conditions
 - c. List Chief Fit Issue
 - d. List Patient Advocate handoff

NOTES

5. The third step when using the Case Conversation Planner is:
 - a. List Chief Benefit
 - b. List concerned vs. unconcerned conditions
 - c. List Chief Fit Issue
 - d. List Patient Advocate handoff
6. The last step when using the Case Conversation Planner is:
 - a. List Chief Benefit
 - b. List concerned vs. unconcerned conditions
 - c. List Chief Fit Issue
 - d. List Patient Advocate handoff

1. Discuss in small groups what you can do to facilitate documenting concerned and unconcerned conditions in the Case Conversation Planner.
2. Create a plan for things the team can do in office to facilitate documenting conditions in the Case Conversation Planner.

The Case Conversation Planner assembles the case conversation and should be used as a rehearsal tool. The Case Conversation Planner includes the Benefit, Fit, concerned/unconcerned Conditions, and Advocate handoff.

Case Conversation *Part One*

Here's the Case Conversation on the Standard of Caring® map along with Christine's Case Conversation planner. For modest care left-side patients, I recommend having the Case Conversation following their exam at their initial appointment. For complex care right-side patients, it's often better to have the Case Conversation at a subsequent appointment. This would be after you've had time to plan care, contact specialists, labs, physicians, and other treatment planning resources. I also recommend the case conversation appointment for right-side patients be scheduled for first appointments in the morning or afternoon. Before the Case Conversation for all patients, be sure to rehearse your delivery. After you've presented twenty to thirty case conversations it may not be necessary to rehearse. However, mapping the case conversation planner should remain a priority. Be sure to have your patient advocate present during your case conversations. Introduce her early in the conversation.



Case Conversation		Treatment Plan/Notes
Benefit	Looking good for daughter's wedding	
Fit	Wedding, remodeling, Spain trip	
Concerned	#8, 9 #18 Perio	
Unconcerned	↓ #19	
Advocate Hand-off	Daughter's wedding, remodeling, Spain trip	

NOTES

Activity

1. Watch the video again, following along with the Case Conversation Planner.
2. Call out elements of the Case Conversation Planner as you see them.

Quiz

1. For modest care Left-side patients, have the case conversation following their exam at their initial appointment. For complex care Right-side patients, it's often better to have the case conversation at a subsequent appointment.
a. True b. False
2. Before presenting the case conversation for Left- and Right-side patients:
a. Assemble the Case Conversation Planner
b. Rehearse your delivery with your Patient Advocate
c. Schedule a hygiene appointment
d. a and b
3. It's important that your Patient Advocate be present during the case conversation.
a. True b. False

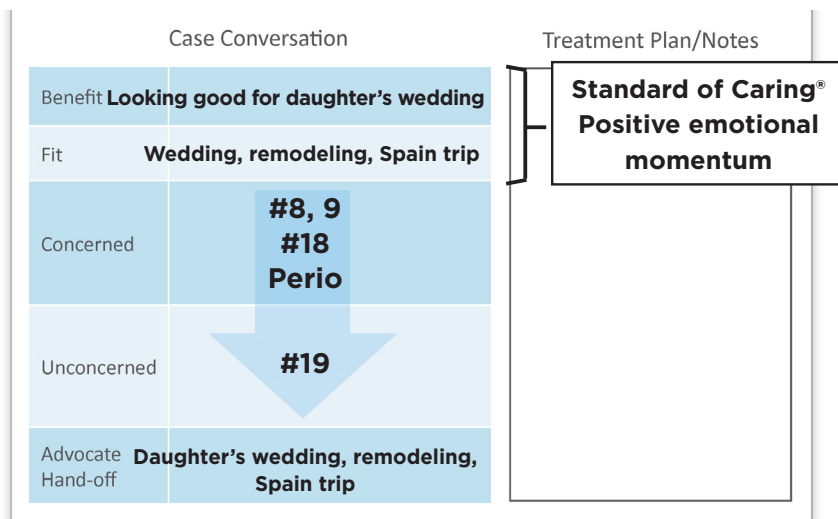
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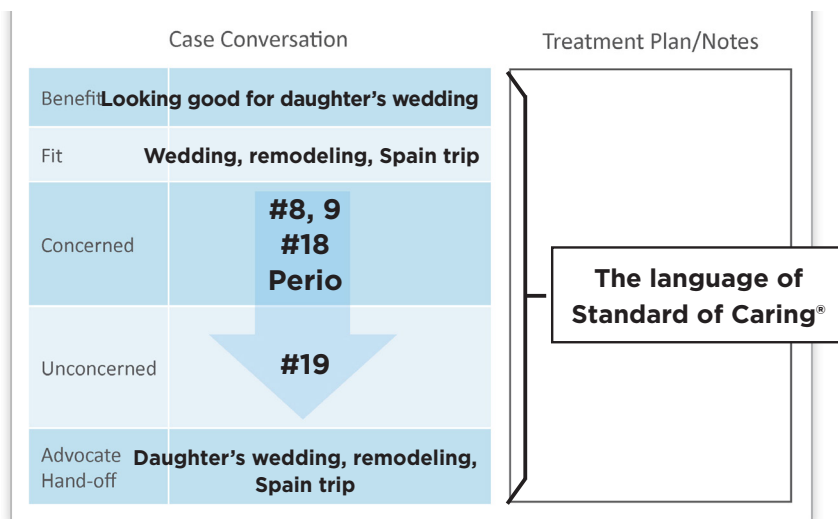
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An important distinction between concerned vs. unconcerned conditions is treatment recommendations for concerned conditions are prefaced with an acknowledgement of patients' concerns. For conditions patients are not concerned about, preface treatment recommendations with an acknowledgement of their lack of concern. Framing treatment recommendations in the language of "*When ... you're ... ready*" takes the stress out of the conversation.

