

Creating Long-term, Committed Patients by Creating Intimacy and Customization



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Online communication and smartphones have dramatically increased the amount of information people are exposed to. Word of mouth is now, literally, world of mouth where news travels fast and abundantly. As a result, today's consumer is information weary and much more cynical, especially about their own ability to discern good information from bad. This has created a much more tenuous connection with new patients than ever before. Patients are calling with an expectation of impersonal service because they are so used to the digital communication of their everyday lives and resigned to waiting in an online queue forever, only to be "helped" by an international operator who has no connection to them or their needs, wants or concerns. And if that's what they get when they call the dental office, they have the excuse they need to not set an appointment. If the dental team approaches that first phone call the same way they always have – tactically focused on setting an appointment, not engaging and creating intimacy with the potential patient – even if an appointment is booked, the patient may not have the commitment needed to show up.

When they receive a one-on-one, intimate conversation that addresses their subjective agenda, patients are pleasantly surprised and delighted. Why? Because people crave authentic connection and engagement. They honor it when it happens and are hyper-aware when it doesn't. Delivering authentic, custom communication from the first call through the appointment creates the foundation for a long-term, committed patient relationship. But this requires shifting from the "old-school medical model" of dentistry that is occupationally focused to a new model.

Moving to a New Model

The old-school model is tied to diagnosing, telling and fixing. The doctor is an unapproachable expert who is focused on the eradication of disease. He or she expects the patient to do "what they have to do." Communication tends to be a monologue, not a dialogue, with little partnering and no co-diagnosis.

The new model, which takes into consideration the new digital world we live in, has a singular goal of partnering with patients. Instead of telling, they question.

Questions that create intimacy:

1. Ask open-ended questions that cannot be answered with a yes, no or a grumble.
2. Make sure the question includes the word "you" or "your."
3. Probe for feelings.

“Share with me YOUR feelings about prior dental experiences you’ve had at other practices.”

“Explain to me how you feel about your current oral health.”

“How do you feel about what the doctor has recommended?”

“What do you feel may prevent you from moving forward with treatment today?”

Together, the patient and doctor co-discover what the patient needs and wants with the purpose of preserving ideal overall health instead of the eradication of disease. Communication is a dialogue, with each partner sharing a common goal based on the patient’s personal, custom needs and both seeking to understand. This new model is designed to achieve intimacy, which creates engagement, connection, value and loyalty. Why? Because if you treat everyone equally, you’re treating most unequally. People are as unique as snowflakes. The dental team must embrace their “snow-flakiness” so the patient feels heard, cared for and in a genuine relationship that is based on mutual understanding and trust. They are offered solutions, products and services that meet their unique needs and desires. With this new model, more patients will say “I want!” and they will rise above obstacles to care, such as insurance, finances and busyness, and commit to care. The old model patient will say “Okay, I guess I will” but at the first barrier, won’t or will not show. The best outcome is a patient asking “Is this something I need to worry about and address now?” When they ask that question, they are signaling to the doctor and team that they “own” their treatment.

Old-model words: exam, consult, cleaning, fills and maintenance.

New model words: evaluation, treatment conference, health plan and continuing care.

Bottomline, the economy, insurance companies or your practice location are not to blame for patients saying “no,” canceling appointments or failing to pay their bills. It’s up to you and your team to have strong relationships that inspire patients to want to do what’s right for their oral health and your practice. It all starts with investing the time and effort to create true intimacy.

The CareCredit Connection

Offering patients the opportunity to finance the care they want and need fits perfectly into the new model. The solutions you recommend that are custom and unique to the patient should not be a barrier to care or stress the patient financially. It’s another way of partnering with the patient to help them achieve their oral health goals.

“Mr. Jones, I understand you and the doctor have chosen a health plan and you’d like to schedule your first appointment. Now, my job is to help make sure this dentistry doesn’t cause you stress financially. So let me share with you all the payment options available so you can choose which is best for your situation. Of course we accept cash, checks and major credit cards. And, we also accept the CareCredit credit card here. CareCredit is a credit card you use for your healthcare needs today and for your continuing care in the future. May I share a little more information on this financing option with you?”

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