

## CHAPTER 1

# Visual aids and verbal skills

Successfully explaining the true benefits of dental implants to the layman patient is no easy task. Using models, animations, and the proper verbal skills to get your point across is a very effective way to make an otherwise complicated process easy to understand by the masses.

Most people are unfamiliar with the true benefits of dental implants. And since we all are layman in some form or fashion, we benefit anytime uncharted territory is explained in a way that helps us to “get it.” News channels use models and animations all the time to make their more complicated stories easily digestible.

For instance, when the US Navy SEALs raided Bin Laden’s Pakistan compound, killed him, and captured his body, helmet cams were worn by the two-dozen members of SEAL Team Six to stream this undertaking back to the White House where the president and other dignitaries witnessed it in real time. The raid was reported to have taken somewhere around 40 minutes, but what you and I and the rest of the general public were privy to through the various news outlets, including a *60 Minutes* interview of a SEAL Team Six member, was a tabletop-sized replica of Bin Laden’s massive compound structure and a very short, dumbed-down reenactment of this event through animated video. Using a model of Bin Laden’s compound, this Navy SEAL member walked us through the process they had experienced in taking out the world’s most wanted individual. And by the end of

this short interview, you felt like you had a pretty good understanding of exactly how this complicated mission was executed.

### **Physicians make great use of visual aids**

Physicians who are routinely required to treat their patients by incorporating surgery tend to use visual aids to explain the clinical rationale, far more frequently than dental professionals do. CNN's chief medical correspondent, Dr. Sanjay Gupta, a neurosurgeon, uses skull and brain models coupled with animations all the time to describe how different areas of the brain function, the effects of traumatic brain injuries, and the rationale of various brain surgeries. The host of *The Dr. Oz Show*, Dr. Mehmet Oz, a cardiothoracic surgeon, uses animations, models, and props routinely to help communicate various medical conditions and the rationale for the required surgical treatment to his television viewers.

Developing illustrations, models, and animations to describe a sophisticated event or process like implant dentistry requires training and creativity. So imagine what it would cost to produce lifelike jaw and dental implant models for only your office. Now, add this cost to the expense of producing animated videos for use in only your office, say, to demonstrate how a sinus expands following tooth loss or to describe the process of bone resorption, bone grafting with the aid of tenting screws, and dental implant placements and restorations.

Any idea of the required time and resources necessary to get it just right for these and 200 plus other clinical scenarios to be turned into animated videos? Fortunately, since video animations have already been produced and are sold on a massive scale for a relatively small fee, you don't have to go through this effort to dramatically enhance communications between your office and your prospective dental implant patients. Relative to the value of these tools the investment is miniscule. Good visual aids is one of the best internal marketing investments any dental implant provider can make.

### **Better to show empathy, not sympathy**

Like good use of visual aids, making the best use of your verbal skills when presenting your implant treatment plans will pay dividends in case acceptance. Numerous leaders in case presentation technique

have suggested that you must first *listen* to the patient and develop a good understanding of what their desires are before attempting to present your recommendations. In other words, empathize. I could not agree more with this notion. In any sales situation, the empathetic listener will come out on top far more frequently than the individual who is only concerned with getting their point across about their product or service.

Where I differ is when some of the same authorities suggest, for example, that if the otherwise healthy 70-year-old, partial-denture wearer wants to replace her removable prosthesis because it no longer looks good or functions well, it does little good to broach the subject of dental implants when her primary financial goal is to maximize her insurance benefits and pay as little out of pocket as possible. I disagree wholeheartedly with this view when it comes to dental implants. And in its truest sense, because dental implants may be such a patient's only hope of having her desired functionality restored, this approach does not necessarily show empathy. If anything, this is sympathy, and being sympathetic should be left to family and friends.

If it is safe to assume you chose to read this book because you believe that more patients will benefit when you perform more dental implant procedures, then you must become comfortable with exploring all viable solutions with such patients, finances notwithstanding. Showing empathy requires more effort than sympathy. When you are compassionately empathetic, your strong desire to help the patient forces you to express the best solutions to their problems. Sympathy allows you to merely feel bad for the patient and does not necessarily require offering a viable solution for whatever reason.

Replacing an ill-fitting partial denture with implants for the 70-year-old lady is not the same as proposing a \$20,000 laminate veneer case for a 60-year-old woman who has shown no interest in esthetics or a \$5,000 orthodontic case for a 35-year-old male who presents with a diastema between his maxillary central incisors but has otherwise healthy and well-functioning teeth. The same patient might have made it clear during the doctor's discovery process that improved esthetics are of no concern to him and that he prefers this gap, as it represents his identity and family trait. Therefore, you proceed to present only what is necessary to keep this patient healthy and happy. This is empathy.

But to refuse to bring up dental implants to a healthy 70-year-old patient because you think she's too old or you fear appearing as though

you are taking advantage of a little old lady is an expression of sympathy not empathy. Moreover such patients are robbed of their right to understand dental implants as a viable option. In my opinion, this belongs in the same category of neglect with the dentist or hygienist who agrees to provide a routine prophylaxis to the advanced periodontally diseased patient without discussing the fact that the long-term solution may involve more costly surgical procedures.

