What Patients Really Want
The Public Opinion Survey on Dentistry and what YOU need to do NOW!

An inside look at the National Survey of Public Perceptions of Dentistry

A Special Report by

CrownCouncil.info
800-276-9658

TotalPatientService.com
877-399-ToPS
**Introduction**

*I’ll bet you think that you know your patients pretty well, don’t you?*

If you have been in practice for any length of time, I’ll bet you think that you know your patients pretty well, don’t you? The research contained in this special report reveals that as an industry it’s time dentistry went back to school on what patients really expect from you...their dental health practitioner.

What you are about to discover may change the way you see your patients, present treatment and how you handle some of the basic, routine aspects of your patient visits. Most of all, you’re about to discover the simple truths of what is going on in your patients’ minds today and what you need to do to stay ahead of the game.
The Crown Council was given the opportunity to help fund a significant study meant to identify the public’s perceptions of dental health and the role dentists play in providing dental health services. We jumped on the opportunity because we felt it was time to see what was really on people’s minds when it comes to the dentist. So along with OraPharma, 1-800 Dentist and Oral Health America, we commissioned and funded a scientific, national public opinion survey directed by the Center for Social Development and Education (CSDE) and Center for Survey Research (CSR) at the University of Massachusetts at Boston – one of the most respected centers of its type anywhere in the world.

- One thousand adults representing all regions of the United States were surveyed.
- The sample was 48% male and 52% female.
- 82% of the sample indicated that they were Caucasian.
- The median age of respondents was 54.5 years, which is significantly higher than the National Census Estimate of 43 years.

To correct for this discrepancy statistical analyses on both weighted and unweighted data were performed. In other words, the results we are about to discuss did not come from Billy Bob and his brother Bubba having a beer at the local bar. We found the best in the country to carry out the research. What they came back with was very scientific data that, well, only a scientist could understand! So what we have attempted to do is translate the scientific data into a practical, easy plan for your practice in the form of five understandable survey findings and some associated solid suggestions for your practice. Some of the results will not surprise you. Other findings may expand your vision of what you should be doing in your practice to get better results with your patients. Yet other results may be a little unsettling. So let’s take a look at what patients had to say.

One thousand adults representing all regions of the United States were surveyed.
Survey Finding #1
“Tell me more about oral cancer.”

What I have always called the best kept secret in dentistry is no longer a secret!
Why do I call it the best kept secret? Years ago we started suggesting that when you do an oral cancer exam, you stop and ask the patient, “Has anyone ever done this for you before?” If you have ever asked your patients that question, I am sure you have been amazed at how many have responded “No.” Is it possible that there are that many dentists who totally ignore oral cancer exams and just don’t do it? Or is it that they just don’t tell patients that they are doing it for fear of alarming the patient or just not wanting to talk about the “c” word unless they really have to.

Whatever the reason, patients are not ignorant about oral cancer anymore. Because of the media and the immediate availability of information on just about any subject via the internet, patients are becoming more and more informed about the real health threats and risks that exist.

85% of survey respondents indicated that it was important to them that their dentist check for oral cancer.

At the same time, only 51% of survey respondents indicated that the dentist they were seeing actually did so.

That means that 34% or one third of those surveyed were expecting something from their dentist that they were not getting—a discussion about oral cancer and an oral cancer exam.

It is hard to tell how many patients actually know that oral cancer affects approximately 30,000 new people and claims 9,000 victims each year. That is more victims than melanoma which claims about 8,000 lives per year or cervical cancer which claims 3,000 lives per year - two cancers that get far more attention and have a greater awareness level in the public than oral cancer. We’re not sure how many dental patients know that near every hour of every day, someone dies of oral cancer in America alone. Or the fact that the survival rate of an oral cancer victim is only 52% over five years, but that the survival rate rises to 80% if oral cancer is detected early. Unfortunately, only 35% of oral cancer is diagnosed early.

What I have always called the best kept secret in dentistry is no longer a secret!
As the facts become more publicized and available to the masses, the alert and questioning patient would have to ask why melanoma and cervical cancer seem to get more attention in the media and in the doctor’s office than oral cancer does in the dentist’s chair. The facts prove that oral cancer is more prevalent and more deadly. “So,” the astute patient might ask, “why isn’t my dentist talking more about it?” Again, 83% of those who responded to the patient survey indicated that they felt checking for oral cancer was important while only 51% felt their dentist was actually checking for it. The untold story here is how many dentists may have checked but did not tell their patients that they were checking! As far as perception is concerned, not telling the patient what is being done is not much better than not doing it at all. Remember...we’re talking about perception here. And you remember the old saying, “Perception is...reality.” It’s the patient’s reality.

For example, how many of the 34% that expect a dentist to do an oral cancer exam and don’t perceive that one is being done, are going to make a decision at some point to change dentists in order to find someone who meets their expectations? And remember, we’re not talking about service expectations in terms of friendliness, courtesy and amenities here. We are talking about basic clinical expectations. If something is important to me clinically as a patient, but my dentist doesn’t check for it, how long am I going to stick around just because my dentist is nice? That would be about as logical as the woman who likes her OBGYN, but the doctor never checks or even suggests a pap test, breast exam or mammogram on a regular basis. At some point, patient knowledge will start to question doctor competence and a decision to change will not be far behind.

