

Effective Selling by the TC

Selling Orthodontic Services

Selling is a concept that is misunderstood by many orthodontists and their team. Selling is not a bad or degrading undertaking, it merely means that you do your best to convince your prospective patients that you have exactly what they need and want. Whether we realize it or not we are all selling ourselves throughout the day. We sell our children on eating well or brushing their teeth and we sell our friends, team members or passers-by on our ideas and opinions. In fact, there is little of the day when we are not trying to sell somebody our opinion on something.

What we have to sell may or may not be desired by others who have other options on what to do with their resources. Every practice is in competition with every entity that has something to sell to prospective patients. A patient may spend their money on orthodontics at your practice or at another, or they can spend it on something else. In many cases, a patient may not start treatment because the family decides to spend \$3,800 on a family vacation that year instead of on braces, or their car may need replacing, putting off braces for a year or more.

Because the doctor and the TC are *not* always proficient at selling, between 20% and 40% of their exam patients do not start. These are patients, who *would* have started, had the doctor and TC been better salespeople. The doctor and TC typically assumes it's their high fees or initial payments that people reject, when it's actually the doctor and TC's selling technique that is rejected – the patient was sold on orthodontics, but wasn't sold on the practice. Not being sold on something happens every day to all of us, for example, have you ever walked in a store ready to buy something, only to walk out and go buy it elsewhere because the service was so poor? Patients do this every day in orthodontic practices, giving excuses such as finances when they basically didn't like the service they received. What we would like you to do is learn what it takes to be an effective salesperson by giving the patient what they want – to be sold on your practice.

The Chronology of Selling Orthodontics

When selling orthodontics the same concepts and principles apply, as with any sale. Approximately 90% of the patients at the exam want and need orthodontic treatment and are sold on orthodontics before they arrive for the exam. If you follow the chronology below for selling orthodontic treatment, there is no reason why you can't start the optimum number of exam patients.

The chronology of selling orthodontics can be summarized in five simple steps, as inferred above:

- 1st. **Establish Rapport** – have the patient/family trust you
- 2nd. **Determine their Concerns** (needs) – about treatment
- 3rd. **Allay their Fears** – of purchasing orthodontics
- 4th. **Visualize them as Started** – use pre-closes and avoid buy-backs
- 5th. **Close the Sale** – have them accept treatment in your practice.

1st – Establishing *Rapport*

- Patients will not start in your practice unless they feel you are “looking out for their best interests.” They won't buy your ideas, services or products unless they are first sold on your sincerity. Unless they feel that you are suggesting what is best for them, instead of your practice, they will not feel comfortable with accepting your treatment. To accomplish this, you must *not* think of yourself (your fear of rejection) or your practice (to get them started), you must think of them and how you can help them. In return, they will respond by trusting you, and once trusted, you can convince them that this is where they want to receive their treatment.
- Another term used for all of this trust and willingness to listen is *rapport*. There are many books and cassettes that discuss how to establish rapport. Unfortunately, what they are really talking about is *relationship* and not rapport. To be in relationship all you need to do is not offend them, and hopefully, they have not been offended thus far. To establish *rapport* you must not be weak, personality-wise, in the relator style.

2nd – Determining the Patient's *Concerns*

- The concerns of the patient are why they are in your orthodontic practice and not a grocery store or someplace else. Do not confuse concerns with *fears of buying*...they are different. A concern is what they want resolved, such as crooked teeth, severe overjet, etc.; a fear of buying is what stands in the way of them getting those concerns resolved by your practice. Their concerns are easy to determine – just ask them!
- The back of the TC Interview Form has a section to obtain the patient's, parents and PCD's orthodontic concerns about the patient. Once all of these concerns are determined, the TC and doctor can use them as a starting point for discussion of the diagnosis and treatment plan. The diagnosis is the definition of the problems causing the chief concerns and the treatment is the way of resolving these problems. Now that you know what concerns are, let's look at what keeps them from being resolved ... the patient/family's fears of buying.

