Mary H. Osborne, Resources

PRACTICE RENEWAL

A Leadership Guide for Dentists

Improving Case Acceptance

What does "case acceptance" mean to you? Does it mean that you devised a good plan or that you were persuasive? Does it mean that your patient liked you? It can mean all of those things. Most importantly, ***when patients accept treatment you recommend, it means that you understood them well enough to make recommendations which support the preferred outcomes you have helped them identify and value.***

Improving case acceptance is a worthy goal, yet many dentists do not look forward to treatment consultations with enthusiasm. In fact, "dread" may more often describe their feelings. In preparing this issue of *Practice Renewal,* I turned to Dr. Bob Barkley's book, *Successful Preventive Dental Practices*. He quoted psychologist Dr. Nathan Kohn, Jr. who said,

> If you do not like case presentations, there must be something right about you; there is certainly nothing right about case presentations. They are not behaviorally or educationally sound, and they try to force people to learn too rapidly … Successful relationships cannot be built this way..
>
> As is often the case, the words Dr. Barkley quoted then still apply to dentistry today. Dentists either arm themselves with visual aids in preparation to do battle or merely deal with the "felt need," while tentatively mentioning a few other things they think the patient might accept. Much of the know-ledge and skill they possess for compre-hensive care rarely gets used.

Case presentations don't have to be that way if you can know your patients, have clearly agreed upon outcomes, create a comprehensive plan, and engage your patients in a process of becoming healthier. Striving to accomplish these can make consultations not only more effective, but also more enjoyable.

Know Your Patient

In talking about case acceptance we tend to think of a consultation appointment in which dentists tell patients what they need, and patients accept or reject the plan. While some people are better at presenting treatment than others, the most important part of case acceptance is the relationship you build with your patients.

Your *understanding* of where your patients have been, where they are now, and where

they are going influences their choices more than anything else you say or do. When you have a genuine interest in who your patients are and what is important to them, you are better able to help them make choices that serve them well.

Building the kind of a relationship I am describing cannot be rushed. It takes time. There is an investment in learning about people that must be made and trust developed. But it takes more than time. It takes *attention* and *focus.* It requires *intention* and *commitment.* It requires a fundamental belief that the people who come to you for care have valuable information to share with you.

Attitudes About Health

Taking an oral health history allows you to listen not only to the medical problems patients have had, but also to their responses to those problems. What do your patients believe about how they developed medical problems? How have those problems affected their lives?

In both the etiology and resolution of those problems, do they see themselves as victims or as participants? Understanding the choices your patients have made in regard to their health can enable you to help them make present and future dental decisions.

Beyond disease, what do your patients believe about health?

- What do they do to maintain good health?
- How have they developed their beliefs and practices?
- What changes have they made over time in how they approach their health?
- What strategies have they employed to eliminate habits that have not served them well and to incorporate those that do?

Understanding how a person quit smoking or incorporated exercise into his life can help you coach him through changes in developing more effective home dental care.

A number of years ago while interviewing a new patient, I asked about medications he was taking. He said that his doctor had prescribed blood pressure medication, but he didn't take it. My first reaction was to label him a "non-compliant" patient, but I stayed in the question and asked him to tell me more. He said that he didn't like the idea of being dependent on any medication for the rest of his life, so he did some research and decided to change his diet, exercise more, and get rid of some of the stress in his life. He bought a blood pressure cuff and monitored his pressure regularly, and it had been normal for years.

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Would that kind of information be useful for you to know about someone for whom you were going to recommend treatment?

The choices people make are a reflection of their values. As you get to know your patients, your role is not to judge them for the choices they've made or to make any assumptions about what they will do in the future. Patterns will emerge that represent their values as you talk with patients about their personal, professional, and health decisions. When they make choices based on their clarified values, everyone wins.

What Patients Think

The more you know about what your patients think and believe, the more effectively you can give them information that will help them make decisions about dentistry. Of course, you can find out what dentistry they have had done and what the existing conditions in their mouths are by doing an exam. However, that information is less than half the story.