So, here are some important questions to consider as a team and as a healthcare professional:

1. What is your oral cancer detection protocol and why?
2. Are you still using the old touch, feel and look around method for detecting oral cancer? If so, why?
3. Have you incorporated the newer detection technologies like ViziLite or Velscope into your clinical protocol? If so why? If not, why not?

Questions

Actions

• Take the time to write out your oral cancer detection protocol for everyone on your team to see.
• Discuss it together; let your whole team know how you feel about early detection.
• Team members will communicate to your patients in the same way you communicate to your team. If your team does not perceive oral cancer detection to be a high priority for you, it is not likely that they will communicate it as a high priority to your patients.
• Everyone needs to be thinking and saying the same thing.
• Keep your practice and the entire team in alignment; write out your philosophy of care and clinical protocol for oral cancer detection. That way there can never be any confusion on your team as to where you stand.
Questions
1. What are the verbal skills you are using with your patients to discuss oral cancer detection?
2. Have you practiced those skills as a team?

Actions
There is a perception issue that the survey results may indicate.

83% rate oral cancer as an important issue that they want discussed in the dental office.

Only 51% perceive that it is actually going on.

Whether that 34% received an oral cancer exam is unknown.

It’s time to focus on how this important issue is being discussed with your patients.

If, for example, you are using ViziLite or VELScope, the question of whether the patient’s insurance will cover the procedure or not is likely to come up. Does your team know how to handle that patient concern? It is just one example of many that underlies the importance of taking the time to discuss and rehearse the important conversations you and your team need to have with your patients. If you have not had a “group” rehearsal, per say, it is not likely that the performance will be in unison. Since perception can create the patient’s reality, remember that how you discuss a health issue or procedure may be as important as doing the procedure itself.

The Total Patient Service Institute is continually working on the best verbal skills to use in the most important patient conversations like Oral Cancer. While there are many ways to discuss this with your patients, here is just one example of many that you might want to consider if your Oral Cancer Detection protocol calls for doing an oral cancer exam using ViziLite.

During the initial exam with a new patient, the hygienist would give an overview of what is going to be done during the appointment and then might say, “I see Pam, our patient coordinator, gave you some information on ViziLite that we use for oral cancer screening. Dr. Jones is strongly recommending that all of our patients do this every year. Has anyone ever done this for you before? This is what we do for all of our patients when we do their routine exam. In the past, oral cancer screening was just by touch, feel and look around, but now we are excited because ViziLite can shows us early signs of oral cancer that we would not have been able to detect in the past. Isn’t that great? For everything that we are going to do for your today, the total will be $229 and your estimated portion today will be $77. Are you ready to get started?

That is just the beginning of the verbal skills that need to be discussed with the team. How the procedure is introduced in the front office is equally important. Handling the patient’s questions and objections deserves discussion and training with the team as well.

As a service to the readers of this report, you are welcome to contact the ToPS Institute for a free copy of the most recent Oral Cancer detection verbal skills by e-mail at Answers@totalpatientservice.com or by calling 1-877-399-ToPS.

Actions
- Take the time today to decide what your oral cancer detection philosophy and protocol is.
- Get it down in writing.
- Involve your team by giving them the verbal skills they will need to have the conversation with the patient.
- It is important to your patients. They want more focus placed on oral cancer than they perceive that their dentist is giving it.
- It’s an invitation from patients that cannot be ignored.
Survey Finding #2
“Tell me more about periodontal disease.”

When survey respondents were asked to rate the importance of different dental procedures, 85% said that checking for periodontal disease was important. Only one other procedure out-ranked checking for gum disease in patients’ minds, and that was checking for cavities which came in at 88%.

Perhaps because of the media attention over the last ten years that has focused on the systemic link between periodontal disease and other health related problems like heart disease, diabetes, high blood pressure, and premature low birth weight babies, the public is coming to the realization that what is going on in their mouth is important and cannot be ignored. Dentistry seemed to score higher in this area when it comes to addressing and treating periodontal disease as roughly 85% of patients indicated that their dentist was checking and treating periodontal disease. At least that is the perception. Keep in mind that a survey is only as accurate as the way questions are asked. In this case, patients were asked if their dentist quote, “poked their gums,” and quote “scraped their teeth.” What the survey did not address was the degree to which periodontal disease is really being treated which is a whole other topic.

The good news is that patients seem to be increasingly interested and open minded about having a discussion about periodontal disease. In fact, over 80% of patients are expecting you to address the topic when they come into your office. So here are some questions for discussion and action with your team:

- How much are you really diagnosing and treating periodontal disease in your practice?
- How many units of scaling and root planning did your hygiene team really do in the last thirty days?
- How many units of antibiotic did they place?
- How many perio maintenance appointments or 4910’s did you have in your practice in the last thirty days?
- How does that compare to the number of cleanings you are doing?
- When you look at those numbers, how do you know if that is reasonable and what those ratios should really be?
One of my mentors, Dr. W. Edwards Deming, the father of the quality movement around the world, once wrote,

“How many dentists do magnificent work? The question is impossible to answer, for the simple reason that there has never been a definitive study of quality in the dental profession; nor is there likely to be one. Partly because they tend to work alone, dentists resist the idea of being evaluated, or ever observed, by others. And because inferior dental work may not be discovered until years after it is performed, patients are seldom in a position to make informed decisions.”