3rd – Allaying the 16+ Fears of *Buying* Orthodontic Treatment

- Although the patient/family may have many individual fears of buying, based on past negative emotional experiences, their overall fear is that of making the wrong choice about where they should receive their orthodontic treatment. There are 16+ fears that come into play that must be allayed in order for the family to feel that they are not making the wrong choice by selecting your practice for their treatment. The 16+ fears are presented in the table below with a comment on how to automatically allay them.
- Ridding the patient/family of their fears is the major obstacle to selling the case at the exam. We have to allay *all* 16+ fears even though some fears are much more important to certain individuals than to others. By following a thorough, step-by-step exam and case presentation, covering all of the bases, you can automatically allay all 16 fears indicated in the table below. And, by listening carefully to the patient/family when they ask a question or make a comment you can pick up other fears that will get in the way of them starting. Please keep in mind one important rule for obtaining the patients special fears; the rule is: "When the patient starts talking, the TC or doctor stops talking and listens." When the patient/family makes a comment or ask a question, they will most likely be expressing a fear about starting treatment. Once brought up, you must allay that fear and assure them that it will not be a problem.

Fear of:	Description of Fear	How this Fear is Allayed
sub-standard treatment.	The treatment is not worth getting at any price.	Show them before/after models of your finished cases.
being worse off than when started.	The practice is incompetent and things will be worse.	Show them before/after models of your finished cases.
paying too much.	It is cheaper elsewhere for the same service/treatment.	Give them superior service to convince them it is worth the price.
being taken advantage of.	They will pay more than someone else for the same Tx.	Show them a comprehensive fee schedule of your services.
receiving poor service.	They will wait a lot and put up with unpleasant staff.	Make them aware of your great team and exceptional service.
inconvenient appointments.	Appts. will not be available on days that they can make it.	Use a <i>rotation schedule</i> and tell them when you are available.
not resolving their chief concerns.	They won't get the problem they came here for resolved.	Use chief concerns when discussing your findings and their Tx.
unavailability for emergencies.	They will have problems and cannot get in touch with you.	Explain that you are always available to talk to and help them.
any kind of surgery.	They need maxillo-facial surgery or extractions and fear it.	Assure them that their fears are common and refer them to other patients who have had surgery or extractions to ease their mind.
pain or discomfort.	The braces will be painful or uncomfortable.	Tell them that discomfort comes and goes, but there should be no pain, but if there is, it can be remedied quickly.
having to wear a headgear.	They will be embarrassed or inconvenienced wearing it.	Assure them that they can wear it at night if it is needed.
looking foolish wearing braces.	Adults or young adults who think braces are for children.	Assure them that 20% of your patients are adults and OK with it.
being criticized by others.	Other people will criticize them for wearing braces.	Assure them that this is a thing of the past and not to worry.
not being worthy of the expense.	An adult with a poor self image.	Assure them that if they are not worth it, who is?
contamination by instruments.	They will be infected by other patients' diseases.	Give them an "Environmental Safety Tour."
other things particular to them.	Listen to their comments, which will contain their fears.	Address those fears as they arise – list them for future reference.

