



PRACTICE PRODUCTION WHITEPAPER SERIES

By **Roger P. Levin, DDS**, *Chairman & CEO, Levin Group*



THE ELEMENT OF TRUST IN CASE ACCEPTANCE

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Introduction

The recession that began in 2008 has had a profound effect on orthodontic practices across the country. According to the Levin Group Data Center™, 75% of all US ortho practices have experienced production declines in the past four years. Of the 25% that continued to grow through that period, only approximately 6% achieved what would generally be regarded as excellent growth.

Orthodontists who are determined to lead their practices back to higher levels of productivity must first understand why this recession, unlike any others in modern history, has had such a negative impact. The root cause of the production crisis is the dramatic and seemingly permanent change in consumer behavior. Shocked by financial losses and uncertainty, formerly impulsive buyers have become cautious shoppers. Reluctant to commit to significant expenditures, including orthodontic care, consumers must now be highly motivated if they are to accept treatment.

Unfortunately, most ortho practices have either failed to recognize this new reality or fallen short in their attempts to compensate for it. Many orthodontists and treatment coordinators (TCs) continue relying on obsolete protocols and presentation techniques, with predictably disappointing results. From now on, new systems and performance standards must be adopted so that ortho practices can turn production declines into growth.

The key is stronger, more motivational case presentation, based on the new consumer psychology. To reach the Levin Group target of closing 90% of ortho cases, parents and patients must establish *trust*.

Trust and the Treatment Coordinator

Creating trust—a prerequisite to case acceptance—is a very complex process involving psychological, intellectual, technical, perceptual, intuitive and selling skills. The decision-making process on the part of the parent or adult patient actually consists of multiple decisions at various points from first contact to the beginning of treatment, any one of which can derail the ortho practice's efforts.

Trust-building should be a priority throughout the entire case acceptance process:

First Call, First Priority

Responsibility for case presentation and acceptance rests primarily with the treatment coordinator, even when someone other than the TC is interacting with the parents and patients. This is true of the initial phone call. Although taken by the front desk coordinator, the call will be scripted under the direction of the TC to begin the trust-building process.

Most offices simply and pleasantly answer the phone, schedule the appointment, gather the basic information and end the call. This is the pre-recession scenario, with no attempt to begin creating trust. In contrast, Levin Group shows client practices how to use scripting, based on the science of influence, to accomplish much more in that all-important first call. The pleasant yet carefully scripted conversation establishes the foundation for trust and begins creating value—for the practice, the orthodontist, the TC, the upcoming appointment, and the treatment that will be presented. The selling process is off to an excellent start, even before the parents and patients come into the office.

From Professional to Personal

Every other step in the TC process is planned and scripted with this same level of focus on achieving the target—a 90% acceptance rate. For example, the TC uses the Golden 10 technique, learning 10 personal details about parents and patients *before* beginning a discussion of orthodontics. Psychologists have found that when a person learns about another individual in such a manner, the relationship moves from the professional to the personal.

People prefer buying from people they like. In other words, building personal relationships will build the ortho practice's business. Trust in the TC is not an end in itself. It facilitates the next, crucial step in the presentation.

Transferring the Trust

Trust-building is evident in the way the TC talks about the doctor during case presentation. Picking up where the front desk coordinator's scripting left off, the TC speaks highly of the orthodontist's skills and concern for the well-being of patients. Having earned the trust of parents and patients, the TC proceeds to *transfer the trust* to the doctor. Greater value and trust are established before the orthodontist enters the room. Known as *third-party endorsement*, this is an extremely effective technique for establishing credibility, confidence and trust for the orthodontist.



Some doctors spend decades in practice before coming to the realization that the parents and patients considering treatment are not capable of judging clinical excellence. Trust in the doctor, transferred enthusiastically from the TC, often carries more weight for decision makers than a dental school diploma.

Differentiating the Practice

One of the most striking observations I have ever heard from business experts is that people rarely buy what companies think they are selling. Concentrate on the wrong factors, such as clinical excellence, and the TC and orthodontist will risk losing the case to another practice. Concentrate instead on what parents really want—a beautiful smile and a fun experience for their child, at an affordable price—and acceptance will increase dramatically. Beyond that, the practice must offer a compelling competitive advantage. To win case acceptance, the TC should focus the presentation on differentiating the practice from others that the parents and patients may be planning to visit.

The new consumer behavior pattern often leads to “shopping,” not necessarily for the best ortho practice but for the best ortho *deal*. Ortho shoppers see orthodontics as a commodity, so when they begin their search they expect to select the practice offering the lowest fee. Though some will definitely follow through on this intention, many others can be persuaded that *value* matters more than price. If the TC builds a trusting relationship and differentiates the practice in ways that communicate value, the case will be accepted.

