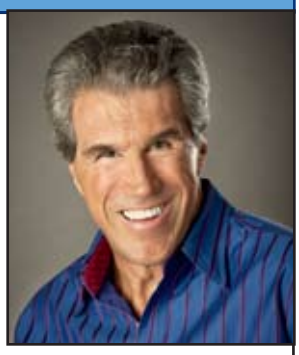
# How to Stop Educating Patients Out Your Door

Dr. Paul Homoly, CSP



**Let me ask you this – is it true? Is patient education the solution to case acceptance?**
If it is, then why do many new patients who've been thoroughly examined, educated, and offered comprehensive treatment plans at times leave your practice and never return for care? Is it that you didn't educate them enough? Or is it that in the challenge of case acceptance, patient education is not the only answer. Let's look at the new patient process and case presentation and learn when patient education works for us and when it chases patients out the door.

## Uncomplicated Dental Needs

For patients with uncomplicated dental needs with fees of $3,500 and less, patient education is the key to case acceptance. Here are a couple reasons why. First, patients with minimal clinical needs are often unaware of them. Patients with conditions such as periodontal disease, asymptomatic periapical abscesses, and incipient carious lesions must be made aware of them and educated to their consequences. Once this is done, now patients are in a position to accept your treatment recommendations. Patient education is the driver of case acceptance when the patient is unaware of their conditions. For patients with uncomplicated dental needs, dental insurance reimbursements, patient payment plans such as CareCredit® and credit cards usually sooth the sting of fees for $3,500 and less. Fees at this level are not insurmountable and usually do not anger or embarrass patients out of your office. Patient education combined with smart financial arrangements drive case acceptance for uncomplicated dental needs patients.

## Complex Dental Needs

But what if you presented complex dentistry and your fee is $10,000? Are patient education and financial arrangements the magic of case acceptance? No, they're not. For complex care patients with fees greater than $3,500 we can't rely on patient education to sell the case. Here's why. First, patients with complex needs often come into your office with a specific complaint – embarrassment about their appearance, aggravation from their dentures, or fear of losing their teeth. They don't need to be educated to their chief complaint. Next, many complex care patients have heard the patient education lecture about plaque, pockets, and sugar many times before. This is old news and not a conversation that distinguishes you.

Patient education efforts for many folks bounce off like BB's fired at icebergs. Expecting to influence them into a $10,000 treatment plan that doesn't fit into their budget by showing them how to floss is a naïve. Let me be really clear at this point. We are going to spend some time in the patient education process with complex care patients; it's just not one of the first conversations we're going to have. The first conversations we're going to have with complex care patients are about discovering how complex care fits into their life now. Discuss things such as their budget, time, work schedule, family and health issues. I call these fit issues. These are the issues into which your treatment plan must fit.

## Advocacy

Advocacy is the experience of the patient when they realize that you're guiding them not selling them into dental health. To affectively guide a patient into complex care you need to take into account the fit issues of their life and help them find a way to fix their teeth in light of those circumstances. This may mean fixing their teeth now, later, or a little at a time. Here's something you say that propels the advocacy experience. It occurs after the examination before any detailed conversation about clinical findings. Here's where you link the fit issues you discovered to your clinical findings.

*"Kevin, now that I've looked at your teeth I know I can help you. We treat many patients like you with partial dentures that don't work well. I know I can help. What I don't know is whether this is the right time for you. You mentioned you travel a lot and your company is in the middle of a big reorganization. Do you go ahead with your treatment now? Do we wait until later? Or do we do it a little over time? Help me understand how I can best fit your treatment into everything that's going on in your life."*

This advocacy statement leads to a conversation about the patient's fit issues. This conversation reveals what treatment fits and what doesn't. You'll find this approach to patient's results in many complex care patients doing their treatment over time, allowing them to stay within the limitations of their fit issues. This is a good thing because it yields life-time patients for you.

## The Decision to Educate

The decision when to educate and when to advocate is situational. Patient education, and its impact on case acceptance, is highest when the complexity of the care (and its associated fee) is minimal. Patient education is the driver of case acceptance when patient's conditions and fees are minimal. However, when the complexity of care increases, the role of advocacy takes over.