Overcoming *YOUR* Fears of Selling

- As a salesperson, our fear of rejection is *our* major obstacle to selling the case. We all have it, some of us just seem to handle it better than the rest of us. We must address this fear and get past it or we will not sell more than 50% or 60% of the cases. We all have a natural fear of selling – it is simply a fear of rejection. We may sense rejection the moment we meet the prospective patient or we may sense it at any time during the exam. We will definitely sense it when we close on the records and treatment. Some of us fear rejection more than others, but this rejection can be reduced, significantly, by following proper exam and selling procedure.
- There is a subconscious aspect of our fear of rejection of the sale, which is sometimes called the "self fulfilling prophesy." It occurs when we try to ease the pain of possible rejection by assuming that the patient will not start because of their appearance, attitude, ethnic background, etc. Thus, when they don't start we can tell ourselves, "See, I knew they wouldn't start!" The sad part is, they probably would have started had the TC not had these thoughts that got in the way of her sale. It is easy to avoid the self-fulfilling prophesy from coming true, just use *visualization* and *pre-closes* as noted below.
- To have more self confidence in your ability to sell, have all your *raps* (statements, explanations, etc.) and procedures down pat. Every phrase you use to branch from one concept to another or from one part of the exam to another, should be a part of you. Once you know your raps, no matter what happens, you will deliver them flawlessly, avoiding buy-backs. To learn

your raps you need to do what is called "mirror work." Write your rap down on a yellow pad (see the exam procedures for the TC's and the doctor's raps). Once written down, practice it in front of the mirror four or five times, recording it as you speak. Replay the tape and rewrite your rap to remove any words you stumble over, after which you should practice it in front of the mirror another four or five times, recording it as you speak. Continue to do this until you deliver that rap flawlessly. Then go on to another rap and make it a part of you. When done, you will have a smooth delivery of all your raps and will feel more confident about your ability to close the sale, reducing your fear of rejection.

4th – Visualize, use Pre-Closes and avoid Buy-Backs

The other aspect of selling the case is the close. The close is when it is understood by both the practice and patient that they will start treatment; the close is also when the TC must face rejection. The close is also when the patient/family must again face their 16+ fears about making the right decision about starting in your practice or not. These fears, even though detected through listening and allayed through a proper procedure, still get in the way for the patient/family to close. There is, though, a way of getting around the patient's fear of closing and the TC's fear of rejection, it is called the *pre-close*.

- The **pre-close** is simple in concept. Just ask the patient a question that is typically asked of a patient who has already accepted treatment. Examples of pre-close questions are: "Do you usually like your appointments in the a.m. or p.m.?" or "Would you like the metal or ceramic braces?" Besides pre-close *questions* you can also make pre-close *statements* throughout the exam. Pre-close statements are talking in the future, using statements like: "... *when* you get your braces ..." rather than using the word *if*. Pre-close statements are when you are making positive comments about their treatment, as if they already started. One example is when the doctor says: "Thank you for selecting our practice for your orthodontic treatment." when leaving the exam, even if they haven't actually accepted treatment yet. The more pre-close questions and statements used, the easier the close will be on the patient and on the TC.
- The best way to maximize the number of pre-closes is through **visualization**. The TC and doctor must visualize the patient already in treatment. When the TC meets the patient for the first time she should visualize braces in their mouth, or she should visualize their name in the appointment book with starting appointments, or she should visualize whatever works for her to convince herself that the patient has already started treatment – she should *not* visualize the patient as rejecting treatment.
- A **buy-back** is the opposite of a pre-close. It is every word and phrase you use that indicates that treatment has not been or will not be accepted. It is every clumsy act the doctor or TC makes that draws the patient/family's attention away from the sale. It is a poorly designed, disorganized or cluttered exam room. It is anything that distracts the patient from what they are here for, to have their concerns addressed, their fears allayed, and their treatment started. A buy-back negates the sale and has to be cleaned up with pre-closes. For every buy-back you need two to four pre-closes to get the sale back. We all know when we have buy-backs; the patient knows, we surely know, and it seems that the whole world knows. The best thing to do when one arises is to ignore it, not pause or dwell on it and move on as if it never happened, making sure we include as many pre-closes as possible in the rest of the discussion. By avoiding buy-backs and using pre-closes through visualization, we can automatically close the sale, by-passing the patient's fears of buying and our fear of rejection. Although automatic, the close must still be made.