Case Conversation *Part Two*



An essential aspect of the Standard of Caring® is beginning the Case Conversation with the Chief Benefit with the Chief Fit issues immediately following. This creates a sense of positive emotional momentum going into the remaining Case Conversation.



The entire Case Conversation is delivered in the language of Standard of Caring®. Its focus is to assure patients you understand them and they'll be well-cared for. The Case Conversation is not about explaining details of the treatment process delivered in the language of standard of care.

NOTES

Activity

1. In small groups, discuss disclosure opportunities and how you have used/could use disclosure with patients.
2. When finished, share ideas with the team.

Quiz

1. Disclosure during the case conversation is:
 - a. Inappropriate
 - b. Time-wasting
 - c. Sustains the personal nature of the conversation
 - d. Below the standard of care
2. Patient Advocates should disclose when appropriate.
 - a. True
 - b. False
3. The case conversation is delivered:
 - a. In the language of standard of care
 - b. Along with abundant patient education
 - c. By the patient advocate
 - d. In the language of Standard of Caring®
4. The case conversation is delivered:
 - a. In the sequence of treatment
 - b. In the Sequence of Influence™
 - c. At the front desk
 - d. During hygiene appointment
5. The Sequence of Influence is rarely the sequence of treatment.
 - a. True
 - b. False

NOTES

Call to Action

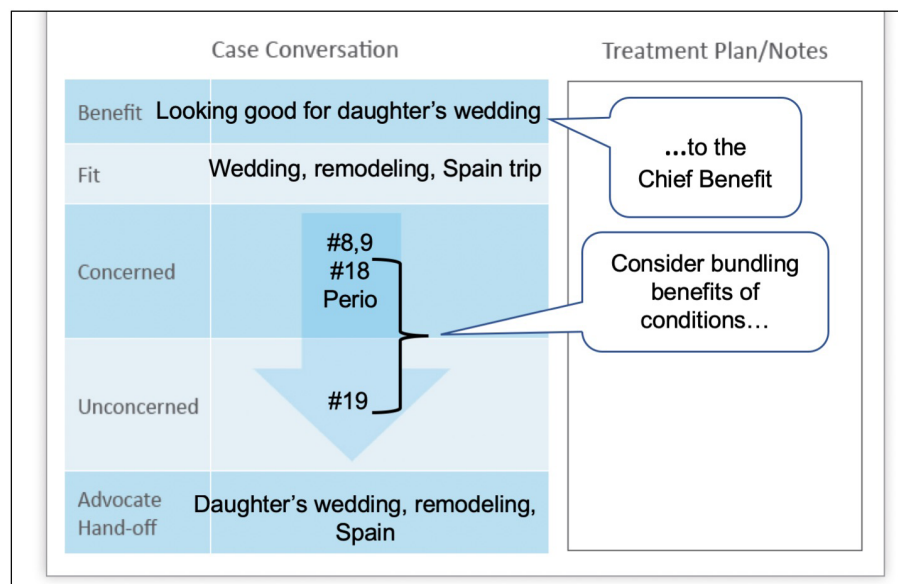
1. Be on the lookout for opportunities for disclosure with patients.
2. Talk about it as a team outside of training to keep it top of mind.