### **Implants are worth more than replacing missing teeth**

The literature proves time and again that implants help to prevent jawbone atrophy, positively affect muscle tone, and promote the patient's ability to chew and grind all types of foods superiorly. Whether the patient accepts or refuses a certain treatment option is irrelevant. What is important is that the dental professional discloses the treatment options to the patient—including implants—in a way that the patient is best capable of sorting out their options. The onus is then placed on the patient to accept or deny the recommended treatment.

Dr. Roger P. Levin, president and CEO of the Levin Group, Inc. says, "Although not every patient needs implants right now, every single patient should be made aware of implants. Therefore, dentists have an obligation to educate all patients about this treatment option. Avoid screening patients based on your perception of *their* interest level or ability to pay" (Levin, 2011a).

Whether the ideal implant treatment plan will cost the 70-year-old patient \$5,000 or \$50,000, that patient deserves to understand her options for having missing teeth replaced with dental implants as much as any patient who is much younger. There are no two ways about it.

### **Everything begins with asking the right questions**

In his *New York Times* Best Seller, *The 7 Habits of Highly Effective People*, Dr. Stephen R. Covey's fifth habit is "Seek First to Understand, Then to Be Understood." The title of this habit says everything you need

to know about it. Dr. Covey explains, “The essence of empathic listening is not that you agree with someone; it’s that you fully, deeply, understand that person, emotionally as well as intellectually” (Covey, 1989).

Before you begin to put together any dental implant treatment plan, you have to first understand what your patients’ present frustrations, dislikes, and limitations are with their current circumstances and also what their motives, desires, and expectations are for the replacement prostheses. For example, perhaps they can no longer chew their food on the right side, or their lower denture has begun to move when they smile, or the bridgework in the front of their mouth causes them to blow air bubbles when they talk. Understanding what the limiting functionality is will go a long way in helping to develop and present an implant treatment plan that resonates. These are all the reasons why patients develop a sense of urgency for replacing their missing teeth or, for that matter, have no sense of urgency and will need your help with creating one.

Maybe the patient’s daughter is going to be married in 6 months, her flexible spending account will expire in 60 days, or your patient has recently suffered a heart attack and his registered dietitian has placed him on a heart-healthy diet that includes nuts rich in omega-3 fatty acids and mono- and polyunsaturated fats like walnuts, almonds, and macadamia nuts. Such a patient most likely will find it difficult to chew the recommended raw, leafy green salads as well.

As you know, often your patients will volunteer much of this information, and other times you will have to help them share. The best way to have your patients acknowledge their limiting functionalities, motives, and hot buttons is to ask good questions before and during your clinical evaluation. Box 1.1 is an example of the types of questions that should be asked. Don’t worry about the fact that some questions will cause you to “lead your witness.” You are a dentist, not a lawyer, so no one will stand up and object. Besides, if you ask the questions the right way, your patients won’t even suspect that you are gathering details that will later help you to influence them to replace their missing teeth with dental implants.

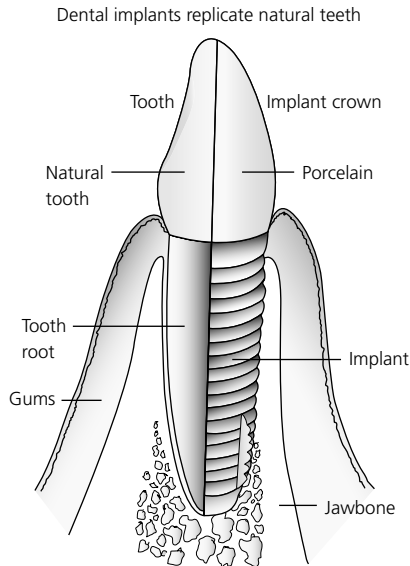
**Box 1.1** Before the dentist can be effective at presenting a treatment plan that speaks to the patient's concerns, he/she must first use questions designed to uncover the patient's issues.

### **Ask the right questions**

- 1 How long have you had your current bridge?
- 2 What do you like about your partial denture, if anything?
- 3 Are you able to chew your food very well with your denture in place?
- 4 Do you like the way your denture looks?
- 5 Have any of your personal relationships given you any feedback—good, bad, or indifferent—about your teeth?
- 6 Are you forced to wear denture glue to stabilize your denture? If so, what happens if you don't wear denture glue?
- 7 Do you have any short deadlines that you need your new teeth by? If so, what are the reasons?
- 8 Is it difficult to clean around your bridgework?
- 9 Does food seem to get trapped around your bridge?
- 10 Do you find it more convenient to eat with or without your denture in place?
- 11 Are you self-conscious, in any way, about eating out in public or in social gatherings with friends and family members?
- 12 Do you understand why tooth loss leads to jawbone loss?
- 13 Do you like the way your smile looks with your partial denture in place?
- 14 Do you mind taking your partial denture in and out to clean it, or would you prefer that it doesn't have to be removed, like natural teeth?
- 15 Do you routinely suffer from heartburn?
- 16 Are you presently taking medication for acid reflux disease?
- 17 What do you miss most about not having good teeth?
- 18 Are you able to routinely enjoy foods like apples, corn on the cob, or nuts?
- 19 How long would you like to see your next set of teeth last you before they no longer function well?
- 20 What would make you happiest about your teeth?