5th – Close The Sale

The close is the essence of the sale and should be smooth and painless. It is the time when the patient must face all his fears of starting and when the TC must face her fears of rejection. The close is the most important part of the presentation and must be practiced over and over again in order to be smooth and effective. If you established rapport, addressed their concerns, allayed their fears, had no buy-backs and many pre-closes, the close is just a formality. There are though, different types of closes that you should practice to get this formality over with. The most important are the Silent Close at the exam and if needed, there is the Signature Close at the treatment conference, although people usually close at the exam.

The Silent Close: The Silent Close is most effective and it proceeds as follows:

1. After answering all of the patient's final questions say the following, "As the doctor indicated, Johnny needs orthodontic treatment. So, to get you started as soon as possible, and to save you another trip to the office, we have set aside the time for you to take the records now. Would that be convenient for you?"
2. Don't speak again until they answer the question. If you talk first, you've lost. Just sit there, smile pleasantly (as if they are going to say yes), and do not say a word until they do, even if it takes a while. If they answer yes, have their records taken.
3. If they answer no, make the next statement, "Since this is not a convenient time to take your diagnostic records, why don't we make the appointments to take the records, is that okay with you?"
4. Again, pause and wait for their response. If they answer yes, schedule their records appointment and all starting appointments.
5. If they answer no, put them on W.C.B. status.

Other Closing Techniques

The silent close works best for the exam and the signature close works best for the treatment conference about 90% of the time. But, should they fail, you will need some backup closing techniques to sell the difficult patients.

- The **Invitational Close** is used if they have not fully accepted records or treatment. You might say, "Since you want to go home and decide about treatment (records), why don't you make the appointments now, so that when you do decide to go ahead you won't have to bother making the appointments. You can always call and cancel the appointments; is that all right with you?" Their response will be "yes" most of the time. This statement is full of pre-closes and contains no buy-backs.
- The **Second Opinion Close** is used when they want a second opinion. When the patient/family tells you they want to get another opinion state, "You are smart to want more than one opinion and we respect that". Then give them a copy of the "Wise Shopper Comparison Checklist" and tell them to review the checklist for your practice and for a second opinion. Make an appointment for them to come back in two weeks to review their findings and answer any questions brought up at the second opinion.
- The **Overcoming The Price Close** is used when they are stuck on the fee. People cannot afford the fee the first second they hear it, because they think about all the things they can buy with that money instead of orthodontic treatment. It is best to quote the fee and usual financial arrangements at the exam, after allaying their fears and showing them that their needs will be met. This prepares them to choose a financial arrangement at the treatment consult and get

started. The more they want treatment the less important the fee is. If they say your fee is very high say, "Our fees reflect the quality of care our patients deserve." If they have problems with the initial or monthly payments, give them whatever options are available to you. Use a tax-deductible-interest bank loan that they may be obtained from a homeowner's line of credit. Have them sign a credit card authorization for Visa, Master Charge, American Express or Discover to automatically charge them for the Initial and/or Monthly payments. There are also 3rd Party Financing institutions that may be used. Or, if their credit is good put them on an extended payment plan if the initial payment is an issue. Whatever you do, help them pay for the treatment and get their focus off of the fee and financial arrangements and on starting treatment.

Overcoming Objections To Closing

Objections are an indication of interest in starting. You must thoroughly listen to their objections before responding to them. You must use a three-step approach to every objection:

1. Compliment them on the objection by saying, "That is a valid point, I am glad you brought it up."
2. Indicate that others have had that concern and give positive examples or stories of other patients asking that question.
3. Note how you have resolved that concern with these people and note how well everything turned out.

Respond to an *objection* by turning it into a *question* and then answer that question! For example, if the objection is, "I can't afford the fee (or initial payment or monthly payments)." Then think of it as the question, "Can you show me how I can afford it?", and then discuss the various financial agreements.

