

The Treatment Plan You Always Wanted But Didn't Know You Needed
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Several weeks ago, as I was perusing the selection of sunglasses at **a local store**, I found myself eavesdropping. A young father had just wheeled his toddler into the children's hat aisle to choose a hat to protect her from the sun during their upcoming vacation. The child immediately became enthralled with a blue plastic sun visor stamped with The Little Mermaid, while the father's inclination was toward a purple canvas hat, brimmed all the way around. She fiercely shook her blonde curls in refusal as he pleaded about how the purple hat would protect her face and her back when they were on the river.

Although his choice cost a full ten dollars more, he looked at the price tag of the Disney visor and clicked his tongue. "\$3.99," he claimed in mock horror, "Sweetie, that's so much money. I'm not sure Daddy can afford it." She responded with a look that said she already knew Daddy could afford anything she wanted.

In a final brilliant attempt, the father held the purple hat up wistfully and said, "It's just as well. Being purple and all, this is probably a princess hat. They may not have even let us buy it anyway." The girl immediately discarded the visor in favor of the purple princess hat, and they headed for the check out line.

The father knew his daughter needed the purple hat, and he knew she wanted whichever hat she believed was more special, more fairytale. So he helped her to want the hat that she truly needed.

The field of dentistry requires similar sales know-how. Many Americans do not value their oral health. While most people immediately accept the treatment recommended by medical doctors, they fail to complete (or refuse to even start) much of the treatment recommended by dentists. Like the little girl in the store, patients are more likely to accept the treatment they want

rather than the one they need. Therefore, if dentists want to run successful practices and want to help their patients achieve oral health, they must present each treatment plan in a manner that makes the patient *want* the treatment they truly *need*.

Presenting the Treatment Plan

You've heard the old expression: Things will look better in the morning. But when we put things off they really don't get better; they only *look* better. In reality, they often get a lot worse.

This is why the treatment plan must be presented in the treatment room immediately following the exam and diagnosis. At this point, both the assistant and the dentist should have familiarized the patient with the problem and s/he will feel a sense of urgency. Don't forget, many patients unnecessarily fear dentistry, and this dread is something we are constantly working against. The patient is still seated in the chair at this point, and the dentist or hygienist can conveniently redirect the patient's attention to the problem and its consequences using mirrors, the computer screen, diagrams or models while alleviating his or her fears over the procedure.

Deciding Who Presents the Treatment Plan

When I was a little girl and I asked my father for ice cream money or permission to play at a friend's house, he would say, "What does your mother say?" Not because he did not feel like he knew what was good for me, but rather because he needed to understand all the circumstances and he knew it was important, whatever the final decision be, for he and my mother to maintain a common front. Divisiveness undermines authority.

The dentist *must* be the one to present the initial treatment plan; however, it is crucial that every member of the staff reiterate the same concerns and recommended solution throughout the patient's entire visit. In addition, it is a good idea to display magazines and books or play videos that reinforce the diagnosis and the treatment plan.

Presenting the *Full Treatment Plan*

A friend of mine recently purchased a new car. Her husband, who owned a construction company, was to be out of the state for nearly a month at a work site, and it became clear that they needed to purchase a new car before he left. Together they decided how much money they wanted to spend and transferred that amount from their savings to their checking account. At the import lot, the dealer, perhaps influenced by my friend's attire—always jeans and a T-shirt—tried to direct her attention to some of the less expensive models. Once she became interested in one, he encouraged her to think about it a little longer and come back with her husband so that he could make a final decision.

Needless to say, she left the lot as he suggested, but she wrote a check, in full, for a more expensive car on another lot less than an hour later. The first car dealer lost her business because he made assumptions about what kind of car she could afford and how capable she was to make an important decision.

We must refrain from making these kinds of assumptions about our patients. Everyone deserves the same quality dental care. With every patient, we are working toward the same ideal of a healthy mouth and a confident smile; therefore, the dentist must recommend the *optimum* treatment, exploring other possibilities only at the patient's request. The dentist should also be prepared to address the kinds of behavior or neglect that have contributed to the problem, the

specific degree of the current problem and what consequences the patient can expect if the problem is allowed to progress further.

Discussing Financial Arrangements

I have a house full of animals— two cats, two birds, and two dogs. I have found a good vet, one who is gentle with my animals and me, one who I know would never cheat me. When there is an emergency with one of my pets, I accept her diagnosis and treatment plan immediately, without questioning the cost. I know that she is fully competent and that her staff will help me formulate a financial plan before I leave.

This is the kind of atmosphere we want to build in the dental office. The dentist should *never* discuss financial arrangements. If a patient feels pressure about finances, that pressure could affect the dentist's diagnosis as well as the patient's acceptance of the treatment plan, jeopardizing the oral health of the patient. Instead, a financial coordinator or advisor (a staff member who has a caring demeanor and who is familiar with all the insurance benefits and policies and third-party financing) must present a financial plan separate from the treatment plan presentation. Ideally, this discussion should take place face-to-face in a quiet area where the patient and the financial coordinator can talk privately, and it should occur *after* the patient has already accepted treatment. This conversation should not center on whether or not the patient can afford the treatment, but rather *how* the patient can afford the treatment.

Maintaining Healthy Practices

Dentistry is not like microwaves, cell phones or cappuccino—things we are introduced to and then think we cannot live without. Proper dental care is a necessity and presenting it to your

patients in a manner which will get them to respond, while important to the strength of your practice, is even more important to the health of your patients.