## **The power of visual aids**

As much as dental professionals insist on visual aids and good communications from sales representatives to become familiar with products they show interest in—such as equipment, handpieces, or dental software—so often doctors expect the patient to understand the rationale of receiving, say, a sinus lift, a bone or soft tissue graft, or a dental



**Figure 1.1** Show the patients what an implant looks like compared to a natural tooth.

implant, all without the use of the proper visual aids. This results in having to follow a path of least resistance. It's no wonder why practitioners agree to some PPOs that require discounting fees down to next to nothing or find themselves held hostage by the limiting confines of a patient's \$1,000 insurance maximum. It is very difficult to convince someone to pay top dollar for something they don't understand.

Imagine for a moment a knowledgeable and experienced dental implant sales representative shows up at your office for a scheduled meeting. The representative's goal is to sell you his implant system. There's just one problem; he was never given a surgical kit to detail his advanced or premium user-friendly system. He has no oversized replica of his premium implant to show you why his system is superior to the more familiar and lower-priced implant system you have been using for years. You might wonder why he even bothered to show up. Can you imagine buying this implant system without having the ability to play with a lifelike model or to put your hands on a surgical kit? Of course you can't, especially at a premium price. The patient needs to see an implant in relation to a tooth (as in Figure 1.1) and to be given a thorough explanation of its benefits.

## **You could learn a lesson from my contractor**

When the intent is to persuade your patients to agree to an elective procedure that is perceived to be the most expensive option, then you must do what other professions who sell an expensive product or service do. Use solid visual aids that are more persuasive than anything you can say.

When my wife Sandra and I were planning to build a deck for our house, we were particular about how we wanted this deck to be. We met with two companies. The first company is well known in the Washington, D.C., region for building quality fences, windows, doors, and decks. This company had built a fence for us at our previous home that we happened to be pleased with it. They also had built a neighbor's deck that we liked. The salesman came out and asked questions, took some measurements, showed us table samples, and talked to us for about an hour at the kitchen table, and I suppose he was off to meet another prospect.

The second company was smaller but came highly recommended from an oral surgeon and implant customer, Dr. Sharon Russell. Dr. Russell and her husband, Mark, had used this company and were quite pleased with Kirk, the owner, and his team's ability to execute.

Kirk took measurements and brought table samples as well, but before he started, he said, "By the time I leave you today, if nothing else, my goal is to educate you and to have you fully understand everything you need to know about what a good quality deck represents and what different options are available to you." As a salesman who shares this philosophy, I was now all ears. After asking multiple questions and speaking with us at the table for an hour or so, he took us out to his oversized, double-wide cargo truck, which was literally like a showroom on wheels. You go inside this truck, and Kirk's got about six different decking materials in all types of different colors and built-in countertops, allowing him to demonstrate side by side why brand A is better than B and why brand C is even better than A. How's that for visual aids?

He'd go on to demonstrate different types of guardrails that were available, including lighting that could be added to the rails and steps to really give it a classy look during those summer nights while playing host to a few guests. Four hours later, when Kirk had answered all of our questions and finished educating us on the value of composite materials compared to treated wood and taking all types of measurements and it was time to go, we'd pretty much decided that he was our guy.

We felt like we had seen all the samples and had each of our questions answered and that he had enough expertise to give us exactly what we

were looking for. Was he more expensive? Yes, pound for pound, the deck alone was slightly more expensive. But because he offered so much more of a vision and gave us more expert-opinionated options to consider compared to the other company, we also agreed to have him do much more than just build a deck. Kirk also helped us make an informed decision about the advantages of having a stamped concrete patio beneath the deck and a paved walkway alongside the house, which would be constructed at the same time as the deck. As it turned out, we spent significantly more money with Kirk because we opted to have him perform a more comprehensive project compared to simply having a deck built, which is the only thing the first company presented.

Here's another point worth making: Kirk's deck required us to dig deeper into our resources, and from the questions he posed to the compelling visual aids he used to demonstrate his recommendations, he helped paint an imaginary picture that inspired us to feel like we could never go back to only wanting a simple deck. This is good salesmanship.

I took time to tell this story because whether it's selling a deck or a treatment plan for a torn rotator cuff, knee replacement, or dental implants, the proposal or treatment plan must be defined in the most layman, understandable terms possible—verbally and visually. When it comes to making your case for replacing missing teeth with dental implants, there is no substitute for good *visual aids* and *verbal skills* that inspire people to take action. Inadequate verbal skills result in otherwise great treatment plans being turned down, time and again.

How much time did you spend understanding the patient's desires? By the time the patient leaves your office, how well educated are they about the multiple advantages of replacing missing teeth with dental implants? How descriptive were you in sharing the benefits behind your implant solutions? How influential are your visual aids to someone that knows little to nothing about implant dentistry? Educating your patient is paramount.

Do you have the fortitude to say to your patient "No matter what method of tooth replacement you choose, you will be well educated on your options"?

What I wouldn't do to have a penny for every time I hear a dentist say, "I'd like to do more dental implants, but my patients can't afford them." So many patients deny your dental implant treatment proposition for no good reason except that they don't understand what you are proposing, at least not enough to say "yes" to your \$4,000 or \$40,000 implant treatment plan.

## **Your patients aren't broke, but your delivery may be broken**

If you're not using the proper verbal skills and taking advantage of all the visual aids that are available to help you educate your patients and make your case, it's costing you in discounted fees and lost caseload. I might have called this chapter "Sell more dental implant services," but in my experience, most dentists don't like to see themselves as "selling." Please don't confuse the issue; this chapter is all about internal marketing, selling yourself and selling your dental implant services. There is no way around it.