Briefing the Doctor

The script for the case presentation will specify the point, usually 30 minutes into the 60-minute appointment, when the orthodontist will be brought into the consult room by the TC. To ensure that this critical part of the presentation has the greatest possible positive impact, the TC should step out to give the doctor a concise 2-minute briefing. It should include such information as:

- Who made the referral
- Whether there is concern about financial arrangements or other issues
- If the person asks a lot of questions or just takes in information
- Whether the patient has siblings
- What hobbies, interests or community activities can be brought up

Using the best technique, the TC notes this information on a simple, one-page form for quick review and as a reminder

during the doctor’s part of the presentation. The briefing should be done the same way every time, so the doctor can gain a clear picture of the person in the room and make a solid personal connection right away. This plays an important role in building trust.

The Doctor’s 10 Minutes

When the orthodontist enters the consult room, the conversation should start with personal items that were in the briefing. Following the script, the doctor then examines the patient’s mouth, discusses why treatment is recommended, and reassures patient or parent that the result will be a beautiful smile.

This portion of the presentation transfers the trust from the TC to the doctor. By carefully orchestrating—and scripting—the orthodontist’s role, it maximizes the influence on case acceptance while minimizing the doctor’s time away from production.

When the orthodontist leaves the room—having created a personal relationship and established trust—the TC again praises the doctor’s skills, experience and personality.

Pulling It All Together, and “Closing”

At this point, the script calls for more reinforcement... mentioning such facts as the number of patients in the community who have had ortho treatment in the practice, highlighting the names of patient’s or parent’s friends who were mentioned earlier in the presentation. The TC also offers to answer any remaining questions that would not necessarily be asked of a doctor. This provides yet another opportunity to build trust and give third-party endorsement of the highly positive experience the parent and patient will have in the practice.

The entire presentation up to this point has been conceived and scripted to gain acceptance. Rather than pushing for the sale, which would be off-putting and counterproductive, the TC can now ask for the commitment. With trust established and understanding the science of influence, the TC can do so in a way that yields treatment acceptance 90% of the time.

Personal Qualities that Help Build Trust

In addition to employing excellent scripting and leveraging knowledge about new, post-recession buyer psychology, the TC can also use body language and personal appearance to improve case acceptance.



Language Not Found in a Script

Body language cannot be scripted. It must be studied and incorporated naturally in the TC's behavior during presentations. Otherwise, body language that sends the wrong message can completely undermine a well-scripted appointment. In many cases, a parent or patient will lose trust in the TC without even realizing that the cause is body language. Not surprisingly, researchers have found that 50–80% of all communication is non-verbal.

Lean Forward – Body language can project energy and enthusiasm. For example, Levin Group teaches TCs to lean forward to create energy and trust when they are giving explanations. Energy is critical in the selling process.

Use Hand Gestures – Another body language technique is to use movement. Gesturing with the hands will emphasize important selling points in the TC's presentation. It expresses positive energy and enthusiasm, enhancing the quality of communication between the TC and parent.

Stay Fresh – A point worth remembering is that body language can deteriorate with fatigue. Analyses by the Levin Group Data Center™ show that many practices experience higher close rates when TCs are fresh and enthusiastic. A tired TC will not project as much energy. This does not mean scheduling all presentations earlier in the day, which would be impractical. Ensure that the TC is fresh for every presentation and acceptance rates will be higher. We recommend that TCs have a target of presenting no more than five new patient consults per day.

Personal Appearance Matters

A professional, trustworthy appearance is vital for TCs. This usually means wearing business attire with a white or blue jacket. This look projects an image almost on a par with that of the doctor. The TC plays the central role in gaining case acceptance, and that will be easier to accomplish if parents and patients are dealing with someone who looks like a professional.

With the right personality traits, training and scripting, a new TC can soon be closing 90% of all new patient consults. Even at that high level of performance, there will still be routine rejections. Rather than becoming depressed when a case is rejected, the TC should regard it as a learning experience and move on, doing a little bit better every time.

Conclusion

Gaining the trust of parents and patients—and transferring it to the orthodontist and the practice—is perhaps the TC's most important role. By understanding the altered psychology of

buyers in the new economy, the TC can learn how to build trust and use it to overcome objections. With excellent scripting, accompanied by the right body language and appearance, the TC can control the entire new patient process—including the actions of the front desk coordinator and the orthodontist—to achieve a 90% or higher success rate in closing cases.



Dr. Roger Levin is a third-generation dentist and the Chairman and CEO of Levin Group, Inc., the largest dental practice consulting firm in North America. As a leading authority on orthodontic practice management and marketing, he has developed the scientific systems-based consulting method that will increase ortho practice production and profitability, while lowering stress.

Dr. Levin presents more than 100 seminars per year and is a keynote speaker for major dental conferences. He has authored 65 books and more than 3,700 articles. Dr. Levin sits on the editorial boards of five prominent dental publications, serves as the practice management editor of *Compendium* and is managing editor of *Ortho Business Review*. Dr. Levin is also a regular contributor to the *Journal of the American Dental Association*. He has been interviewed by *The Wall Street Journal*, *The New York Times* and *Time* magazine.

Levin Group is headquartered in Baltimore, Maryland, with offices in Phoenix, Arizona, and Marseille, France. For more information on Levin Group's programs and services, visit www.levingroup.com.