Understanding your patients' thoughts on the health of their mouths can give you an idea of how informed they are, how aware they are, and what their aspirations are. For example, how does your patient judge the health of his mouth? If he thinks his mouth is in good shape, on what does he base that assessment? What evidence does he pay attention to? If you listen to both the information and the language he uses, then you can tailor your communication to a level that is appropriate for him.

As your patients talk about problems they have had in the past, you can help them take responsibility for those problems by asking them why they think they have decay, why they think their gums bleed, or what caused their teeth to break. You can involve them in determining the etiology of disease by asking for their opinions and by avoiding accusations and blame.

Decisions Patients Have Made

It's also useful to ask patients to talk about *how they decided* to do the dentistry present in their mouths. In many cases they won't be aware that they made a choice, but by asking the questions, you can help them see *choice* as a possibility for future treatment decisions. If you want patients to take responsibility for their health, then invite them to do that. For example, you may ask,

> *"How did you decide to restore those teeth with silver fillings, Mr. Black?"*

If he says that his previous dentist just did them that way, you might respond by saying,

> *"That's true for many people we see, Mr. Black. In this practice we'd like to involve you more in those decisions. As we work with you, would you like to know more about the materials we recommend using and why?"*

That type of conversation says a lot about your philosophy of care and invites that individual to enter into a different relationship with you than he may have had with his previous dentist. He may say, "No, you're the doctor. I trust you," but you can continue to offer him opportunities to be more involved, and ***help him see that not choosing is also making a choice.***

When patients have taken an active role in making choices about dentistry, it's useful to know on what they based those choices, what their expectations were, and what they believe the results of those decisions to be.

For instance, if a patient says her previous dentist suggested a crown, but she chose a filling instead, you might ask her what her understanding was of why the dentist was suggesting a crown rather than a filling. You may also want to know how she thinks the filling has worked out for her. If she says she has had it for ten years, you might

ask her how much longer she expects to have it. Then offer to check the filling carefully and give her feedback about it when you do your exam.

What Patients Have Experienced

Understanding your patients' previous experiences and the effect of those experiences on them is invaluable. Beyond learning whether or not they are afraid of dentistry, you can also ask them to think about how those experiences have influenced their beliefs, assumptions, and attitudes about dentistry.

Patients may be able to move beyond their history, but *not* if they can't acknowledge the part they have to play in the process of becoming healthier. If a patient tells you dentistry always hurts, you might want to ask her if she believes a comfortable experience is possible.

Help your patients voice their concerns and ask for what they need. You can also help them identify issues of trust and how their relationships with previous dentists could affect their relationship with your practice. The more those issues see the light of day, the better you can deal with them.

What Patients Want

Finally, it's important to understand what your patients want. ***We need to understand what they want to avoid and what they want to attain. Identifying what people do not want is often easier than identifying what they do want.*** Both are important.

Helping people articulate what they don't want can be a first step in helping them identify what they do want. Most of your patients have never thought of dentistry in terms of preferred outcomes. You can wait a long time for patients to come to you saying they want to have "healthy teeth, healthy gums, a good bite, and esthetic restorations which are easy to maintain." It's just not likely to happen. Their knowledge and experiences are limited, as is their understanding of dental possibilities.

A common comment we hear in dentistry is, "I don't want to lose my teeth." I'd want to understand more about what that loss would mean to a patient. You might respond by saying,

> *"What comes up for you when you think about losing teeth?"*

You may want to ask how your patient would feel if he lost one tooth. Try to avoid identifying him as someone who is concerned primarily about esthetics, function, or comfort. Instead, take the opportunity to help him explore *all* the implications of losing some or all of his teeth. Try to understand the unique meaning losing teeth has for him. The same would be true if he says he wants to avoid pain, inconvenience, or anything else he identifies.

If you have a conversation about a patient's concerns regarding losing teeth, then you can move from that into talking about the implications of keeping his teeth.

- What does he know about the advantages of keeping all of his teeth for the rest of his life?
- Does he see that as possible?
- What is he willing to do to keep his teeth?
- What is he unwilling to do?
- In what condition does he hope to maintain them?
- And finally, what are his thoughts about how much energy he is willing to invest in maintaining his teeth?