I am proud to announce that great progress is being made in this area by a group of forward-thinking dentists who are comparing and discussing their clinical performance on a monthly basis in order to improve the quality of care they are providing their patients and take their practice to the next level. Each month, practices who are involved in the ToPS Institute’s “Total Practice Support Program” submit their clinical results, including important data in the area of periodontal diagnosis and treatment. Their results are analyzed, compared and shared so that each can better understand the level of care they are really providing their patients and what they can do to truly improve their practice. It is not just about the case acceptance, production and financial results. It goes straight to the heart of the matter - the delivery of quality care based on a clinical philosophy that is best for the patient. Knowing and understanding that philosophy of care is the first step. Holding yourself and your team accountable to deliver on that promise is the key.

So what is the periodontal protocol in your practice? By that I mean, how do you diagnose and classify the different levels of disease and what is your treatment protocol at each level? Are you, as the dentist, totally clear on the answer to that question? Is it in writing? Have you had a discussion with your entire team about your clinical philosophy in the area of periodontal disease and why identifying it and treating it is so important? Do each of your hygienists diagnose periodontal disease the same way? Is their probing technique the same as yours? Do you, as the dentist, spot probe your patients regularly to see if your measurements are the same as your hygienists? Our experience lately has been that there is a lot of opportunity for improvement in most practices in this area.

Once you have your periodontal protocol defined, how do you know if it is really being followed? How do you really measure adherence to what you believe in clinically? One dentist who recently started measuring his clinical results in the program was amazed at the difference in the results his hygienists were getting. Were their patients that much different? By working together to clarify clinical protocols and establish a uniform system in their practice, results improved for both hygienists. Hence, the patients benefited from better quality care and the practice benefited as well. That’s why we say, what is good for the patient is usually good for the practice.
While I have personally spent the last 24 years helping practices improve their marketing and case acceptance results, it has been amazing to me to delve into what is actually being diagnosed, treatment planned and presented in the first place. Before we ever get to verbal skills and case presentation today, we are finding that amazing improvement can be made at the foundational level of the practice - your clinical philosophy of care and to what degree it is being carried out in your practice on a daily basis.

And there is a very personal sideline benefit from this entire process - peace of mind and integrity.

Here’s how:

Years ago we had an advertising executive attend one of our seminars. He was unhappy in his professional and personal life and was considering a change. During one of the sessions, we encouraged each participant to write out their core values or what really mattered most to them and then compare that list to their daily task list of what they were actually spending their time doing. He took on the challenge. Several weeks later, he called and said that he had fired his therapist! He had discovered the root of his problem. As he considered the values and the things that were most important to him in his life and then compared that list to how he was spending his time, he discovered that the two lists were miles apart. He was doing little if anything that really mattered to him. He started making some changes in his daily activities personally and professionally to bring his actions more in line with his values. Within a very short period of time, his personal life improved and his professional results had skyrocketed.

We are finding the same thing in the dental office. Much of what is wrong in dentistry starts with your philosophy of care and making sure that it is being executed with your patients. Imagine the emotional price that is paid if you are doing something that you really don’t believe in. It is consciously and subconsciously taxing to live a life that is not congruent. As we work to bring more and more practices in alignment with a sound clinical philosophy of care and then work to help the patients understand and accept quality care, team harmony increases, doctor satisfaction increases and overall practice results improve dramatically.

One last word in this area: If you are not accurately measuring your clinical results, you don’t really know what is going on in your practice or if you are really walking your talk. The cumulative results of your daily activities may surprise you. They do most people. One dentist who recently started tracking his clinical results shared that he was shocked at the numbers of patients that were not getting what he thought he was providing. He realized that the exceptions were stacking up.

The approval addiction had crept back into the practice and he and his entire team needed to get back aligned with what they really believed in.

So, once you have clarified your clinical philosophy of care, put it in writing, and educated your team, then
it’s time to work on how you are communicating with your patients. That is the main underlying message of the survey, how your patients perceive what you are doing and receiving what you are saying.

How are you educating, presenting and discussing periodontal disease in your practice? Is everyone on your team using a uniform way to communicate with your patients using verbal skills that you have trained and retrained on a regular basis? I was recently presenting a workshop with a group of “veteran” dentists with whom I have worked and trained for many years. We were doing what I thought was a “review” of some case presentation skills that the group had heard many times before. As we went into the practice section of the workshop, I stopped to listen to what was going on in the room and was surprised that many were struggling with the skills. Now maybe that is a sign of a poor instructor! But what I was reminded of is that having heard it, does not necessarily mean that you know it. You have to know it, to do it. But you have to do it many, many times before it becomes apart of you.