Here's the reality. Because a patient tells you "I don't have the money" doesn't necessarily mean the patient can't afford what you are offering. The more complex the case, the higher the fees, and the less your patients understand you. This results in less acceptance of your proposed treatment plans, lost production, and lack of treatment received by the patient. People will spend money on what they want, but not necessarily on what they need. The challenge you face is having the patient have a strong enough *want* for the very services they *need*.

In the book *Beyond Selling*, authors Dan S. Bagley III and Edward J. Reese tell an old Las Vegas joke about a stressed, agitated, and unshaved businessman who approaches a stranger outside one of the casinos and begs, "Could you please spare me a few extra dollars?" The needy gentleman goes on to state, "My wife and kids are with me, and we don't have any money for food or for a place to stay. Any amount will help. Please!" The stranger responds by asking, "If I were to give you some money, how do I know that you won't take the money and go inside and gamble it away?" The distraught man looked at the stranger indignantly, pulled out a wad of twenties, and exclaimed, "Gambling money I've got!" (Bagley, III & Reese, 1988).

The authors go on to explain that in nearly all selling situations, there is money for what is wanted badly enough. Most of the time, when a customer professes to lack the money to purchase a product or service, the situation can be translated to mean, "I am not yet ready to trade my big sack of money for that little stack of potential value that you have demonstrated so far."

The same patient who tells you they can't afford to replace three missing teeth with dental implants will leave your office and go pay cash for a wide-screen, flat-panel supersmart television that they

have had an eye on for months. It happens all the time. Why? It's usually because not enough has been done to help this patient desire replacing his three missing teeth with dental implants as much as he desires to replace his 3-year-old, flat-panel television with the newer, bigger, smarter version he enjoyed watching at his friend's Super Bowl party.

## Verbal skills

Kirk (from the deck/patio scenario) started out by verbalizing his mission to my wife and I. Almost immediately, he stated, "If nothing else, my goal is to educate you...." In other words, even if you choose to do nothing at all or you opt for a lower-cost solution or even decide to use my competitor, at minimum, you will gain value from this discussion, guaranteed. That's priceless!

Let's consider verbal skills for a moment. I have sat in on numerous implant case presentations given to the patient by the dentist or a staff member, and though not always, but usually, when the patient refuses the dental implant treatment plan, it has something to do with the fact that the mission was not to thoroughly educate the patient first. If this were the case, just like Kirk, doctors would prepare their scripts in a way that touches the very essence of that patient's soul by giving them a message that resonates.

I recall one in particular like it was yesterday. I had been coaching this dentist on exactly what to say in this specific case. He asked me to observe and give feedback. I immediately noticed the only visual aid he had was the patient's panoramic X-ray. He had not followed through on my advice to purchase implant models. The presentation was similar to Discussion Example 1.1.

### Discussion example 1.1

Doctor Mrs. Jones, I have put together a treatment plan for you to replace your missing tooth [in the back of your mouth]. Traditionally, we would cut down your two adjacent teeth and give you a fixed bridge just like the one you have on the other side of your mouth, but today, a better approach is to place a dental implant under your gums and have it serve as the anchor for the crown.

- Patient But I haven't had any problems with my bridgework. It feels just like my regular teeth. Why wouldn't you just do another bridge?
- Doctor To do a bridge, I would have to cut down two perfectly good teeth in order to give you a bridge, and this can potentially shorten the life span of the two teeth we cut down. The other problem with this method is that once we take out a tooth, you begin to lose bone in that area unless we replace the removed tooth with a dental implant.
- Patient Well, how much will this implant cost me compared to the bridge?
- Doctor Actually, the bridge and the implant are about the same cost—\$3,600 for the bridge and \$3,800 for an implant. I had Sharon check with your insurance company, and your insurance company won't cover any cost associated with the implant surgery. They will pay 50% for the cost of your implant crown or 50% of the total cost of the bridgework. All told, the implant will cost you about a \$1,000 more out of pocket.
- Patient Well to be honest with you Dr. Jackson, I'm in sales, and it's been a very slow year, and I can't afford to pay anymore [out of pocket] than is necessary. I think we should just go with the bridge. After all, I pay good money for that insurance, and I'd like to be able to take advantage of it.
- Doctor OK Mrs. Jones, then we'll have Sharon get you scheduled for your next [bridgework] appointment.

Immediately following his presentation to the patient, he said to me, "See, I told you; if these insurance companies would just pay more for implant treatment [surgery], I would perform more dental implant procedures." He said this as if it were the insurance companies' fault that patients deny implant treatment.

Please understand that no one can ever accuse me of being an apologist for insurance companies. I think "dental insurance" is a misnomer. What other business can totally ignore the rising cost of inflation for decades by offering the same old lousy \$1,000–\$1,500 yearly maximum benefit while consistently raising premiums and get away with it like dental insurance companies do? But never is it an insurance company's fault if the patient refuses treatment, especially if you have not been effective in your communications.

This dentist's verbal communications were inadequate. That said, it wasn't inadequate verbal skills alone or even dental insurance that cost him this implant case. After all, his presentation included the negatives of "cutting down the teeth" and the ill effects of "bone loss" in the absence of a tooth root. What he did not do is *show* (visual aids)

the patient everything he was *telling* (verbal skills) her, and in so doing, he failed to have his patient understand everything she needed to know to make an informed decision. You can't be effective by showing a panoramic X-ray if the patient doesn't know what she is looking at.