It Takes Time

I know what I am describing takes time. You can take the time to get to know your patients *before* you begin significant restorative dentistry, or you can learn about them as you do the dentistry. Both take time, but the former is easier and far less complicated. The latter may occur through a series of disappointments, unmet ex-pectations, and maybe even anger.

There are no guarantees about successful treatment, but if you avoid doing dentistry in the mouths of strangers, you are far less likely to encounter surprises as you proceed through treatment. The conversations you have before you have even done an exam have tremendous potential for a deeper understanding because you don't yet have a specific agenda that can get in the way of your ability to *listen.*

Know the Existing Conditions

In addition to knowing your patients as people, it is certainly important to learn as much as you can about the conditions present in their mouths. In order to help your patients decide on a long-term comprehensive plan for what is *possible* for them, you must know what is *present*. The more thorough you are about gathering information about existing conditions, the better able you will be to consider options for treatment. Thoughtful, methodical, careful diagnosis enables you to present comprehensive care with confidence. In my experience dentists frequently place too little value on their diagnostic abilities. They often focus on a quick fix, instead of a long-term plan.

It's easy to believe that patients are not really interested in long-term plans because they don't usually ask for them. They see us as "fixers." However, I believe we have a responsibility, and an opportunity, to help our patients consider another way of looking at their dental health. We can let them know we are in it for the long haul and ask them to see us as advisors and consultants, as well as practitioners. You might say,

> "*I want to make sure we don't miss anything, Ms. Green. I don't want to make recommendations for treatment that might eliminate options for you somewhere down the road. Once we've put all this information together, we'll understand the bigger picture about what is happening throughout your mouth, and how everything is related.*
>
> *"After that we can sit down and talk about what we've learned and what is possible for you. You will have choices to make, and one choice is always to do nothing right now, since you are not in need of urgent care. In any case, the choices you make will be based on good, solid information, not guesses. How does that sound to you?"*

The more your patients are involved in the process of discovering the existing conditions in their mouths, the more likely they are to accept ownership and responsibility for those conditions. Without ownership and responsibility for their problems, they are unlikely to be invested in solutions. Taking the time to bring new patients into your practice through a process of co-discovery helps them see what you see as you're seeing it. Done with gentleness and care, an interactive initial exam is an opportunity for relationship building, as well as education and information gathering. There is no substitute for the personal connection you can make during that exam.

Again, I had to smile when I read Dr. Barkley's words:

> ... the dentist grabs at every audiovisual device or "technique" he can find, only to learn too late that these expensive gimmicks provide only a brief spurt of enthusiasm from both the patients and himself.

That was long before the days of intraoral photos, digital radiography, and the wide array of imaging technology available today!

In dentistry today we have so many tools to help patients better understand what is going on in their mouths. Whether you use a hand mirror or photos, hand-drawn charts or elaborate computer printouts, you can help them see what you see. This is only the beginning. To assume patients have enough ownership of existing conditions to decide to change those conditions is a mistake. Some people will be anxious to move forward, and others will not.

I recall a conversation I had with a dentist who was disappointed in his case acceptance. He described a patient he had just seen who seemed interested and enthusiastic but did not "accept the case." He "only" scheduled for periodontal therapy. The dentist saw the patient's choice as a rejection of the case; I saw it as an ideal opportunity for the hygienist to continue the process.

As the hygienist works with this patient, she can raise his awareness of how the existing conditions are affecting his health: how the restorations feel as she scales, how they affect his ability to keep his mouth clean, and how the occlusion is affecting the soft and hard tissues. She can also learn more about his ability to learn to care for his mouth, how much help he will need, and what he can accomplish on his own.

The process of co-discovery can continue with everyone with whom he interacts. The hygienist and/or other team members can also can get a sense of what he understands and how he feels about the existing conditions and talk with him about what barriers he sees to proceeding with treatment. They can continue to help him see long-term possibilities for himself and expand his thinking about preferred outcomes.

Formulate Recommendations

When you have gathered all the information you need, you can formulate recommendations. Your patients expect that from you. Even if they don't like what they hear, they want to know what you think. I believe they have a right to hear your best recommendations, not just what you think they will agree to do.