How you communicate with your patients can always use more attention and training time in the office. How your patients perceive what is going on depends on it. For some reason, left to our own devices, we just don’t get the best results compared to when we refine our approach and make sure that how we communicate with our patients gives them the best chance of the most accurate perception.

Once again, periodontal disease was ranked as one of the topics of most importance by patients in the survey. How you diagnose it, communicate it and treat it is one of today’s highest priorities.

Initial Conclusion:
There is a general conclusion to these first two survey results on the importance patients are placing on oral cancer and periodontal disease and it is this: Patients are coming to the realization more and more that there is a body attached to their mouth! They realize that what is going on in their mouth can and is affecting their overall health. They also realize that what is going on with their overall health can show up in what is going on in their mouth.

Consider this. 78% of survey respondents view their dental health as part of their overall health. In other words, it is very unlikely for a person to consider themselves in great health on the one hand while thinking that their dental health is poor on the other hand. Patients see their dental health as part of their overall health. If one is bad the other is bad. They are indivisible. Again, patients are getting it. There is a body attached to their teeth.

While patients get the connection, dentistry may not! Survey respondents indicated that only 51% of the dentists they visit are addressing the connection between oral health and overall health. The difference between their perception of the connection and what they expect from their dental office is another wake-up call. There is an open invitation that is gradually evolving into a patient expectation that the dental teams
start addressing whole health issues that are affected by or visible in the mouth. They don’t just want to talk about their teeth. **They want you to address the big picture.** The two most obvious areas to start are with periodontal disease and oral cancer which have clear whole health implications. Start today by discussing how those two issues can have a dramatic affect on your patient’s overall health and that is why you check for them, discuss them and encourage your patients to be aware of them. But then consider other related issues as well.

For example, I was recently in for my routine hygiene visit. During the appointment, Melissa, my hygienist, asked me how much sleep I was getting. Now that is an interesting question for a hygienist to ask, I thought. It just so happened that I was on the tail end of a particularly busy time where I had been burning it on both ends. I shared with her what was going on in my life and then asked her how she was able to tell. “Fatigue,” she said, “shows up early in your mouth.” “In fact,” she said, “many symptoms of a lot of health problems show up in the mouth.” You see, Melissa gets it. She understands that, as a patient, I look at her as a member of the larger healthcare team. Yes, she and the dentist are primarily responsible for my teeth and oral health. But I also expect them to be looking for, addressing, and educating me about anything that might have to do with my overall health. Patients don’t expect you to be the family practice physician, but they are now expecting you and asking you to make them aware of things that their physician might need to address more carefully.

One area where dentistry does a good job of addressing a whole health issue is in the area of high blood pressure. In most dental offices, every patient’s blood pressure is checked at every visit. It is just one way you screen for a whole health issue that your patients may or may not be aware of. But when was the last time you checked for diabetes, for example? Millions of people have diabetes and are being treated for it. Millions of others, on the other hand, have diabetes but have never been diagnosed or treated. Some of the symptoms of diabetes show up in the mouth. Do you know what they are? While your job may not be to diagnose a whole health problem, patients today expect you to know what you are looking at, address it with them and point them in the right direction. So it may be time for the entire team to start looking at the big picture, the whole health picture with each and every patient.

**Actions**

- Pay more attention to information on the medical history form.
- Using proper communication skills, address oral and overall health and the connection between the two.
- Patients expect this, they are leading the way.
- It is time dentistry started leading the patient in the direction they are asking to be lead.
- It is the right thing to do as a member of the healthcare team. It is the right thing to do for the patient.
Survey Finding #3
“Don’t tell me to floss!”

That’s right. While patients say they want more information about periodontal disease, they also say they don’t want to be told to floss. Does that make any sense? Perhaps on the surface it may not, but when you take two factors into consideration, it makes all the sense in the world.

Here’s how:
First, when patients are asked to rank in order of priority the most important oral health tasks, it may not surprise you to know that there is a strong correlation between the ease of the task and how high it is ranked. The easier it is, the higher it is on the list. That may be a way to relieve some guilt, but the fact remains, if it is harder to do, we avoid doing it, even to the point of trying to convince ourselves that it just isn’t that important.

Second, when you consider another survey finding, a pattern and a clear message starts to emerge. Only 56% of survey respondents said that taking x-rays was important. Of all the dental procedures listed, x-rays ranked at the bottom of the list in importance to patients.

So here is the interesting dichotomy: While patients want you to address their whole health, they are not particularly interested in having you do a procedure that is essential for diagnosis and they don’t want to talk about having to do something that will keep them healthy! While that may seem like a conflicting message, here is the lesson to be learned and what we need to be doing differently with patients.

It’s no secret that we are living in a new age of consumer education. Because of the internet and the media, consumers/patients are becoming more and more educated. Information on just about any subject is available to just about anyone with a simple click of a few keys on the computer. Information has made us a world that is empowered and free. We are no longer bound by what any one expert or authority tells us. We can look it up, compare, and find out for ourselves. We have become more skeptical, questioning and informed. As a result, we are less likely today to take anyone’s word for anything.