NOTES

Lesson 16 in a Nutshell

The entire case conversation is delivered in the language of Standard of Caring®. Its focus is to assure patients you understand them and they'll be well-cared for. The case conversation is not about explaining details of the treatment process delivered in the language of standard of care.

Case Conversation *Part Three*



Bundling benefits to the Chief Benefit can be applied to most conditions. For example, in Christine's case, I could bundle the benefits of replacing her missing tooth to preserve her front teeth's appearance. This would sound like, *"Christine missing back teeth can often result in patients chewing more on their front teeth, which can accelerate their wear. To preserve your front teeth's appearance, it would be important to replace your missing back tooth."*

Bundling benefits of unconcerned conditions to the Chief Benefit influences patients to accept complete dentistry.

NOTES

Activity

1. Re-watch the first four minutes of the Lesson 17 video with the Case Conversation Planner in hand.
 - What did you notice in the video in relation to the planner?
 - How did Dr. Homoly bundle benefits?

Quiz

1. Presenting the case conversation in the language of Standard of Caring®:
 - a. Meets medical/legal requirements of consent
 - b. Is easier for dentists
 - c. Influences patients they'll be well cared for before recommending care
 - d. Combats dental phobia
2. Process-centered case presentations:
 - a. Are "how-to" explanations of technical details
 - b. Are the traditional form of case presentation
 - c. Can confuse patients
 - d. All of the above
3. Patient education is best suited for prevention and consent conversations.
 - a. True
 - b. False
4. Bundling benefits to the Chief Benefit can be applied to most conditions.
 - a. True
 - b. False

NOTES

Lesson 17

5. When recommending treatment for unconcerned conditions, its best to:
 - a. Use abundant patient education
 - b. Avoid recommending treatment for unconcerned conditions
 - c. Acknowledge patients' lack of concern, then recommend care as if they are concerned
 - d. Have your Patient Advocate do it
6. Over educating patients on unconcerned conditions can feel like sales pressure.
 - a. True
 - b. False

Call to Action

1. Work to bundle benefits to the Chief Benefit during your patient conversations.
2. Talk about it as a team outside of training to keep it top of mind.

Lesson 17 in a Nutshell

Bundling benefits of unconcerned conditions to the Chief Benefit influences patients to accept complete dentistry.

NOTES

The Case Conversation Rehearsal

Rehearse Christine's Case Conversation out loud with your patient advocate. Start with the behavioral benefit and work your way down the planner. Speak the language of Standard of Caring® throughout the Case Conversation. To help you rehearse, watch the video on the Case Conversation several times.

Case Conversation		Treatment Plan/Notes
Benefit	Looking good for daughter's wedding	
Fit	Wedding, remodeling, Spain trip	
Concerned	#8,9 #18 Perio	
Unconcerned	#19	
Advocate Hand-off	Daughter's wedding, remodeling, Spain	

Clearly state Chief Benefit

Case Conversation		Treatment Plan/Notes
Benefit	Looking good for daughter's wedding	
Fit	Wedding, remodeling, Spain trip	
Concerned	#8,9 #18 Perio	
Unconcerned	#19	
Advocate Hand-off	Daughter's wedding, remodeling, Spain	