This was an attractive, well-dressed, middle-aged woman who clearly cared deeply about her outward appearance. She was also fit and trim, which would indicate she cared about her health. She might as well have held a sign that said, "Look at me, aren't I beautiful?" Because this dentist's presentation involved no three-dimensional visual aids such as a dental implant model to demonstrate to her dominant visual senses, well, I'm guessing she probably retained less than 10% of what he had to say. Even though she has a bridge, she's never seen what it looks like to have her teeth cut down, and she certainly can't appreciate what buccal bone loss looks like on a dark and hard-to-read, two-dimensional, panoramic X-ray.

If you are not using dental implant models and animated software to help deliver your presentation, you are doing this the hard way, and you are most likely receiving the aforementioned patient response far more than necessary. Today's current implant models and animations are so good that choosing not to use them is sort of like taking a 1-hour, 3-mile brisk walk to your office every day in 90° temperatures when you can simply get in the car, turn up the AC, and be there in 8 minutes.

Contrast *Discussion example 1.1* with *Discussion example 1.2*. Understand that these are real differences that can be quantified. The combination of inadequate verbal skills and lack of solid visual aids was not enough to influence the patient to accept the recommended dental implant treatment in Example 1.1. Yet the solid verbal skills and the indisputable models clearly made the difference in having the patient accept the implant option over the bridge in Example 1.2.

## **Work out the financials**

The only thing left for your office manager to do now is to find a reasonable way to collect the patient's balance. If the patient has decent credit, perhaps, she will consider applying for one of the healthcare-specific credit cards. These companies will usually offer a 12-month, interest-free option to the patient and take a higher discount from you, the provider, on the back end. If this is not an option, maybe the patient is willing to pay for half the procedure

**Discussion example 1.2**

The conversation should have carried on something like this.

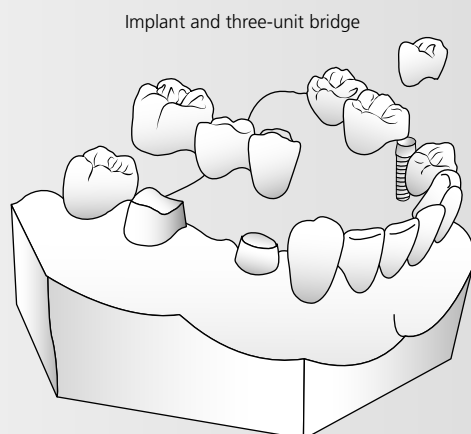
Doctor Mrs. Jones, I understand that your cash flow may be an issue, and if I were you, at face value, I'd probably think going with the bridge would save me the most money, too. Most patients do, but it's actually the opposite; it's the bridge that will cost you far more than the implant, every time.

Patient Oh really? How's that so, since my insurance will pay more for the bridge?

Doctor It's simple; in my experience, you can expect the bridge to last you only about 10, maybe 15 years if you're lucky. Long term, the bridge will cost you much more because it is very unnatural to chop down these two perfectly fine, adjacent teeth to small nubs [demonstrating on the bridge vs. implant model; see Figure 1.2]. It's also very unnatural to then lock the two adjacent teeth together to form a "bridge." Can you see how difficult it would be to keep the areas between these two teeth clean?

Patient I guess I never thought about that. But aren't there brushes available to clean those areas?

Doctor Yes, and if you were to ask me how many of my patients use them effectively, I would have to tell you a very small percentage, which leads me to the next point. In roughly 10 years, more or less, when the bridge fails, it's not uncommon that one of these adjacent teeth [demonstrating on the bridge vs. implant model] will either need a root canal or will need to be removed because of decay. If one of these teeth has to



**Figure 1.2** The implant and three-unit bridge model is a must-have.

be removed, at that point we will need to aggressively chop down this next one or two teeth, strip them of their enamel, and make an even longer bridge. If a three-unit bridge cost you \$3,600 today, at best, a bigger, four-unit bridge will most certainly cost you \$7,000 in 10 years, at minimum. Your maximum dental benefit will still only be \$1,000, which means you will be forced to pay \$6000 out of pocket for your second bridge. Both bridges combined, your total cost will be well over \$10,000; and for many people, this is a vicious cycle that never ends until they lose all of their teeth. If you're trying to save money, bridgework is not the way to go.

Patient If I get the implant instead, how long can I expect it to last?

Doctor You will still be required to keep the implant tooth clean, but an implant tooth is easier to keep clean and does not decay. I now have multiple patients with 20- and 30-plus-year-old dental implants. I can't think of one patient with a 30-year-old bridge. Not only will the implant save you money, as I mentioned before; it will help preserve your jawbone.

Patient OK, I get it. I see why I have been coming to you for years. No one ever takes the time to explain things to me the way you do.

Doctor [Laugh] I appreciate your trust more than you know. I'm going to have Lisa come and talk to you about finances. And don't worry, once my surgeon places your implant, it will take about three and a half months before we can deliver your implant crown. Lisa will work out payment terms with you so that by the time the area has healed and you're ready for the crown, you will have had time to satisfy your portion of the implant crown compared to the 2 weeks you would have to satisfy your fees for the bridgework.

with either cash or credit at the time of surgery and the remaining balance just before the crown is delivered.