I remember a conversation I had with my husband many years ago that helped me understand how our patients see us. I told him about a patient I had seen that day who had chosen to replace a quadrant of amalgams with gold. I said I was excited because it was the first time I had suggested quadrant dentistry to a patient, although it was what I had chosen for myself and for him.

I realized that I was afraid people would think we were just after their money if I suggested quadrant dentistry. His response was, "But it's the best, right? People expect their dentists to tell them what they think is *best*." I realized at that moment that those of us in dentistry often made choices for ourselves and our families that we didn't offer patients, and they have a right to expect more from us.

Three Key Questions To Ask Yourself

When you sit down with all the information and diagnostic aids you have gathered and begin to formulate a plan, there are three key questions you might ask yourself:

- ***What is possible?*** This question allows you to explore everything you know about dentistry — from the lecture you just attended with the current clinical guru, to the newest techniques and materials, to all your years of knowledge and experience! This creative process encourages you to

stretch your thinking and integrate the best of what you know to better serve each individual. It also allows you to focus on the ideal clinical result you can achieve for this person. What are all the ways you can enhance the conditions you see before you? What is the best possible clinical result?

- ***What would I do?*** This question asks you to filter possibilities through your own values system. If these conditions were present in your mouth or that of one of your loved ones, what would you do? You might consider available options and weigh the odds for long-term success with the potential for gain. How much difference is one treatment likely to make over another? How would you feel about the price that might be required: dollars, discomfort, time, temporary esthetic concerns? Ask yourself how you could create the best possible overall outcome if this were your mouth?

- ***What do your patients want?*** This question asks you to take into consideration what you are hearing from the patients about the outcomes they want. Don't confuse this with the procedures they may tell you they want, as in "I just want to have my teeth cleaned." Our responsibility is to consider what **outcome** they expect from that clean -ing in order to gauge our ability to deliver what they expect. They may have several outcomes in mind that involve esthetics, longevity, comfort, etc. There may be outcomes they have in mind which are in conflict, such as wanting to keep all of their teeth and wanting to avoid surgery. Both may not be possible for them. Ask yourself how the treatment you might recommend can best meet all or most of the outcomes your patients have identified.

I'm not suggesting you create three plans, although you might. The important thing is that you consider all three perspectives. Each question offers you a different perspective about the best treatment for a given individual. The more expansive you are in your thinking, the better prepared you will be to discuss the case with your patient.

Allow yourself to explore possibilities about everything in their mouths. Go into detail. Go beyond discussing what is breaking down.

- What possibilities are there?
- What is the long-term prognosis for all of the restorations you see?
- How would ortho change things? Even if they have said they are not interested in ortho, don't let that limit your thinking about possible outcomes.
- What possibilities are there for improving the esthetics? Even if they have said they are not concerned with the way their teeth look, allow yourself to consider minor and major changes.

Bring all your skills together in the interest of thoroughness.

One of the best ways to formulate a plan is to involve the team in the process. Sit down together with a chart, notes about the interview, x-rays, study models, pictures — everything you know about a patient. Talk about what you think is best and encourage other team members to ask questions, make suggestions, and raise issues you may not have taken into consideration.

Encourage a lively discussion in which everyone's input has value. Your team will develop a better understanding of what you take into consideration when making recommendations. You will also learn about your team members and what they know, and you will be better prepared to talk about dentistry with a person who does not have a dental degree.

You may never actually present the plan in its entirety but having a plan will give you a context for the options you do discuss. For example, if you have an ideal plan for full mouth rehabilitation and the patient is primarily concerned about his perio condition, then you might only talk with him about periodontal treatment. You can ask if he'd like to wait to talk about restor-ative work

after he has a better sense of his ability to keep his mouth healthy.

Dentistry today has so much to offer people. Many dentists have the knowledge, skills, materials, and equipment to provide exceptional care. However, patients will never experience any of that if it isn't presented as a possibility. Your patients may or may not choose to pursue a treatment plan you create, but they will definitely *not* accept your plan if you don't have one.