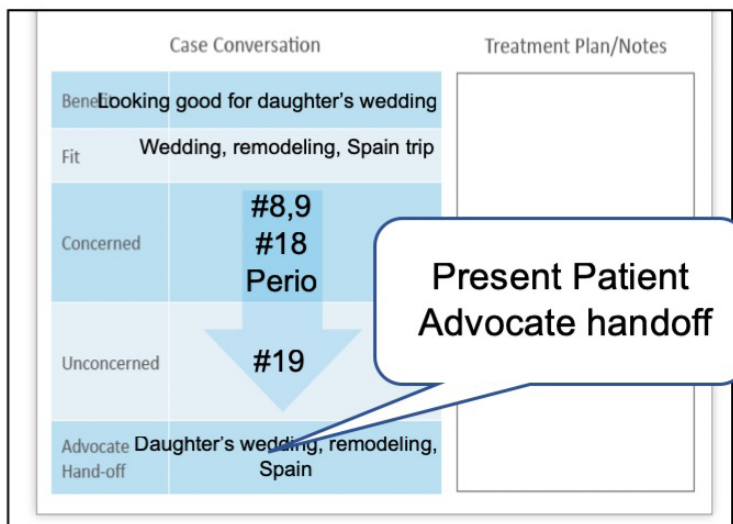
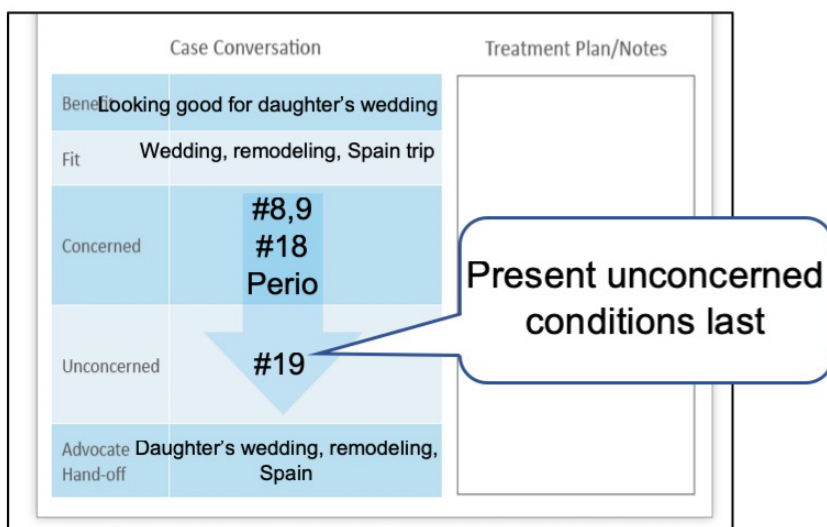
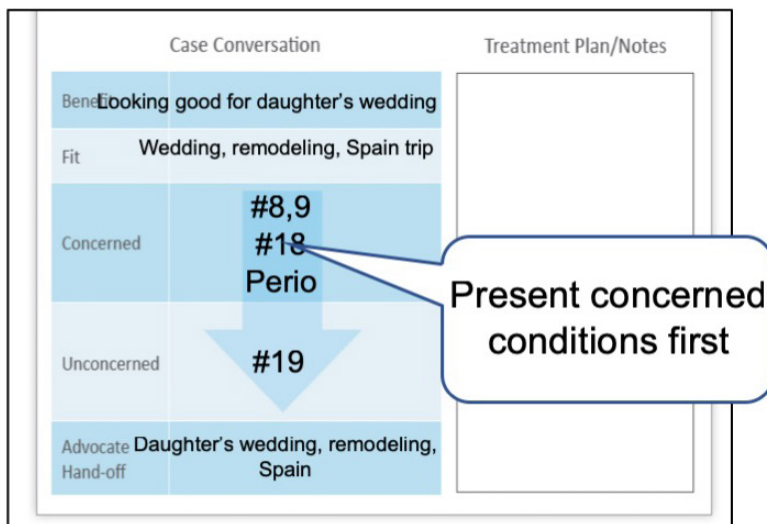
State Fit Issue(s)

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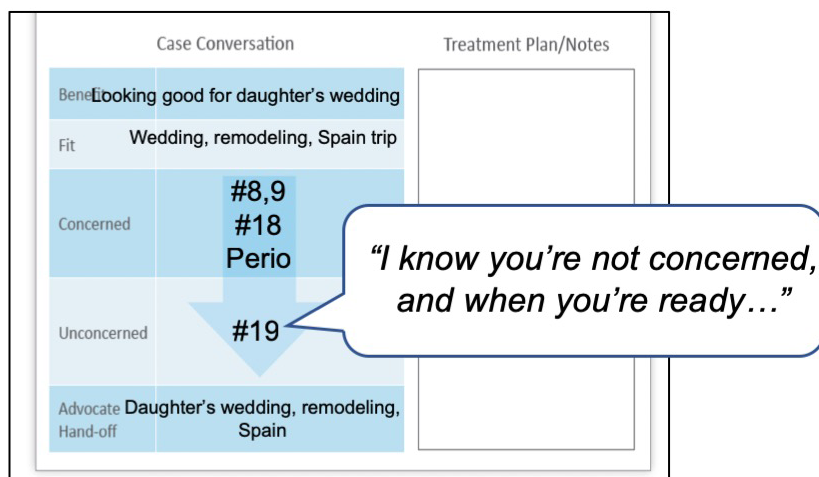
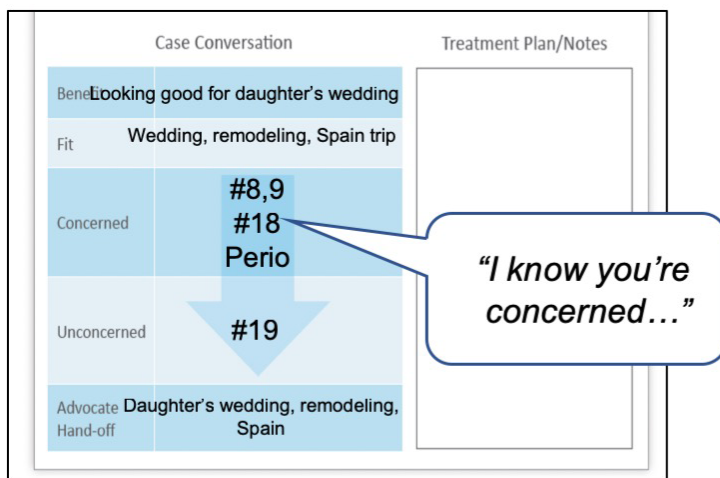
Lesson 18