The Five Don'ts of Selling

1. DON'T ever say that the patient is wrong, don't correct their statements and don't argue with them, just accept their opinion as valid and go on to the next topic.
2. DON'T bring up personal or negative subjects such as religion, politics, etc.; it is not what you are selling and negative side effects will always arise. If brought up, say "Yes I agree" and quickly go on with your presentation.
3. DON'T knock your competition; instead emphasize your strong points, the things that you are famous for (treatment, service, etc.). Your strong points are probably why the patient is seeking treatment in your practice instead of another.
4. DON'T make promises you can't keep. If you cannot get an ideal treatment result, don't promise one; if you can't give them certain appointment hours, don't promise them.
5. DON'T ever make a value judgment about the patient's means or motivation. Don't let their attitude; appearance, etc. make you think that they won't accept treatment. Never assume that they can't afford treatment. Always assume that they need, want and can afford treatment in your practice.

Wise \$HOPPER, PRACTICE COMPARISON CHECKLIST

When interviewing for a prospective orthodontist it has been shown that certain criteria can be used to identify a quality service and treatment. The purpose of this checklist is for you to compare wisely between practices offering orthodontic treatment. Please be assured that the few minutes spent to evaluate and choose a proper orthodontist is well worth the effort before making a long-term investment in orthodontic treatment. As always, please do not hesitate to call us if you have any questions. Place the doctor's name on the top of the list and answer **Yes** if the practice offers the service or treatment described – *leave it blank if not sure*.

Your First Impression of the Office:

	Your Doctor	2 nd Doctor
Was your initial call courteously and professionally handled?	_____	_____
Did you receive a pre-visit "welcome packet"?	_____	_____
Was the office easy to find?	_____	_____
Was parking convenient?	_____	_____
Was the office neat and tidy?	_____	_____
Was the office decor patient-oriented (patient bulletin boards, etc.)?	_____	_____
Was there complimentary refreshments provided?	_____	_____
Were you promptly attended to when you arrived?	_____	_____

Your Orthodontic Evaluation:

Did you feel <i>important</i> , and not like "just another number"?	_____	_____
Was the patient the center focus of the appointment?	_____	_____
Were your treatment concerns addressed?	_____	_____
Was your information courteously and professionally taken?	_____	_____
Were all of your questions answered?	_____	_____
Was the doctor's orthodontic exam thorough enough for you?	_____	_____
Did the doctor sufficiently answer your questions?	_____	_____
Was your overall experience a pleasant one?	_____	_____

The Doctor's Credentials:

Was the doctor a university trained <i>orthodontic specialist</i> ?	Yes	_____
Were the doctor's training certificates displayed on the walls?	Yes	_____
Is the treatment doctor a Certified Orthodontist?	Yes	_____
Is the doctor a member of the American Association of Orthodontists?	Yes	_____
Was the doctor you met the one who owned the practice?	Yes	_____
Was the doctor you met the one who will provide the treatment?	Yes	_____

The Treatment Required:

Did the treatment proposed seem to fit your needs?	_____	_____
Was the treatment proposed fully explained and understood?	_____	_____
Does the doctor have total control over the progress of treatment?	Yes	_____
Will the doctor provide you with periodic progress reports?	Yes	_____
Is the doctor working with your family dentist for overall oral care?	Yes	_____
Does the doctor use up to date orthodontic appliances and materials?	Yes	_____
Does the doctor use early, preventative treatment when required?	Yes	_____

The Fee and Financial Agreements for Treatment:

Does the fee reflect the quality of treatment & service you deserve?	_____	_____
Is the cost of initial records included in the fee?	Yes	_____
Is the total treatment fee a <i>set amount</i> (not based on approximate months)?	Yes	_____
Were all possible financial arrangements explored to pay the fee?	_____	_____
Is your retention treatment (retainers) included in your treatment fee?	Yes	_____
Were you given the option for "special" braces if desired?	Yes	_____

YOUR NEXT APPOINTMENT *HERE* TO DISCUSS YOUR ABOVE FINDINGS IS: Day _____ DATE _____