

Overcoming Objections: How Your Team Can Bring Treatment Acceptance

“Yes, doctor” is what you *wish* parents would say, but some of them do not easily agree to treatment for their children. In fact, if your case acceptance rate is above 70 percent, you are ahead of the game. On the average, four out of 10 health care patients fail to do what their doctors recommend.

Your dental team plays an enormous role in treatment acceptance. Parents see your hygienist as the professional who knows both dental prevention – and their children. Dental assistants are seen as your child’s guide through the practice, as well as the staff member most closely involved with the pediatric dentist in the provision of treatment. Therefore, parents usu-

ally have heart-to-heart talks with your staff members about treatment questions, concerns and objections. (They often get the tougher treatment questions than you do!) This issue of *PMM News* takes a closer look at the barriers to treatment acceptance and offers practical messages for your team to help bring parents to “yes” in case presentations.

When team members hear a parent say, “The doctor says we should have this done, but I just don’t know. What do you think?” on a busy afternoon in the practice, they may be unsure of the amount or type of information to supply about treatment. Since staff members do not have time to replay the entire case presentation, what are the most important topics to cover? The following are two points your team members should present to support treatment acceptance.

Benefit Cheat Sheet

Sealants

- 1) Protects teeth most at risk for decay
- 2) Saves dental costs in the near and far future
- 3) Better dental health in adulthood
- 4) Comfortable procedure

Dental Amalgam Restoration

- 1) Supports and protects the tooth
- 2) Protects from future discomfort and infection
- 3) Affordable and durable

Composite Resin Restoration

- 1) Looks very natural; virtually invisible
- 2) Supports and protects the tooth
- 3) Protects from future discomfort and infection

Bonding

- 1) Changes the shape or color of your child’s teeth
- 2) Improved appearance
- 3) More self-confidence
- 4) Comfortable procedure

Crowns

- 1) Durable and long-lasting
- 2) Supports and protects the tooth
- 3) Looks and feels very natural
- 4) Protects from future discomfort and infection
- 5) Improved appearance and self-confidence

Team Communication Point 1: Benefits Of Treatment

According to my analysis of dentist-parent interactions, treatment benefits often go unmentioned in case presentations. Therefore, team members should step in and fill this gap. Talking about the benefits means pointing out what the treatment will do for the child, not what the treatment is. Team members should describe what the dental treatment would mean to a child’s quality of life in terms of function, appearance and good health. For example, if a parent wants to know why baby teeth should be filled when they fall out anyway, your team member could say, “While it is true that baby teeth do eventually come out, it is also true that they are important to your child in the meantime. Your daughter needs her baby teeth to speak clearly, eat comfortably and smile with self-confidence. Also, the baby teeth are holding space for her permanent teeth.”

Team Communication Point 2: Results Of No Treatment

If we think of benefits as the “carrot” to encourage treatment acceptance, then we can view the results of no treatment as the “stick.” Combining the two points will make for an extremely persuasive message. A team member could focus on the results of no treatment by saying, “When a tooth is lost too early, the teeth around it shift out of position. This often means a crooked smile in a child’s future. An investment in treatment now will save her from dental problems down the road.” As another example, a team member might say, “Justin has been used to eating whatever he likes, but without treatment he may encounter difficulty eating some of his favorite foods.” You will find models of the “carrot and stick” approach in the answers that follow.

Strong Answers To Difficult Questions

Even when given the best dental explanations, some parents still hesitate to take prompt action. Here is how you can respond to common questions and objections related to treatment acceptance.

Does my child really need that filling? The tooth doesn't hurt.

“So you were wondering if you need to go ahead with treatment when your child doesn't have any pain? I can understand that. But by the time a tooth hurts, it is often too late to save it with a filling. (That's the “stick” approach mentioned earlier.) Patients in that situation face more extensive treatment, as well as the risk of infection and discomfort. (*Stick*) Having treatment now will protect your child's tooth in a comfortable, affordable way.” (*Carrot*)

We're really busy. Can we put this off?

“Were you wondering about the effect on your child's health if you choose to postpone the treatment? If you wait, Clara runs the risk of needing more extensive treatment down the road. (*Stick*) The sooner she has the treatment, the more comfortable and affordable it will be. (*Carrot*)

In your decision, you also need to consider the potential inconvenience and discomfort of an emergency visit. (*Stick*) Most parents find scheduled visits easier on themselves and their children than unexpected visits. (*Carrot*) This is why the doctor advises prompt treatment.”