MAKING IT **EASY** **Yes!**
FOR PATIENTS TO SAY **Yes!** 4.0

NOTES



Lesson 18



An essential aspect of the Case Conversation is the language distinction between recommending treatment for concerned conditions vs. unconcerned. Preface concerned conditions acknowledging patients' concerns. Preface unconcerned conditions acknowledging patients' lack of concern. Acknowledging patients' concerns demonstrates you understand them. Acknowledging a lack of concern removes any sense of "sales pressure." It also reminds patients that complete care is important to you and fulfills your ethical and legal responsibilities of offering Complete care.

NOTES

Complete Care

Standard of care is met by disclosing all conditions, stating consequences and risks if conditions are untreated, and offering patients benefits of care. Standard of Caring® is achieved by creating an experience for patients where they feel understood, experience no sales pressure, and are spoken to in a language they understand.

Offering Complete Care using the Case Conversation process will diminish all fear of overwhelming patients or losing them from sticker shock.

Activity

1. Work in small groups (dentist, patient, observer) rehearsing Christine's case conversation. (Use her Case Conversation Planner in the workbook as a guide.)
2. Debrief after each person delivers the case conversation.

Quiz

1. The only way you'll get skilled at delivering the case conversation is to rehearse it out loud.
a. True b. False
2. During case conversation:
a. Overcome Fit Issues
b. Don't try to overcome Fit issues
c. Completely describe technical processes
d. Delegate to the Patient Advocate

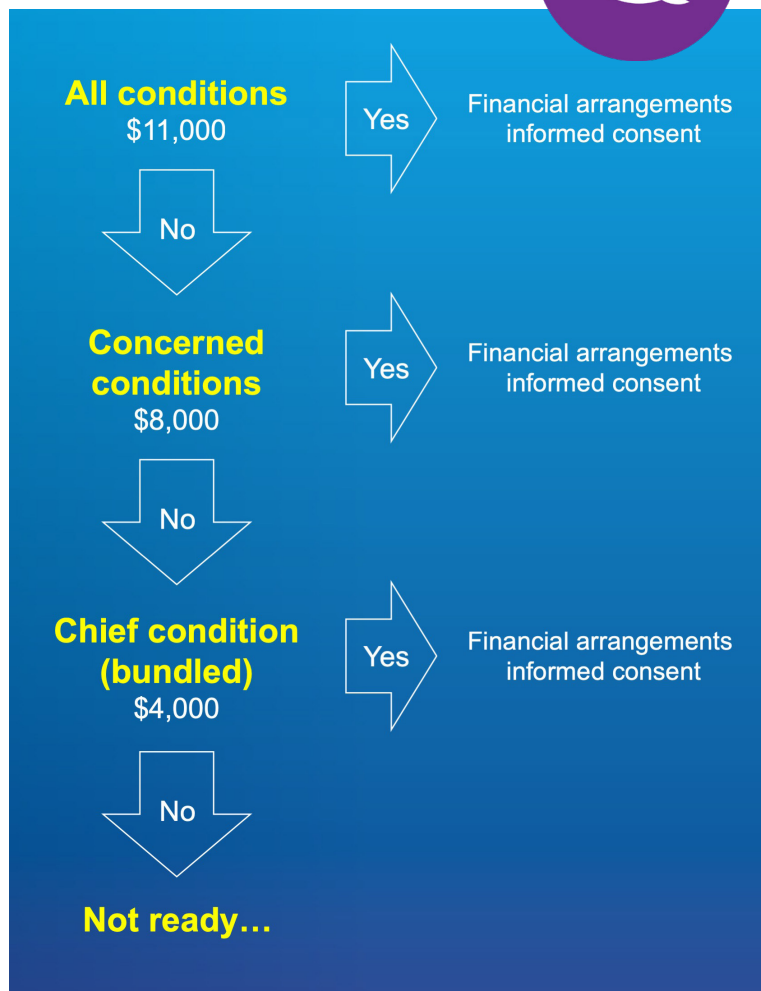
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- To educate
 - To influence
 - To ask for referrals
 - To meet the standard of care
- The Patient Advocate handoff is a summary of Benefit and Fit issues.
 - True
 - False
- Dentists and team members would rather use each other's toothbrushes than to role-play.
 - True
 - False

1. Create a plan to rehearse patient case conversations out loud with each other daily.
 - How can we ensure this happens?