We are less willing to be told what to do without understanding the why to do. We want to know why.
For too many years in dentistry, we have gotten away with just telling patients what to do or what we are going to do without question. Today patients are telling us that they are not willing to just follow along without being told why. You want to take x-rays? You better tell me why! **You want me to floss? You better give me some good reasons why.** As a patient, I am saying in my mind, “help me understand the connection between what you are telling me to do and what I really want.” If I want you to address the connection between oral health and my overall health as 78% of the survey respondents said they wanted you to do, then I, as the dental professional, need to explain why flossing is essential to your overall health. As the patient, I want to know why.

Consider this simple example of the verbal skills that may be required today when discussing the importance of flossing. Instead of telling a patient to floss, you might say,

> “Mr. Jones, as we have discussed, science is now telling us about the connection between gum disease and heart disease, diabetes, and strokes. So it is critical that you do everything you can to keep your gums healthy. When bacteria that cause gum disease get down below your gum line, they thrive because bacteria grow rapidly where there is no air or oxygen. Every time you floss, it not only removes some of bacteria, but it helps oxygen get down below the gum line which can help kill some of that dangerous bacteria. That is why it is so important that you floss every day. Does that make sense?”

> How about the why’s of x-rays since patients don’t seem to understand their importance?

> “Mr. Jones, have you ever broken a bone? (Yes). When you went to the doctor, after he or she did the visual exam, were x-rays taken? Why do they do that? (To see where the break is and make sure they treat it properly.) Just as the physician can’t see that break below the skin, there are many things we can’t see below the skin in your mouth - your gums or things we can’t see between the teeth without the help of an x-ray. Sometimes the things the x-rays show us can affect your overall health and strength of your teeth. That’s why x-rays are such an essential part of your overall wellbeing and the health of your mouth. Does that make sense?”

Now, does every patient need an explanation like that? Not necessarily. You have to read your patient. The best “why” explanations are in the form of stories and every day examples that the patient can relate to what is going on in his or her mouth. More and more, patients want us to make the connection between their mouth and their health. Then they want us to not just tell them what to do, but why they need to do it.

> **Just remember what your patients are saying in their mind to you. . . . ”Just tell me why!”**
Survey Finding #4
“I love my dental insurance!”

As painful as that was to say, let’s take a look at reality and what is going with patient perceptions in the marketplace. Then you can decide what to do from there.

There are two significant, factual findings here. First, 87% of survey respondents that did have dental insurance also had been to a dentist for a check-up in the last 12 months. In contrast, only 60% of respondents that did not have dental insurance had been to a dentist for a check-up in the last 12 months. So it appears that having dental benefits may have some influence on how often patients choose to go to the dentist.

The second factual finding was the relationship between dental benefits and income. 53% of respondents that did have dental insurance make more than $60,000 annually. Meanwhile, 55% of respondents that did not have dental insurance make less than $40,000 annually. In other words, those with dental benefits may have a bigger capacity to pay not only in terms of the benefits that they have but in terms of overall income.

So what does all that mean, and what does it mean for your practice? Over the years, insurance has gotten a bad name in dentistry. Much of it is well deserved. But however much you dislike it, the hassles associated with it, and the fees connected to it, it remains a factor in dentistry. So if patients are positively influenced by their dental benefits and it motivates them to come to the office more often AND those with dental insurance appear to have a larger capacity to pay, then we could conclude that patients who have dental insurance are a fertile market in dentistry. Now that might sound like heresy in light of all of the insurance evils spoken of in dentistry. But stop for a moment and ask yourself this question...

Questions:
• What is your attitude toward dental insurance?
• Has your attitude been negatively influenced because of the lower fees and reimbursement hassles?
• Has that negative attitude been transferred onto your team?
• If they have the same attitude, how are they treating patients who have insurance, inquire about dental insurance benefits in your office, and naturally want to use their insurance?

Consider it this way. Let’s say I was invited as a guest to a party. I take the time to prepare, dress appropriately and arrive on time. But immediately upon arrival the host has some unkind words about my suit, my tie or my overall appearance.

87% WITH INSURANCE
60% WITHOUT INSURANCE
How would I feel? I probably would not feel too great about the party or the host. In fact, I probably would not return.

By wanting to get rid of the insurance hassles for you and your practice, have you run off good quality patients who have the ability to pay... even more than perhaps patients who don’t have dental benefits?

Patients value their dental benefits. It is part of the compensation they get for the work they do at their employment. Logically, they want to utilize those benefits. So what’s our job? To devalue something that they value? Could I suggest that we probably won’t score a lot of big points with our patient guest in our practice party by doing that! Our job is to recast those dental benefits in a light where patients can continue to value them in the proper perspective. After all, the benefits tend to positively influence better patients to come more often to the dentist.

Based on the data, it might be appropriate to kind of get excited about patients with dental insurance. Remember, they tend to come more often and they tend to have more money! So what’s wrong with that? If our attitude were, “We love our patients with dental benefits. Isn’t it great that you work at a place that provides that for you as part of your compensation? We know it is important to you so that is why we want to help you maximize your benefits while at the same time providing you the very best quality care we know how to provide. We will be happy to help you file for your benefits so that your insurance company can reimburse you directly since you are their customer and they want to keep you happy! Does that make sense?”

