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Improving Profitability

Gone are the days when simply taking care of your patient base and providing a moderate array of services are enough to make your practice profitable. Dr. Levin explains the three business systems that have the biggest impact on profitability.

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Making It Just ‘One-Step’

An immature tooth that develops pulpal or periradicular disease presents special problems. In this article, Doctors Fayad and Monteros present a new approach for management of necrotic immature teeth—one-step apexification.

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Justifying Thoroughness

Since the 1960s, researchers have been tackling the problem of how deposits on the root surface can be removed thoroughly and gently. The pervasive question—How much thoroughness is biologically justifiable to prevent placing—? is thus explored in detail.

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PATIENT COMMUNICATION

Why Patients Say “No”

How to Handle the Two Most Important Patient Objections

Tyson Steele, U.S.A.

Oral Disease Around the Globe: The Battle Continues

Dental Tribune International
By Robin Goodman

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One problem in many medical practices is that too much paper is hoarded and this becomes a burden. On average, 50% of all information and working material is superfluous. The consequences are:

- Problems with the flow of information
- Long periods spent searching and filing
- Multiple filing and multiple handling
- Difficulties with replacement staff
- No overview of available knowledge

Any investigation of the grounds for this shows that processed documents do not immediately find their way into the designated file. One reason for this is that momentarily one doesn’t know where to put it; another is that having several filing trays makes it easy to just shove the paper into one of them.

POWER TIP: Reduce the number of your filing trays. Put documents in them only temporarily!

Throw out Ballast

Step 1: Set Tidy up your paper collection and ask yourself the following:

- Am I going to need this paper within a year?
- Can I not access the information from elsewhere? From a colleague, a reference work, or online?
- Do I need it to replace an Internet site?
- Is there a regulation about keeping the paper?
- Is the information you have collected looking at it regularly?
- Send any files you use infrequently to the archive.

5. In the process of explaining treatment, the doctor tells the patient that the treatment ‘could’ wait. ‘There’s nothing wrong with this except that it is often the only part of the conversation that the patient remembers,’ said Doctor said it would probably hold up another year. I’ll just do whatever you think would be best.”

4. The perceived benefit of getting treatment now is outweighed by other concerns.

Of course, in many of these cases the patient will tell you that they don’t have the money or they don’t have the time. However, you can be assured that a lack of urgency is often the real objection.

In fact, you know this already, you treat a patient a crown based on the fact that the patient has a filling amalgam restoration. The patient doesn’t get the treatment and tells you your staff are “really busy, don’t have insurance, need to wait for the money,” or some other objection. Several weeks later, the patient fractures, causing a great amount of discomfort for the patient. Ultimately, the same patient who “didn’t have the time, didn’t have insurance, didn’t have the money” suddenly finds time and money for treatment and has decided that it’s necessary to have insurance.

You see, pain creates a real sense of urgency. And, once urgency is established, all of the other objections are overcome. You can’t just “realize” a money objection, they would still have the money objection even when it’s urgent!

Now it’s time for the second REAL objection. If a lack of urgency is the most common objection in dentistry, then this one is the most important.

Lack of Trust

The most important reason patients fail to accept treatment is broadly defined as a lack of trust. Many years ago dentistry was considered by the public to be one of the most trustworthy professions. Unfortunately, recent surveys of public opinion have indicated that the attitude has largely shifted. Whatever the reasons for this change, it has left dentists fighting an uphill battle when it comes to case acceptance. You see, if patients trust you, then almost all of their other objections can be overcome. Trust is the cornerstone of the relationship between dentist and patient.

STEP 2: Build trust

POWER TIP: Throw away everything you can obtain again when needed.

POWER TIP: Reduce the number of your filing trays. Put documents in them only temporarily!

Step 2: The remaining documents are sorted according to completed files and pending files. You deposit complete files in your archive. The pending files are kept for re-submission. The various types are the re-submission brief-case folder, the hanging file cabinet, and re-submission by PC saveable.

Step 3: Sort the folders and hanging files gradually on a regular basis. On the calendar, mark a specific definite day for doing this each month. This will serve as an automatic reminder. Examine the overflowing files first. How old are the contents and how often do you still need the documents? What can be thrown away? Do the files remain to remind you in the practice or can they go to the archive?

Building Trust and Urgency

Ultimately, there is a foundation problem with the manipulative case presentation strategies taught at many seminars today. For, while they attempt to overcome some of the less important objections, they diminish patient trust in the process. In addition, they fail to address the patient’s lack of urgency in a way that simultaneously builds trust.

Conclusion

The trick, of course, is to discover the patient’s real objection. To do this, you can use the F component of the FOS model.

F = Fear of Dentistry

Step 1: Ask what is worrying the patient at the moment. The question could be, “What is troubling you about the treatment?”

Step 2: If the patient answers “no” then this is a clear case for the waste bin.

Step 3: “Doctor said it would probably hold up another year. I’ll just do whatever you think would be best.”

5. In the process of explaining treatment, the doctor tells the patient that the treatment ‘could’ wait. ‘There’s nothing wrong with this except that it is often the only part of the conversation that the patient remembers,’ said Doctor said it would probably hold up another year. I’ll just do whatever you think would be best.”

4. The perceived benefit of getting treatment now is outweighed by other concerns.

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You see, if patients trust you, then almost all of their other objections can be overcome. Trust is the cornerstone of the relationship between dentist and patient.

Step 1: Establish trust

POWER TIP: Throw away everything you can obtain again when needed.

POWER TIP: Reduce the number of your filing trays. Put documents in them only temporarily!

Step 2: The remaining documents are sorted according to completed files and pending files. You deposit complete files in your archive. The pending files are kept for re-submission. The various types are the re-submission brief-case folder, the hanging file cabinet, and re-submission by PC saveable.

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