IMPORTANT: It takes a lot of practice to get good at delivering an authentic and influential case conversation.

The only way you'll get skilled at delivering the case conversation is to rehearse it out loud. It's important to role play daily.



The patient's fee and your ability to confidently quote it, is a strong positive emotional component when offering complete care. Doing so, sustains the emotional momentum you've created during the case conversation. The steps for quoting a fee start with quoting fees in descending amounts beginning with the complete care fee. Then depending on patient responses, quote fees for concerned conditions, or, if necessary, a fee for Chief Conditions only.

NOTES

Lesson 19

Starting with the complete care fee accomplishes two things. First, it gives patients an idea of total care costs. It acts as a gentle reminder that complete care is important to you. Next, fees for concerned and chief conditions, by comparison, are smaller, which makes them seem less expensive.

If patients aren't comfortable with the fees for Chief Condition only, they may not be ready for any dentistry. If this is the situation, consider saying, *"I understand this may not be a good time for you to have dental care. When you're ready, we'll be here. I'll wait with you."*

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Here are some quoting fees do's and don'ts.

- Don't delegate quoting fees. Build the skills, confidence, and habit of comfortably quoting fees. The higher the fee, the more critical it is you quote it.
- Case acceptance for complex care will place a higher demand on your leadership skills. Build good skill habits early in your career, and it will pay off well as you grow.
- Keep good eye contact. Shying away with your eyes signals a lack of confidence.
- Rehearse financial conversations. The only way to build your confidence and verbal skill is to rehearse out loud with your patient advocate or other team members.
- Don't apologize for your fees. It sets a horrible example for your team and destroys your image as a leader.
- Never base a patients' financial situation and their ability to pay on your financial situation.
- Assume patients want your care and are willing to pay for it.
- Above all, be a leader. See financial conversations as leadership opportunities. Dental care for patients is personal. They want it to be personal to you too. Patients will feel and respond to it. So will your team.

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Activity

1. Work in small groups (dentist, patient, observer) taking turns rehearsing Christine's financial conversation.
2. Then use your actual patients and role play the financial conversations in your small groups.

Financial conversation structure:

Step 1 - Frame conversation

- Complete care recommended with acknowledgment of unconcerned conditions
- Foreshadow consent conversation

Step 2 - Anticipate and answer questions

- How much, how long, how much will insurance pay, how much time lost from work, etc.

Quiz

1. The financial conversation should be done by the:
 - a. Patient Advocates only
 - b. Dentists
 - c. Assistants
 - d. Business office team members
2. When quoting fees, start with the complete care fee.
 - a. True
 - b. False
3. The financial conversation should be approached as a:
 - a. Transaction
 - b. Leadership opportunity
 - c. Consent issue
 - d. Standard of care issue
4. Financial arrangements, insurance issues (if applicable), and scheduling are the responsibility of the Patient Advocate.
 - a. True
 - b. False

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Lesson 19

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5. Who has the highest level of influence in the dental practice?
 - a. Business team members
 - b. Hygienists
 - c. Chairside assistants
 - d. Dentists
6. The higher the fee, the more critical it is that the dentist quote it.
 - a. True
 - b. False

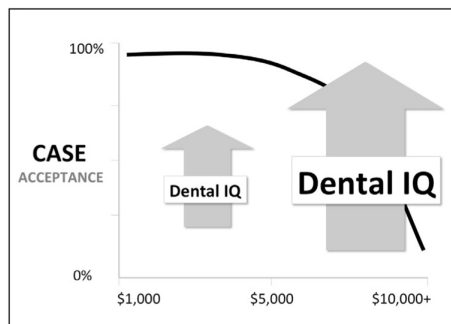
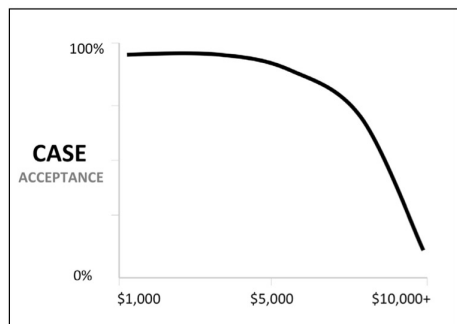
Call to Action

1. What can we do to facilitate stress-free fee conversations?

Lesson 19 in a Nutshell

Quote the complete care fee, including all concerned and unconcerned conditions, and give estimates of time in treatment. If the complete care fee doesn't fit, quote the fee for concerned conditions only and give estimates of time in treatment (if within the standard of care).