Now I don’t know what your approach is with insurance in your office, whether you accept assignment, are a PPO provider, or don’t participate at all. I make no judgments about that because I have seen, first hand, successful practices in all three categories. In fact, we help practices be successful in whichever category they choose including providing the systems to migrate into a different category. The biggest message here in the survey data is not so much about you as it is about your patients and their perception of their benefits. They like them. They have a tendency to be positively influenced because of them. People with higher incomes appear to have them. So check your attitude and your communication skills with your patients with insurance. It can be a positive. Let them know that you are on their side to help them maximize their benefits while at the same time maintaining a level of quality care that you believe is best for your patients. Can the two coexist? With the right systems, verbal skills and attitude, they can.
Survey Finding #5

The most powerful form of marketing in dentistry remains... word-of-mouth!

While this finding may not come as a surprise, it should be met with some comfort. Survey respondents were asked if they would be very likely or a little likely to find a dentist in different ways. Here’s what they said:

27% said they would look on-line. While the internet received the lowest percentage of all possible responses, keep in mind that just a few years ago it would have been a fraction of that. It is a small but rapidly growing source and force in dental marketing not to be ignored.

40% said they would look in the phone book. This traditional resource is alive and well, but may be shrinking due to the rising influence, popularity and ease of use of the internet. Even so, it still commanded a 40% approval rating.

43% said they would turn to a professional referral service like 1-800 Dentist.

55% said they would turn to their dental insurance provider directory. (There it is again...like it or not!)

But the last option received a dramatically higher rating as being the place where patients would look most to find a dentist. 81% said they would look to the advice of friends and family to choose a dentist. 81%! Word of mouth still rules dental marketing.

There are a couple of messages here when it comes to marketing your practice.

First, there is more than one way to do it and there is more than one source patients are turning to in order to find you. This survey measured just a few; word-of-mouth, referral services, insurance companies, and the internet. There are others including direct mail, radio, TV and more. Do you know which methods are the most effective for you? Are you tracking every referral source so you can see the trends in where your patients are coming from and adjust your marketing accordingly?

Second, are you testing other methods besides what you are doing now, to see what else you could do that might work better? For example, in the world of direct mail marketing, the 80/20 rule is commonly used to test new messages or offers. A direct mail marketer will usually mail the piece that has been getting the best results to 80% of the list and then test a new message to the other 20% of the list to see which message gets the best response proportionately. An experienced direct mail marketer would
never take the risk of mailing an untested message to an entire list. The risk would be too great. If the message bombs, the entire investment goes down the drain. By testing something new on 20% of the list, the risk of testing is reduced while continuing to get good returns from a proven message. That’s why a good marketer’s motto is always “test everything.”

Third, what works there may not work here. Every market is different. The demographics are different. The preferences are different. Every practice is different. That’s why you have to see for yourself what works best for you.

Fourth, if I were to tell you that there was a target market for your practice where you could potentially reach over 80% of the prospects with one very inexpensive marketing technique, would you be interested? Would you pay close attention to it? Would you focus on it until it produced what you expected? If you were smart, aware, and savvy, I think you would. So what are you actively doing to promote more word of mouth marketing for your practice? The survey says 81% prefer to find a dentist that is recommended by someone they know. Here is a quick word-of-mouth marketing checklist to see how you measure up in dentistry’s most powerful form of marketing:

Are you actively asking your patients for referrals? For years we have recommended that one of the items on the morning huddle agenda should be which patients you are going to ask for a referral that day and who on the team is going to ask those patients. Typically asking at least two people is a reasonable goal. But if the topic does not receive the attention in the morning huddle and the assignment is not made, it rarely happens. In addition, make sure that whoever accepts the assignment for the day has the opportunity to report back to the team the next day in the morning huddle. Also make sure that the referral conversation is recorded in the patient’s chart so that the next time the patient comes in, a team member can follow up on the previous referral conversation.

Are you giving your patients a great experience in your office that compels them to talk about you? If so, what do they talk about? What do they say? What do you want them to say? Do they notice your great décor and fancy amenities or are they more impressed by how they feel when they are in your office? When was the last time you reviewed with your team the step-by-step system you use to make sure your patients have a great experience in your office? How about the verbal skills everyone on the team is supposed to use? In our work with even the most experienced offices, we’ve noticed that these systems and verbal skills are the first things to slip unless they receive continual attention.

Before you can make the assignment in your morning huddle as to who is going to ask for a referral that day, are you confident that everyone on your team knows how to ask? Simply asking, “do you know of anyone who needs a dentist?” is probably not going get the response that you want. So do you have a proven dialogue that the entire team has been trained in that, when followed, will help get the results you want? Many times we don’t ask because we don’t know how. And because we don’t know how we don’t get a very good response when we do. Take the time to train the team so they have the confidence to ask that comes with the competence of knowing how. (If you would like a step-by-step approach including verbal skills on how to ask for referrals, just call the Total Patient Service Institute at 1-877-399-ToPS)
Are you tracking how often you ask for referrals and how many you ask for? Each day when you make the assignment to a team member to ask, are you tracking how many conversations they have so that at the end of the week or end of the month you can see how well you are doing as a team in this area? We recommend that every team have specific things that they track on a daily basis so you can see the score throughout the month. In addition to tracking daily production and collections, you might want to track things like new patients, treatment plans, how many patients scheduled, and how many patients you asked for referrals among other things. **What we measure tends to be managed better than just what we expect.** If it is worth doing, it is worth measuring so we can see what is really going on and what the results are.