If neither of these two payment methods is an option, the office manager should explore having the patient pay for the implant services over a 3- to 5-month period, if necessary. This usually works best if you can find an option to secure payment in a way that doesn't require the patient to think about it. In other words, let's assume in the previous scenario that the patient's insurance will pay a net \$600 for the implant crown. This will leave the patient with \$3,200 out-of-pocket expenses. Your office manager should be prepared to ask, "Would it work if we break down your out-of-pocket expenses into

four, equal-monthly payments of \$800?" If this is acceptable, the next goal is to secure a form of payment by either scheduled credit card or ACH payment.

If monthly payments can be made with a credit card or ACH, the office manager can create a tickler file that reminds them to secure electronic payment for the agreed-upon amount on the agreed-upon date, over the course of 3–5 months.

All things considered, if you have done a good job at detailing the rationale of receiving a dental implant versus a more traditional alternative, and you give the patient multiple options for covering their costs associated with the implant, far more patients will find a way to pay for the implant therapy you recommend. It is worth noting that you cannot discount the importance of an adequate case presentation when it comes to collecting the fees, no matter how large or small the case. Without a case presentation that resonates with your patient, you will never get to the point of working out payment terms.

## Dental implant models

It never made much sense to me that a dentist could spend thousands of dollars on quality implant courses, fly clear across the country in some cases, learn how to provide such a meaningful service, and at the same time, invest little to no effort and resources in the process of demonstrating to patients exactly what a dental implant looks like in the mouth or what the consequences are to the jawbone in the absence of teeth. We want patients to spend \$4,500 on an implant to replace a single tooth or \$30,000 for an implant-supported, fixed prosthesis, but we choose to appeal to only one of their senses—*auditory*.

In essence, the higher the fee, the more senses you must reach to be effective. Imagine buying a car without first being able to at least see (visual) the available colors, sit inside (touch), and test drive. You might not have to show a patient what a composite filling looks like, but to consistently have patients accept your higher-priced dental implant treatment plans, you had better appeal to their *auditory*, *visual*, and sense of *touch*. Neglect either one of these three senses during your case presentation, and the chances are pretty good that you will lose some implant cases that you would have otherwise closed.

**Box 1.2** Some models available for implant case presentations.

### **Dental implant models**

- Implant and three-unit bridge model
- Four-Implant Locator™ abutment lower-overdenture model
- Four-, five-, or six-implant fixed-hybrid model
- Full-arch zirconia bridge model
- Mandible bone-loss model
- Atrophied-ridge mandible model (partially edentulous)
- Perio-defect mandible model
- Three-unit bridge on three-implant model (free end)
- Partial-denture model

A dental implant model is worth its weight in gold, and there is a demonstration model for virtually every type of case you can think of describing to the patient. In my experience, every practitioner should have multiple dental implant models in the consultation room and in each operatory (Box 1.2). Even most of the full-arch, immediate- or delayed-occlusal-loading protocols have their own replica models available. Don't spend \$4000 on tuition for the full-arch implant course and sit in the course for 2 days to learn the clinical protocol only to leave the course without the demonstration tools necessary to successfully convince your patients to say, "Yes!" It's being "penny wise and pound foolish" to do so.

Maybe you intend to replace a single tooth and need to demonstrate an implant versus a three-unit bridge as demonstrated in the aforementioned consultation example. There's a model with an *implant* on one side and a *bridge* on the other. Perhaps you intend to demonstrate two options for replacing a denture with four implants supported by Locator® attachments for a removable prosthesis versus four to six implants positioned to support a fixed-hybrid prosthesis (like figures 4.4 and 4.5).

If you're going to be serious about improving your communications with the patient, you need to have several implant models always available to educate your patients. You don't have to purchase them all at once, but know that those most capable of influencing the patient to accept their implant treatment plans usually have, at their disposal, multiple types of models to help the patient appreciate the proposed treatment.

## Elevator pitch

According to Wikipedia, an *elevator pitch* is a “short summary ... used to quickly and simply define a person, profession, product, service, organization, or event and its value proposition” (Wikipedia, 2014). The term *elevator pitch* stems from the hypothetical that asks, “What if you found yourself alone in an elevator with the very person that could say yes to your proposition, and before the elevator door opens, you only have a very short period of time to get your point across in the most effective and persuasive way possible? How would you make your pitch?”

Such a pitch must be highly scripted because there is no time to waste. When you are making the case for a dental implant, although not always, but often enough, you will find that your elevator pitch is sufficient to draw strong interest when used in conjunction with good visual aids (Box 1.3).

Dr. Emma Galvan is owner of Dental Seminars, LLC and a full-time practicing dentist. While she does not perform implant surgery, I estimate that each year, Dr. Galvan restores as many implants as any dentist within the upper 10th percentile of implant restorative dentists. Her practice is located in Dundalk, MD, just outside of Baltimore, MD.

**Box 1.3** An elevator pitch can be used to introduce the rationale of an implant over bridgework.

### Dental implant elevator pitch

Mrs. Smith, unfortunately we can no longer save your tooth, and it needs to come out because of a fractured root. So the question becomes, ‘how will we replace it?’ Essentially, our two choices are to replace the missing tooth with either a bridge or an implant. The major problem with a bridge is that we have to cut down your two adjacent teeth [demonstrating with a bridge model]. You can also see how the bridge will trap food and cause decay to the two anchoring teeth. When this happens, we have to replace the bridge and eventually remove the decayed teeth that the bridge depends on. This is why a bridge is far more expensive long term. With a dental implant, there is no need to chop down your adjacent teeth [demonstrating with an implant model]. We simply anchor a small screw beneath your gums, and just like the root of a natural tooth, we attach a crown to it, and unlike a bridge, the implant is totally independent of your other teeth. It’s that simple. Does that make sense?