Creating Agreements

When you are very clear about what you have to offer, it's time to involve the patient in a consultation appointment. But the traditional model of consultations in which dentists tell patients what they need is outdated in dentistry today. Without a clear understanding of the outcomes you and your patients want to achieve, it doesn't make sense to suggest treatment.

We cannot tell patients what they *need* unless we connect it to *what they have* and *what they want*. In her book, *Kitchen Table Wisdom*, Dr. Rachel Naomi Remen says that knowing what's best for a patient's disease is not the same as knowing what's best for the patient. The consultation appointment continues the process of co-discovery. One practice I know calls that visit "Discovery One" instead of a consultation or co-discovery appointment. It helps them be aware that there may be a discovery two, or three, or whatever it takes to co -create agreements.

Typically, a new patient comes to us with some ideas about what she wants, but this is only the beginning. Even if, initially, her chief concern was to improve the color of her front teeth, there's no reason to assume that is still the case. Several factors could have changed her mind. For example:

- An interactive clinical exam helped her more clearly understand what conditions are present in her mouth.
- Experiences in hygiene may have continued to give her new information.
- Questions you have asked may have helped her think about things in a different light.
- She may have developed a new level of trust in you.

It's important now to help your patients reframe their preferred outcomes in light of new information and experiences. If we hold patients in the place where they were when we first asked them how we could help them, we limit their possibilities for growth. When we are clear about the outcomes they want, we can begin to discuss treatment. The following topics can serve as an outline for what a consultation or "Discovery One" appointment could look like in your practice.

Where To Start

In beginning consultation appointments the most important thing to determine is where patients want to start. We may have a sequence of explaining treatment recommendations that has a logical flow for *us,* but it may not be one that works for *them.* We may like to begin with perio as the foundation or with the most severe problems or with the chief complaint they expressed. Any of those plans may be effective, but they are determined by *our* preferences. The most effective consultations meet patients where they are at that particular time.

> *"I know we talked about a lot of things the last time you were here, Mrs. White, and we gave you a lot of information. I know you were also looking forward to showing your husband the tooth chart we gave you and talking with him about what we saw. I want to start today by checking in with you on what thoughts or questions have come up for you since I saw you last."*

Listen carefully to her response. Do you hear any expansiveness in her ability to identify preferred

outcomes? Is she including things she did not talk about before? Has her focus shifted any since the first time you spoke? Stay in the question. If she identifies one area she wants to know more about, ask what other questions have come up for her. (For more information on staying in the question, please see the newsletter "Staying in the Question" by Mary H. Osborne.)

If her chief concern is the same concern from her last visit, begin there. If she says she is a little worried about the gum disease you discovered, begin there. If she says she has a good sense of what's going on and just wants to know what to do about it all, ask if there is a particular place she'd like to begin. If not, choose a place that makes sense for you.

Agree Upon Outcomes

Avoid going too quickly into details about procedures. Make sure you have some agreement on the outcomes you both want to achieve. Some sample language:

> *"From our previous conversation and the questions you are asking now, it sounds like what you want is to keep all of your remaining teeth for the rest of your life with as few surprises as possible, Mrs. White. Is that about right? You also want to take advantage of the insurance benefits your employer provides. I believe all of that is possible for you.*
>
> *"I'd like to help you develop a plan geared toward the most predictable restorations and help you make choices about how to use your insurance benefits in a way that also takes into consideration the issues you raised about comfort and time. How does that sound to you?"*

Listen to her response very carefully. Is there more she wants you to pay attention to? Are any of her priorities shifting? Don't rush this part of the process.