Do you have a recognition system in place where you acknowledge, thank and show appreciation to those patients who do refer others? Maybe you have system in place where you send a thank you card for the first referral, movie tickets when they send another referral, a gift card when they send the next and a gift certificate for dinner at a nice restaurant for the next. Have some type of system in place that you follow so that you don’t have to remember each time to do something to thank a patient who has referred someone. As a word of caution, in some states it is technically illegal to give anything of monetary value to anyone for referring a patient to your practice. At the same time, it is not illegal to give a gift to a patient just because you like them or appreciate them. In other words, it is possible to show appreciation to a patient without directly tying it to the referral. Just letting them know that you appreciate them as a patient will go along way to encourage them to tell more people about you.

Do you reward your team members for their personal efforts and successes in getting more referrals for the practice? A friendly contest from time to time might encourage every team member to ask more.

So here’s the question, is promoting and encouraging word-of-mouth a concentrated and ongoing effort in your office? I think you would agree that everyone recognizes how important it is. But do you have all the systems in place to make sure that it happens on a regular, consistent, routine basis? Take the time to review and renew your system so that it works every day in your practice.
Summary of Survey Findings

So there they are, five conclusions, of many, that can be drawn from our survey of patient perceptions of dentistry.

1. Tell me more about oral cancer.
2. Tell me more about periodontal disease.
3. Don’t tell me to floss...and oh, by the way, I don’t want x-rays either!
4. I love my dental benefits.
5. Word of mouth marketing remains the #1 preferred way for patients to find a dentist.

In some cases, patients are telling us that we need to change. We need, for example, to be addressing whole health issues and be the physician of the mouth. We need to stop tell patient what to do, and get better at telling them why.

In other cases, we have found that things haven’t changed much at all. Many patients value their dental benefits. Most would prefer to find a dentist through a recommendation of a friend or family member.
A New Perspective

In an effort to put these findings into action so that you can get better results in your practice, could we suggest the following new beliefs and actions to review and discuss with your team:

**New belief #1:**
We are members of the total health care team. As the physician of the mouth, you need to start acting more and more like a “doctor”. Your patients expect you to address whole health issues that might be symptomatic in the mouth. Or things that you might be aware of that they have not identified yet.

**New Action:**
Start paying more attention to the health history form that the patient fills out. Are you really discussing the responses with the patient or just skimming over it? Do you really know how to talk to patients about their whole health or just their dental health? Do you know the signs that show up in the mouth that are symptoms of whole health issues? Patients know there is a body attached to their teeth! Are you treating them accordingly?

**New belief #2:**
Tell me more about what I want to know. Today patients know that oral cancer and periodontal disease affect their overall health. They want you to address that fact as well as anything else going on in their mouth that might affect their overall health. So are you going to talk to them about what they want to talk about, or are you going to talk about what your patients want to talk about? Common sense says that if you start by talking about what your patients want to talk about, they will be more open to everything you have to say.

**New Action:**
Develop your oral cancer and periodontal protocols along with the verbal skills for each. Work with your team on how to initiate the discussion with your patients in these two areas. Measure your results and then go back and refine and fine tune your approach. We recently initiated an oral cancer awareness initiative in a practice we work with. Initially patients did not seem interested. Their response did not seem to track what the survey indicated. We suggested some changes to the approach, the presentation, and the verbal skills that were being used. Almost immediately, patient response changed from indifference to acceptance. The results depended on the approach. The lesson? It’s all in the presentation so keep working on it to find what works best for you, your team and your patients.
New belief #3:
Tell me “why.” Patients are becoming increasingly informed on their own through the media and the internet. They no longer are willing to be blindly obedient by just taking your word for it and doing what you tell them to do. They want to know why. They want to know why they should floss every day. They need to know why x-rays are good for their health and well-being. Perio patients have to know why it is essential they come back every six months for the perio maintenance appointment if you expect to see them regularly. If you want your patient act, you must give them the “why” to do, not just the “what” to do.

New Action:
Print out in large type and post in your lunch room a sign that says, “Tell me why!” as a reminder to everyone on the team that you must give your patients emotionally compelling reasons for the actions you are asking them to take. Then start reworking your verbal skills together to include the why’s of x-rays, flossing, perio maintenance and other things that require your patients’ cooperation. Tomorrow when your hygiene team is working with a patient, is your hygienist just going to tell them to floss? Or is she going to explain why flossing will help the patient reach his or her overall health goals? Help your team realize that if you are not getting the action you want from your patients, it may be because as a team you are not giving them what they subconsciously want and need...compelling reasons why!