Patient Readiness



The illustration on the left shows the relationship between the treatment acceptance vs. the level of fee. Treatment acceptance decreases as fees increase. The illustration on the right superimposes efforts to raise patient's Dental IQ through patient education onto this illustration. The size of the block arrows represents the time and effort put into patient education. The greater the case complexity, the greater the time and effort most dentists put into patient education. Now, if patient education was the secret sauce when managing patients not ready for care, then why does the treatment acceptance curve go down? If patient education was the answer, then the curve should go up. But it doesn't.

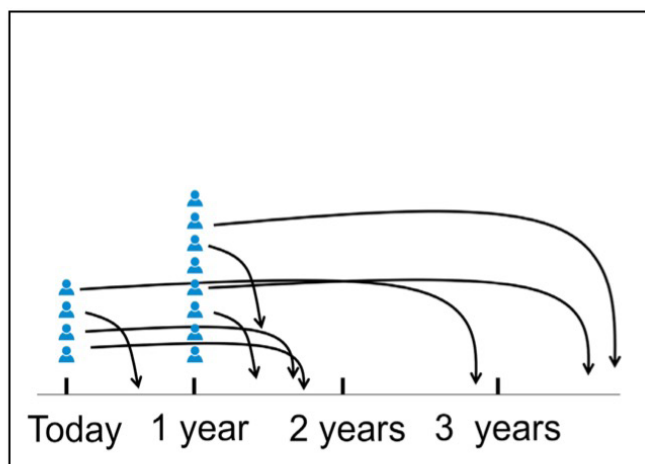
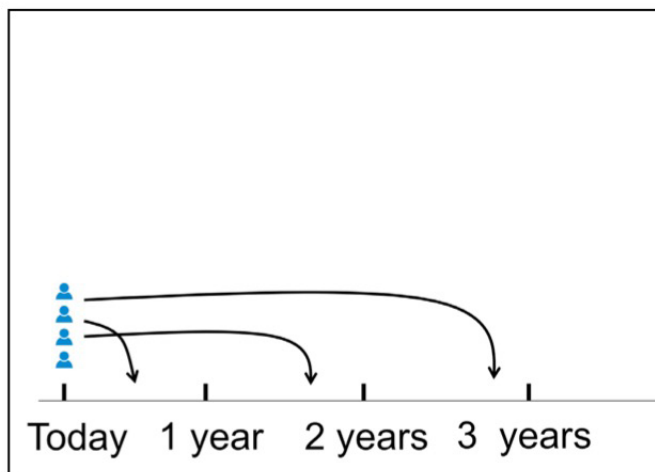
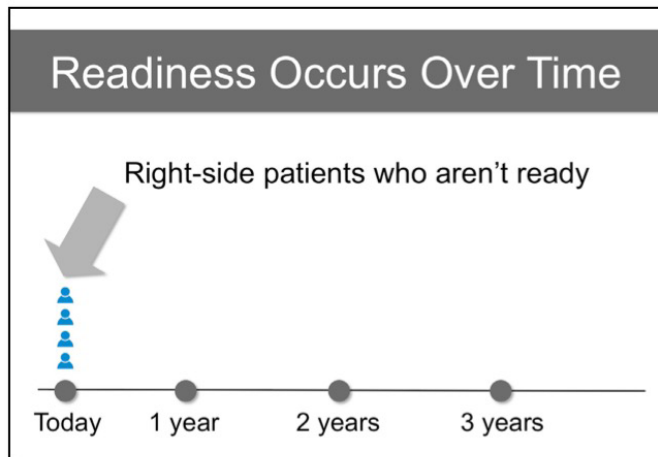
Lack of readiness is more about fit issues than about low dental IQ.

