

Sandy Roth's

# Communique!

*Unique and Challenging Concepts from ProSynergy Dental Communications*

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*#183: Outcomes*

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## Outcomes

Just a few months ago, I had the pleasure of returning to work with a very prestigious study club in southern California for the second consecutive year. It is always wonderful to work with a stellar group, but the opportunity to create a learning continuum is rare, and I am always appreciative. The first program focused on communication basics - attitudes and skills people often overlook or presume they have without complete foundation. This year, we did what Emeril does - we cranked it up a notch!

The group and I worked for two days on some highly sophisticated aspects of communication and they went home with a year's worth of communications experiments and assignments. I cannot wait until next year when I hope to return and challenge them further.

Last week, one of the members asked me to help him and his team learn more about patient **outcomes** and how to learn about them more effectively. In response, I've decided to return to this very important topic and share

some thoughts with you as well as him. To introduce this topic to some of you who might be new to the idea, I'll begin by outlining the basic concept of the Outcome-Means-Prices model which underlies our work in patient communications.

While many dentists focus their attention primarily on identifying disease and breakdown and proposing treatments that will eliminate that disease or restore original function or form, behaviorally sophisticated relationship-based practices understand that patients cannot easily relate to those issues on which dentists focus in the way dentists do. These practices make a distinction between **clinical conditions or findings** and patient-identified **problems**. This distinction is enormous and must be understood for a practice to thrive.

I tend to talk about it as software (patient experienced and identified problems) versus hardware (clinical conditions or findings). Outcomes are the software of dentistry - the quality of life issues the patient wants dentistry to impact in a positive way. No one comes to your practice for procedures. Rather, they come because they are experiencing a



problem that is interfering with their quality of life. This is relatively easy to understand when you pay attention to what patients say:

*"I don't like the way that looks. That front tooth is too big and the one behind it is a different color."*

*"The tooth in the back is really sensitive when I eat something cold."*

*"I can't chew on my left side because of that open space."*

*"I'm worried that something is wrong; things feel different than they did before. Do you think I have gum disease?"*

When you really listen to what patients are telling you, it quickly becomes clear that their everyday experiences are what matter most and what will get their attention. This makes perfect sense. Patients aren't academicians or intellectuals about dentistry; they are people whose mouths are either working well or not working well. Practicality is a key factor for almost everyone and your paying attention to what is practical for your patients will help you understand and serve them better.

Thus, asking about and listening to their stories and tales is an essential component of learning about their dental priorities. When you study what patients relate, you will often hear a pattern to their experiential concerns or **problems** and they come in only four flavors:

**appearance** *or how things look*

**comfort** *or how things feel*

**function** *or how things work*

**peace of mind** *issues or health, stability, etc.*

Every issue, concern, complaint, want or need you hear from a patient will fall into one of those categories. While some patients will focus on a single issue, many will often be experiencing several problems which might span two or more of these categories.

*"There are two things that are bugging me. First, the ugly tooth on the left side and the sharp corner on the one that is broken on the upper right."*

Thus, you must be prepared to listen for the full range of problems and not stop the conversation too quickly. In most cases, you will hear symptoms which will lead you to discover the underlying conditions, but to the patient, the symptoms are everything.

Patients often need time to believe you are really interested in learning about problems as they are experiencing them because they are so accustomed to dentists jumping in and telling them everything that is wrong and how they intend to fix it. You can make an enormous difference in how patients see dentistry



and you by simply creating a time for them to tell you their story FIRST before you launch into clinical investigation.

Once you have learned what your patient is experiencing, you can begin to learn what you need to know as a clinician:

**What condition or finding does the patient-experienced symptom reflect?**

**What other conditions or findings exist that the patient is not yet experiencing?**

**What are the causes of these conditions or findings?**

**What are the possible treatments for these conditions or findings?**

Notice that I have used the words **conditions** and **findings** to refer to the focus of the clinician and the words **symptoms** and **problems** to describe the patients' focus. This is a good way to make the distinction in your own mind and keep you clear about the patient's concern and focus versus your clinical concern and focus. Patients come in to have symptoms suppressed and problems resolved. You do provide them this service by focusing on the conditions that are causing the symptoms and problems they are experiencing and your treatment recommendations or solutions must relate directly to what the patient is experiencing. This is the **linkage** or **relevance** that must be established for your treatment

recommendations to make sense to your patients.

The way you convey what you are finding upon examination and the causes of those conditions as well as the treatment you are proposing will determine whether your patient can relate what you are saying to what they are experiencing.

Dentists are charged with the following obligations:

**examination  
diagnosis  
prognosis  
treatment recommendations  
delivery of care**

When your examination is linked and relevant to what your patient is experiencing...When your diagnosis is linked and relevant to what your patient is experiencing.... When your prognosis is linked and relevant to what your patient is experiencing....When your treatment recommendations are linked and relevant to what your patient is experiencing.... your patients are more likely to ask you to deliver care than if your process is neither linked nor relevant.

I have often said that your first job as a clinician is to learn. Learn about and from your patient what you do not yet know about what they think, how they feel and what they want.

Once that is done, you can immerse yourself in all things clinical. Until that is done, you are mostly wasting your time. Put first things first and focus everyone on OUTCOME.

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Would you like to take this one step further? Sandy's Encore Communique issue entitled "INFLUENCE", introduced in January, 2002, outlines how listening, becoming curious and understanding your patient can lead to a relationship built on trust. This absolutely crucial element will increase the likelihood that your patients will accept your clinical opinion and treatment recommendations.

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