Present a Plan

This may still be too soon for too many details. Get agreement on a general direction for your plan before you discuss the details. You may say something like,

> *"There is no question that full coverage restorations will contribute to making your back teeth stronger than the fillings you have had, Mrs. White. I recommend working toward replacing those fillings and natural looking crowns for both esthetics and longevity I'll also want to take steps to make sure your teeth bite together in a way that will prevent excess wear on any restorations we place. How does that sound to you?"*

This is a simple statement that clearly says how your proposed treatment addresses the outcomes she has identified as important. Again, listen carefully to her response. Talking about fees and timelines if you are not yet in agreement on the general direction you will take isn't useful. She may want to talk about the difference between materials at this point. She may want to know the costs of each in time and money. She may want to talk about the part her insurance will play. All of that may be appropriate. ***The more she is in charge of the direction you take, the better.***

As previously mentioned, ***be careful not to get too bogged down in details without an agreement of where you are going.*** For example, if she wanted specific insurance information at this point, I would ask her if the plan sounds like what she wants if she can find a way to make it affordable. If she really wants something else, now is a good time to talk about it.

Discuss the Price

Once you have agreed on desired outcomes and a general plan for achieving those

outcomes, ***it is important to talk about the price your patient will pay to achieve those outcomes. This is perhaps the most sensitive, and potentially the most creative, part of the process.***

If our assumptions, our egos, our wallets, or our lack of boundary get in the way of this process, we can shut down the patient's ability to work creatively through barriers. The more open we are to this part of the process, the more effective we be-come.

In some practices this is the time the clinician leaves the room and turns the conversation over to a businessperson. So many opportunities are missed in that exchange! When it comes time to make specific arrangements for details as to how the price will be paid, someone else may want to take over. But there is often more to be done before that time.

If a patient asks how much putting cast restorations on his back teeth will cost, then it's important to give him a direct answer and help him to own that answer *before* you get into payment plans or insurance or other options. You can present that fee as a total fee or a per-tooth fee, but I believe the patient needs to understand the whole picture.

> *"Each restoration will be around $1500.00 Mr. Brown. There are seven teeth I would recommend restoring this way, so we're talking about a total cost to restore your mouth of somewhere between ten and eleven thousand dollars, depending on your choices about mater-ials and timing. How does that sound to you?"*

He may have more questions; he may react with surprise or disbelief; and he may think that sounds about right. Be careful not to make assumptions about what you hear. Check it out. If he says, "Wow!" you might ask him how that is different from what he expected. If you are open to any response, you are more likely to hear the fullness of his concerns. ***The more you know about his concerns, the better able you will be to help him work through them.***

Consider Options

In most cases there are a number of options your patient can consider. From timelines to materials, there is usually more than one way to approach treatment. The most important thing for you to remember is that any options you discuss must take into consideration the outcomes to which you have agreed. It's easy to lose sight of outcomes when you begin to pursue options.

If the patient asks if her teeth can be restored one at a time over seven years to utilize insurance benefits, let her know how that option may affect her desire for a minimum number of surprises. Talk about how you will address the occlusal forces that may affect long-term dependability if you restore one tooth at a time.

In some cases, you may be able to do what is being suggested without compromising the result, and in some cases you will not. The patient always has the option to change the outcomes to which you have agreed, as long as you can agree on the new outcomes.

> *"We certainly do not have to restore all of those teeth at once, Mrs. White, but restoring one a year may not be the best course for you to pursue. I think we can get a better overall result by identifying those teeth that are most at risk and restoring teeth in the same quadrant of your mouth at the same time. That way they would all be restored in four years instead of seven, and we can support your bite better and have you sit in the chair fewer times, which you said was appealing to you.*
>
> *"Of course, there are no guarantees as to when a tooth may break down, but in your mouth there appear to be some that are more at risk than others. I think*

> *we can make some well-educated guesses. Does that seem like something that could fit into your budget?"*

There will be times when there are no options you can offer, and you have to be honest when that is the case. Sometimes our patients don't like the answers we have for them, but we cannot be less than honest with them. If you cannot in good conscience offer anything else to achieve the agreed upon outcomes, then make that clear.

A discussion of price is also the time to address the limitations of dentistry and the part patients play in the success of treatment. When we have identified long-term goals for health, we have to remember that we cannot do it alone. Now is the time to talk about it, not when the conditions are deteriorating. As Dr. Barkley wrote so many years ago,

> Dental health is peculiar. The rich cannot buy it and the poor cannot have it given to them. I can make people more comfortable, more functional, and more attractive. But I cannot make them healthy. I can teach them how to become healthy, but whether or not they maintain that will be up to them.