New Belief #4:
We love our patients with insurance! I know that might grate on your psyche, but remember, according to the survey, patients with dental insurance benefits can have higher incomes and tend to visit the dentist more frequently. That doesn’t mean you have to love their insurance. It doesn’t mean that you have to jump on the insurance band wagon and be a provider. It just means that your patients perceive their dental benefits as a value. It seems to positively influence their behavior in our direction. So it only makes sense to take advantage of something that can be a positive for the practice.

New Action:
Revisit your attitude about dental insurance. If your patients value it and it can positively influence their behavior, what can you do to help them more? While we would never make their benefits the reason for treatment it certainly can be an added benefit, and oh by the way, it looks like your dental benefits can help out some with the treatment. Instead of telling your patients why you don’t take their insurance if you don’t, why not recast it as a benefit to them. You’ll help them get the value from their benefits. It all starts with your attitude. If you de-value something that your patients naturally value, you may be on a slippery slope that leads to alienating the very thing you want to attract...a valuable patient.

New belief #5:
Patients are driven by word-of-mouth. While this may not be a new belief, it does deserve a new approach with more emphasis. Remember, 81% of survey respondents prefer going to a dentist who has been recommended to them by someone they know and trust. So what are you doing to create more word-of-mouth marketing for your practice?

New Action:
Start by revisiting the experience that patients have in your practice. What is it like? Are you giving them something to talk about? Or is it just another dental visit? People have a tendency to talk about things that make them feel different than they were expecting. Next, are you asking for referrals daily as we suggested earlier? Are you tracking your activity and results? If it is worth doing, it is worth measuring.
So they are, five new beliefs with corresponding actions.

If it helps, you might want to consider the following to get started: One office we are working with, listened carefully to the findings of the survey.

At first they were overwhelmed at the things they could potentially work on that would positively impact their practice. Then they decided to divide and conquer. They took each of the suggested new beliefs and actions and divided them up. Each team member became the chairperson of that new belief and was responsible for developing, presenting and helping the team implement the ideas, techniques and systems that would align the office more with what their patients wanted. While it is still a work in progress, the entire team has been energized by the project and they are starting to see positive results in many areas.

Our hope is that these findings and corresponding perspectives will help get you and your team started on a new path of practice improvement and accomplishment.

At the Total Patient Service Institute, we are dedicated to providing the system, wisdom and support to take your practice to the top. We invite you to take advantage of everything the ToPS Institute has to offer with the seminars, in-office practice advance, and continual support that is taking dental teams to a whole new level of performance.

All our best to you as you take your team and your practice to the ToP!
Total Patient Service Institute: The Total Patient Service Institute aligns your practice with the ideas, techniques and systems based on The Natural Laws of Total Patient Service, practice achievement, and personal success. From its:

- Detailed practice analysis,
- Action-packed seminars,
- Interactive workshops,
- Idea-filled roundtables, and
- Performance driven Total Practice Support program lead by ToPS Practice Advisors, the ToPS Institute delivers exactly what its name says — results that will make your practice ToPS!

877-399-TOPS, Answers@TotalPatientService.com

The Crown Council is an international association of practices dedicated to creating “A Culture of Success” through continual improvement of the professional, the practice, and the community. The Crown Council provides exclusive resources for the ongoing effort in your practice to create a Culture of Success every day, with every team member and every patient.

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For over 3 decades, Steve Anderson has studied, applied, proven and proclaimed: All human action is grounded in Natural Law. Know the law and better results can be predictably designed. Ignorance of the law, however, does not free one from it. As a Behavioral Physicist, he identifies the applicable Natural Laws, educates, and designs systems to accomplish predictable, consistent results.

**Presenter**
For over twenty years he has spoken at major industry meetings and conventions in North America, Australia and the United Kingdom, conducted hundreds of seminars, and worked with thousands of businesses and organizations to increase their productivity and profits through the application of over 101 Natural Laws. His combination of behavioral physics, high energy, humor and every-day application makes him one of the highest rated speakers at every venue where he appears.

**Author**
He has written over 100 articles for industry publications, authored 5 books, and produced dozens of audio and video learning programs. He hosts two monthly programs viewed by thousands around the world interested in boosting productivity and profits.

**Entrepreneur**
As the founder of over a dozen businesses, he has propelled organizations and individuals to the highest levels of performance and productivity. In 1995, he co-founded the Crown Council (www.CrownCouncil.info), an international industry association that now spans three continents. Through the Crown Council, he co-founded the Smiles for Life Foundation, (www.SmilesForLife.org) which has raised over $32 million dollars in the last 12 years for children’s charities worldwide. He has been named the “Businessman of the Year” and is an Ernst and Young Entrepreneur of the Year finalist. Steve is also the founder of Eagle U (www.EagleUniversity.org), a non-profit foundation that provides success education for high school and college students, giving them a 7-year head start in their career and their life.

Steve and his wife Cheryl live in the Dallas – Ft. Worth area with their seven children.
A Special Report by

Steven J Anderson
StevenJAnderson.com
877-399-8677

and

CrownCouncil.info
800-276-9658

TotalPatientService.com
877-399-ToPS