Dundalk is a blue-collar, working-class city. I have known Dr. Galvan for several years, and I asked her how she consistently gains case acceptance at such high levels. Here's how she put it:

Essentially, I have a short script that I've memorized so well that it just flows. I rarely stray away from it, because I know if I stay on course, I stand the best chance of helping the patient make the right decision.

Dr. Galvan may call it a "script," while I refer to it as an "elevator pitch," but essentially, it's one and the same. She can pretty much make this same pitch to any patient needing to replace a missing tooth with an implant, with slight variances.

As impactful as an elevator pitch can be, understand that its intent is not to close the patient on a treatment plan. An effective elevator pitch serves its purpose when it peaks the patients interest just enough to need to know more about what you are proposing. In many instances, it's your staff members who will find themselves in positions to make use of an elevator pitch. Whether it's at the front desk, on the phone, or in the operatory, the staff member capable of delivering an effective elevator pitch can influence a patient in a very positive way.

## **Could it be that your case presentation just sucks?**

Too often, I witness dentists making lackluster presentations of a priceless service like implant dentistry. Yet these same dentists present root canal therapy, post and core, occlusion, orthodontics, third-molar extractions, cosmetic dentistry, periodontal disease, composite fillings, and so on, all with such grace and comprehension. And the patients accept the treatment, in part, because of how well it was presented.

One of my favorite television sitcoms to watch as a teenager was *The Cosby Show* because it was funny, yet there were often lessons to be learned as well. I am reminded of a particular episode when 18-year-old Vanessa went off to college and met a 30-year-old, otherwise respectable man who was already settled into his career, named Dabnis Brickley. While visiting her parents back home, Vanessa used the

opportunity to introduce this gentleman to her family for the first time. She would also make it known to her parents that she and Dabnis were engaged to be married and that the two of them had been engaged for 6 months at that point.

Needless to say, the disappointment Vanessa's parents shared for her judgment was obvious. Her father, Dr. Huxtable (played by Bill Cosby), explained it to Dabnis this way: "The fact that we don't like you has nothing to do with your career as a maintenance man. You could be a banker ... and we still would not like you." When Dabnis seemed perplexed, Cosby proceeded metaphorically by asking, "What's your favorite food?" Dabnis replied, "Steak." Cosby continued, "Imagine I take the garbage can lid off the can and turn it upside down. I take your nice, juicy Porterhouse steak, potatoes, and sautéed mushrooms, place it on that garbage can lid, and I present it to you. Not too appetizing, is it?" He added, "It's the presentation. That's the way [Vanessa] brought you here; on a garbage can lid."

Cosby's point was obvious. A poor and inadequate presentation will trump great potential every time. It doesn't matter how great of a clinician you are—the presentation is everything. A poor presentation can make an otherwise well-trained and highly experienced clinician appear to be weak and untrustworthy. A great dental implant presentation can make even a mediocre implant clinician appear to be at the top of their game and will help that clinician achieve a high case acceptance rate. If you want to improve your case acceptance in implant dentistry, you must invest in resources that will help you appear at the top of your game in the minds of your prospective dental implant patients.

## **Implant animations**

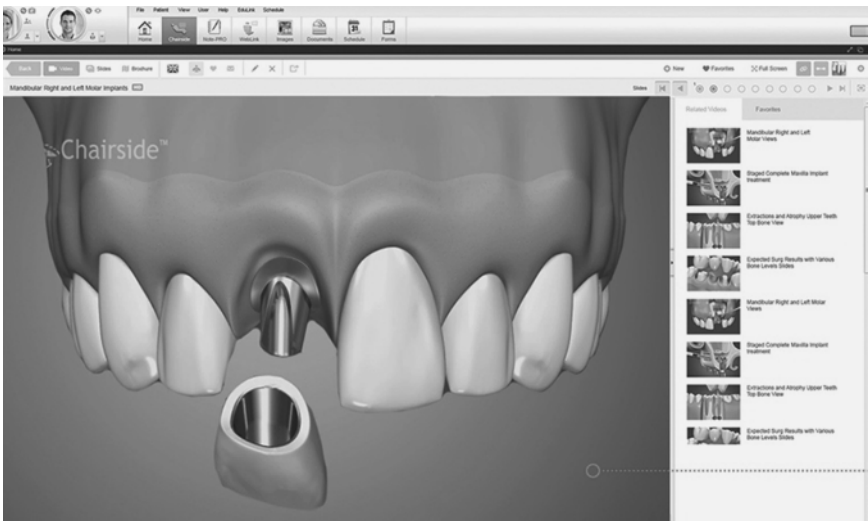
For as little as about \$1000, you can have a complete library of dental animations, including dental implants. There is an animation to demonstrate the advantages of receiving a dental implant with a side-by-side, colorful graphic comparison to the multiple disadvantages of receiving fixed bridgework.

Trust me, no one patient in his or her right mind will opt for a fixed bridge over an implant after viewing some of these animated videos. Remember the dentist I discussed earlier in the chapter who was

incapable of convincing his young and attractive patient to receive an implant versus a three-unit bridge? Had he shown her one animation in particular, on top of what he told her, there is no way she would have refused to accept his implant recommendation.