I don't know if this treatment is right for my daughter.

“This is exactly the right treatment for your daughter's condition. Would you like to review the reasons it is important for her health?” (Then follow up with the benefits of treatment and results of no treatment.)

Would you have this treatment done if it were your child?

“The doctors would never recommend a treatment they would not want for their own children. In fact, my nephew had a very similar procedure, and it came out great. But this treatment is for your child. Perhaps the best way I could help you with your decision are to review what will happen if the treatment is provided, and what could happen if it is not.” (Then follow up with the benefits of treatment and results of no treatment.)

I didn't understand a word the doctor said.

“I am sorry the doctor wasn't as clear as he/she meant to be. Certainly you need all the information to make the best decision for your child's situation. Would it help to hear the benefits if you go ahead with treatment? Or is there another aspect of treatment you would like to hear more about or described differently?”

What makes your office different from any other office? The other office I went to couldn't do anything!

“It sounds like, based on your past experience, you are worried that David may not be comfortable with us – or even receive the treatment he needs, is that right? That is reasonable, and I must compliment you on your dedication to stick with it and keep trying. We all want a great visit for David. Our doctors not only love kids, but are parents themselves.”

You want to do what? Tie my child down? Why?

“You have watched the doctor with your child and have seen the use of praise, education and distraction to help her through needed treatment. But sometimes communication and coaching are not enough for the dental care to be completed. The body blanket will protect your child from the sharp, fast-moving instruments required for treatment.”

I'm worried it's going to really hurt.

“In all honesty, I cannot tell you your child will feel nothing during treatment. Each person has his or her own level of sensation in the mouth. Some patients find it completely comfortable; others feel some discomfort. My son had this treatment and I was amazed at how comfortable it was. Would you like to hear about the special things we do to make treatment as comfortable as possible?”

Will you stop treatment if my child cries?

“Yes, we will, but because we keep such a close eye on your child, it seldom gets to that point. We can tell when your child needs a break. Then after the break, we proceed with treatment. It has been our experience that, even if a child cries, it is better to proceed with the treatment so the child has a sense of pride and accomplishment at the end of the visit.”

I don't have time to help my child brush her teeth.

“It is tough to find time for everything isn't it? And it is hard to decide what is the best use of your time. A mom last week found her child in the unfortunate situation of having several cavities. She said that brushing every day would have been more convenient than getting the teeth filled – and more affordable too. Would you be interested in ways to make brushing fit into your schedule more easily? Here are a few ideas...”

Some Final Tips

By working together, you and your team can increase treatment acceptance, which will bring you the benefits of productivity, profit and professional satisfaction. Plus, treatment acceptance brings your patients the benefits of a healthier smile, an enhanced appearance and perhaps even a longer life. When you need some extra ammunition to reach treatment acceptance, here is a summary of persuasive approaches:

- 1) Take the parent on a tour of the child's mouth and point out the signs of the dental condition.
- 2) Explain how symptoms the child may be experiencing are relevant to the dental problem.
- 3) Describe the impact of the dental condition on the child's quality of life.
- 4) Voice confidence in the parent's abilities to go forward with treatment.
- 5) Involve the parent in treatment decisions.
- 6) Emphasize the benefits of treatment.
- 7) Explain how the disadvantages of treatment (such as possible discomfort) can be minimized.
- 8) Compare the disadvantages of treatment with the greater disadvantages of no treatment.

PMMNews

PRACTICE MANAGEMENT AND MARKETING NEWS IN PEDIATRIC DENTISTRY

Published six times a year as a direct membership benefit by the American Academy of Pediatric Dentistry, 211 E. Chicago Avenue–Suite 700, Chicago IL 60611–2663, (312) 337-2169. Copyright©2004 by the American Academy of Pediatric Dentistry. All rights reserved. ISSN 1064-1203. aapdinfo@aapd.org, www.aapd.org

This publication is written by Ms. Robin Wright, president of Wright Communications, an international dental communication specialist, author, lecturer and consultant. Opinions and recommendations are those of the author and should not be considered AAPD policy.

Executive Director

Dr. John S. Rutkauskas

Communications Manager

Gina Sandoval

Publications and Layout Associate

Kristin McComas

Web Site Editor

Sarah Seewoester