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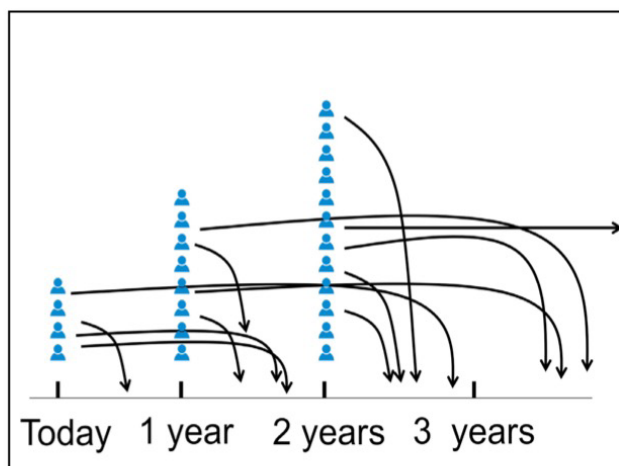
Lesson 20

MAKING IT **EASY** **Yes!**
FOR PATIENTS TO SAY 4.0

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Lesson 20



As you build stacks of not ready patients, readiness over time compounds. The higher the stacks of not ready patients who remain in your practice, the greater the number of patients who will return and say, “I’m ready!”

Over time, fit issues change. Your stacks will provide a constant source of right-side patients who’ve become ready. Isn’t that nice to know?

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Activity

1. Discuss in small groups patients who returned to the practice for care after time.
 - Why did the patients return for care? What changed?
 - Were there things you did to influence their decision to return for care?

PATIENT	Life event that made him/her ready

Are there are other patients in the practice who have life situations (Chief Fit Issues) keeping them from becoming ready? If so, how can we discover who they are and their Chief Fit Issues?

Quiz

1. Patient education does not change Fit issues.
 - a. True
 - b. False
2. Overeducating patients with Fit issues:
 - a. Does not make patients ready
 - b. Feels like sales pressure
 - c. Is the best approach to lack of patient readiness
 - d. a and b
3. A well-delivered case conversation:
 - a. Will result in 100% treatment acceptance
 - b. Is standard of care
 - c. Will retain patients who are not ready for care
 - d. Raises patients dental IQ

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- ## Call to Action

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When patients who are not yet ready for care feel welcome, you can expect your stacks to grow. All lessons in this program point to allowing patients to become ready, and when they do, they'll return to you, they'll accept your care, they'll pay their fees, they'll refer their friends, and they'll give you great online reviews.

It's Your Turn to Lead



Well, this is it...your last lesson. It's not always easy finishing something you start. I know for me half-way through the months of producing this online program, it began to feel like a grind. Projects like this one can wear you out. However, there's a certain serendipity about wearing out. It's that delicious moment when you catch your second wind. Second winds are great moments. They lift us. They visit us when we realize; what was once just our vision, is becoming the real thing.

I hope that what was once your vision of improved treatment acceptance has become the real thing.

The dentists who've been the most successful with this program have one thing in common; they lead. Leadership means a lot. It means thoroughly learning and applying this program's lessons. If you don't do this, those around you won't do it either. Leadership means accountability. If team members or other dentists get off track, it's your role to get them back on. Leadership is your ability to create an environment where you make it easy for team members and other dentists to succeed. You see, when

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stirred by a sense of accomplishment, they feel better about themselves.

There's no greater act of leadership than enabling teams to feel better about themselves when working together with you.

Leadership is guiding others to catch their second wind. By finishing this program, you apparently have caught yours. Now, look back, look back to where you were, and lift others to join where you are now. It's what leaders do. It's your turn to lead.

My Best always,
Dr. Paul Homoly

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Activity

1. For review, work in small groups to arrange the Standard of Caring® flash cards (title side up) to match the sequence of the Standard of Caring® Map.
2. While arranging the sequence of the Standard of Caring® flash cards, you should be able to recite definitions by memory.

Quiz

1. We catch our second wind when we:
 - a. Hire an associate
 - b. Have a new idea
 - c. Realize what was once just our vision, is becoming the real thing
 - d. Luck
2. For the hundreds of dentists who've experienced this online program, the ones who do the best engage with it.
 - a. True b. False
3. The most essential aspect of getting the most out of this program is:
 - a. Clinical continuing education
 - b. Dentists' leadership
 - c. Expanded duty auxiliaries
 - d. COVID-19 precautions
4. There's no greater act of leadership than enabling teams to feel better about themselves when working together with you.
 - a. True b. False
5. It's your turn to lead.
 - a. True b. False

NOTES

Stick with the Formula

- Review key lessons
- Load the Making It Easy app on your smart phone
- Get involved in the private Facebook group
- Identify team member champions of the program
- Stay connected with Dr. Homoly and other enrolled dentists
- Leadership

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