Whatever dental implant procedure you need to convince the patient of, you can do it with the aid of an animation, as demonstrated in Figure 1.3. Sinus lifts, block grafts, bone atrophy, you name it, you can use a well-designed animation to demonstrate virtually any dental implant procedure you can think of. The animation software has become very sophisticated but easy to use. There are several companies that sell dental implant animations, and like anything else, each company attempts to fill a void that the others do not.

Some programs will allow you to personalize your animations. For instance, consider the patient presenting with a failing bridge involving abutment teeth #9 and #11, with a pontic site #10. During the examination, you discover cuspid #11 will require endodontics and a crown. Tooth #10 will require a bone graft and implant placement if the patient accepts your implant treatment plan. Without use of an animation, it is very difficult to have 9 out of 10 patients appreciate what's required for the best results. By enhancing each patient's treatment plan with an



**Figure 1.3** In a few seconds, a video animation can make all the difference. Consult-PRO [www.consult-PRO.com](http://www.consult-PRO.com). Reproduced with permission of Dr. Boris Pulec, CEO Consult-PRO.

animation, you immediately increase your chances of case acceptance 10-fold.

Dr. Justin Moody performs far more dental implants than the average clinician and is an advocate of personalized animated software for dental implant case presentations. In an article titled “Personalize the practice with more digital tools,” he explained it this way: “When the program’s images and animations are integrated for better understanding, patients not only know what is happening in their mouths, but they feel compelled to do something about it. When patients see what I see, they are empowered to ask questions, and they gain that feeling of co-diagnosis that everyone talks about” (Moody, 2011).

And sometimes a customized animation is most appreciated following the surgical procedure. Often enough, it’s the buyer’s remorse that makes a patient question your fees, especially if they believe a friend or family member received the same procedure for a lesser fee.

As an implant sales representative, an exceptionally skilled customer shared a patient complaint story with me that had much to do with his patient not understanding why she paid \$2875 for her single implant surgery, while her coworker, a patient she referred, more recently paid just \$1900 for her single implant surgery. What the complaining patient didn’t remember this doctor explaining was that her anterior case required decorticating the buccal wall of her congenitally missing maxillary lateral incisor site, allograft bone material, and use of AlloDerm® for needed soft tissue volume, followed by placing the implant and providing an immediate provisional crown, all in the same visit. The complaining patient spoke very highly of the clinical outcome of her case, but felt slighted when she learned her colleague/friend paid less. In reality, the complaining patient’s colleague needed only an implant and required no grafting for the mandibular premolar site.

In my experience, clinicians sometimes forget that patients want implant teeth that look and function well. And most patients can’t possibly appreciate what separates one case from another when it comes to costs. In this situation, a customized, 1-minute animated video that is shown postsurgical (if not prior to surgery) would have undoubtedly gone a long ways to help the patient appreciate the unique requirements of her case and stem off any complaints. Such an animated video should also be sent to the restoring doctor in an

e-mail to help the dentist understand exactly what treatment took place so that they too can appreciate the surgical fees charged to such a patient.

## **Leveraging your auxiliary staff for animation demos**

As the dentist, you really don't need to spend much of your time in the presence of your patients while they view the animation videos, especially during the treatment planning phase. That's the beauty of an effective animation. It will tell the story for you, in many instances, better than you can tell it yourself.

So train your staff to do it for you. Following the examination, give your staff member some basic background information on what the dental implant case will require, say your good-byes to the patient, and have the implant coordinator queue up the appropriate animation movies to be reviewed by the patient in the consultation room.

No other profession delegates their face-to-face interaction with the patient as well as they do in the medical field. Recently, I went in for my annual physical, and I was not seen by a doctor for either of the two visits. One young lady came and measured my weight, took my blood pressure, and drew blood. I assume she was a registered nurse. When she was done with me, she then sent in a physician's assistant to meet with me, and she asked more questions, followed by intelligible recommendations. I'm sure a doctor was on staff, but for the purposes of my two visits, the auxiliary staff handled my appointment completely.

Certainly, the medical field has its issues, and to some degree, physicians must farm out many of the one-to-one efforts in order to maintain a certain value on their time, but we can learn something from the physicians when it comes to delegating.

Take the time to train your implant coordinator to handle many of the face-to-face interactions that don't necessarily require your presence. This person should reach a point where he or she becomes even more proficient than you will ever be at setting up these videos and reviewing them with patients. You will find that the time it will save you is invaluable.

## Summary

It is vital that you approach every potential implant patient with your findings, prognoses, and treatment options. This is your responsibility to the patient. The choice the patient makes with respect to the options you present and what they can afford is their responsibility, and theirs alone.

The problem with most clinicians who want to perform more implant procedures—surgical, restorative, or both—has to do with the fact that their ability to perform these procedures far and away exceeds their ability to influence their patients to accept treatment. These clinicians invest mostly in their clinical skill sets through various dental implant continuing education programs only and very little in doctor–patient communications. Yet any clinician I am aware of who has an ability to consistently gain implant case acceptance uses strong visual aids and verbal skills.

If you intend to treat far more patients with dental implants in the coming 12 months, you must refrain from being influenced by thoughts of what your patient can or can't afford and pay far more attention to how you deliver your implant recommendations to the patient.