It's important to deliver this message. And it's important to deliver it in a supportive way — with optimism, not recrimination.

Encourage Choices

Another important role we can play is to encourage patients to choose to act. Somewhere between "talking them into treatment" and just giving them information is an opportunity to help them act. It may be human nature to avoid difficult choices, but we can help people see that by failing to choose, they choose by default. Without placing undo pressure, we can help them move forward with encouragement and confidence.

Ask your patients where they would like to go from here. Let them know you are there to support them and that it is okay to reject your plan, but you want them to have some plan.

Establish Timelines

Make sure the plan includes a timeline that is as complete as it can be. Too often plans are broken down into "now" and "later" with no sense of when "later" might be. The more we ask people to think about "later," the more likely they are to reach that point. Sometimes dental plans are divided into phases, and we begin the first phase with no agreement as to when the second or third phase will be addressed. Timelines can be quite flexible once they are established, but it is useful to have a plan.

A timeline may be as simple as establishing when you will address the question again. A patient may say he wants to deal with just the decay for now because that's all he thinks he can afford. In this case you can establish a timeline by simply asking the patient if he would like you to check in after the treatment to decide where to go next.

You don't have to wait until his next recall appointment to talk about it. Keep in mind that things can change for him, especially after he experiences your care in the work he agreed to have done.

It's important to get as clear as you can about what will affect the timeline. The timeline may have to do with finances, such as after the children finish college. You can still get agreements about touching base with your patient as you go along to address changes that may occur in his mouth or in his ability to go forward sooner.

The timeline may have to do with his *perception* of the seriousness of the condition. Every patient needs to have a clear understanding of the implications of waiting until things get worse.

Modify and Monitor

Once you have agreed upon outcomes, presented a plan, discussed price, considered options, encouraged choices, and established timelines, be prepared to do it again. Life is complicated, and your dentistry is not the only thing your patients have to think about. Things will change for them. They will sometimes lose sight of their goals and forget the decisions they've made. Your ability to monitor the changes and appropriately modify the plan will play a significant role in their ability to move forward.

Your Practice or A Different One?

Think about this: every day new patients come into your practice and end up deciding to do significant dentistry with you. Most likely, significant problems didn't just develop right before you discovered them. Most people are coming from another dental practice where they did not have your recommended treatment done.

Consider the possibility that the reverse of that is also happening. There are people in your practice who will move away and see another dentist and proceed with dentistry you told them about a long time ago. You may have given up on them and assumed they will never move forward.

Your ability to continue to see each person with a fresh perspective and continue the process you began all those years ago, or to begin again, will determine whether they do the work in your practice or in another. ***They will accept your treatment if you continue to understand them well enough to make recommendations that support the preferred outcomes you help them identify and value.***

Classic & Current Resources

My work is influenced and informed by the wisdom of past as well as emerging new thinking. The following is a list of some of the sources I referred to while writing this issue of *Practice Renewal:*

***Successful Preventative Dental Practices* by Bob Barkley.**

***Kitchen Table Wisdom* by Dr. Rachel Naomi Remen.**

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Improving Case Acceptance

1. Think about your own health history. Write what you might reply to the statement, "Tell me about your health in general." What values are expressed as you talk about your own health?

2. Review a recent health history you took from a new patient. What did you learn about his/her values about health? What would you like to know more about? What questions could you ask next time you see him/her?

3. Pull charts of five people who have recently entered your practice. Talk about what outcomes you have agreed to. If you don't have specific agreement, then talk about what you think each person wants as an outcome. How could you check out your thoughts?

4. Look for the charts of five people who came in for an initial exam and had treatment recommended but did not agree to begin treatment. With each one ask yourselves what agreement you did get about where you are going together. What is the next step? What questions do you have? What would you like him/her to hear? How could you say it?

5. In reviewing the charts of your new patients, reconsider the treatment recommendations. Did you identify all the possibilities for what you might have done if it were your mouth? If you believed each of those patients expected you to offer nothing but your finest services, how would your recommendations have been different? How could you re-address the issue where there are differences?