Parthiv Shah 0:07

So Doctor Phelps let us talk about how we can do Sheldonian dentistry.

Chris Phelps 0:16

Okay, so to give you guys just a quick rundown on on me, my story and whatnot. How did I even get involved? How's a dentist now the US CEO of the Cialdini Institute, right? Well, it all started back when I got out of dental school in 2003 I went back home to North Carolina, and I joined my wife's dentist, who'd been her dentist since she was 14, and set up shop in this little old house that he had renovated into a dental office. What was interesting about it was it was this dentist had become the scarce resource, right? Something unique in town, because he was a true Fee for Service Office. So halfway through his career, the insurance companies owed him over $400,000 in payables that they weren't paying. So he decided to do something bold, and he went out of network with every one of them, okay, when pretty much every other dentist in the city of Charlotte was in network. And while he didn't go about persuading and influencing his patients as well as he could have. Presenting that message, he lost half of them, but the half that stayed, what was interesting the ones he had the best relationships with. He actually took home the same amount of money and profitability that year despite losing half his patients. But what he created was capacity, and through referrals and time, he was able to build up a really nice fee for service practice. So it was a kind of a unique situation for me to jump into and be a part of. And he and that dentist, Dr Thomas Grimes, was very good about letting me spend his money in those early days on before I was a partner, on my marketing ideas to get myself new patient opportunities, but to also to help our practice grow and grow, we did. We actually doubled the business that year, and then grew from one location to four locations right over the city of Charlotte and eventually, with those four locations, you know, I had over 100 team members at the time and numerous doctors working for me, we had literally 10 times the business over a seven year period. But while I was excited about our growth, this growing for growth's sake, I realized that there was a problem, because I was still doing clinical dentistry five days a week, right on top of running all the operations for the four practices and making the decisions, as well as running the marketing for all four practices as well. And I realized I had kind of had the wrong mindset. Right mindset is about who you are in the moment you're about to make a decision, but who you are in that moment is about where you are in that moment, right the things that have led up to that your thoughts, your emotions, the environment around you. And so I I've thought that this and realized this mindset of growing for growth sake wasn't such a good thing, because it was a conflict, right? How can I be both? How can I be this master clinician always taking care of my patients at the same time? I'm still have to be the CEO of the practice. I still have to be the operations director. I still have to be the director of marketing and whatnot. And so I found myself stuck in this reactive mode, this reactive mindset, if you will. Okay? And when my youngest son had been born, I realized when my wife needed me home more that I couldn't. I, in essence, had trapped myself in my own business, so to speak. And so I realized in that moment that this mindset I had coming out of dental school, this growth for growth's sake, was not good. I needed a different mindset. Okay? Instead of thinking grandiose, right? And getting bigger and bigger and bigger, I decided to go the other way. As one of my mentors says, subtraction to multiply, take a step back, narrow my focus, get to a more proactive mindset state, where, when I'm proactive, I can actually get ahead of problems, right and create new systems to solve them, so I don't have to keep dealing with them over and over again, like what was happening when I was reactive. And so I did something bold. I decided to take my two out of my four offices, I took the two best ones. I had so highest revenue, least amount of debt, greatest profitability, and I sold those to my partners, okay, and myself and the original doctor, Dr Grimes, we took over the two worst practices, so subtraction, so to speak. But what happens when you take over your two worst businesses, there's a lot of problems. We had fires everywhere. There's a reason why they were the worst ones. Okay, when you're you're bigger and you've got other partners and other people involved, when you see these little, small fires, your brain does, uh, when it doesn't feel like it has the capabilities to solve the problem. When. Doesn't understand the root cause of the problem. It does two magical things, to quote, unquote, help you. Number one, it ignores the problem, right? There's no problem. There's no fire over there. It's fine, or it procrastinates on the problem. Yeah, I see the smoke, but it's not huge. I'll get to it at some point. It's not a big fire, right? That's what was going on when I had the four but when I had consolidated and I was down to my two worst ones, well, suddenly I couldn't ignore the fires anymore, and I realized that part of what was hanging me up was I didn't understand the root cause of the problems that were going on in my practices. Why weren't my patients returning for treatment? Okay, why with my team? Why do I have to keep telling them to do stuff. Why don't they just do it? Why? When the cats away, do the mice play? And when my associate doctors, why am I paying for all this continuing education for them? And they're not coming back and putting it into practice, they're not using it as the benefit it should be for our patients, so to speak, these and many others were the struggles that I was facing, and I

couldn't put my finger on why. And that's when I was fortunate that someone invited me to go to a keynote presentation by Dr Cialdini. Okay, so the first time I heard them, so this is flashing back probably 14 years ago, and he talked just like he did today, about these, this six principles of persuasion, which, at the time, there were only six. Now we know there are seven. And when he got to one in particular, and he mentioned this earlier, this light bulb went off in my mind, and I was like, Yes, that one right there. That one is the root cause behind the majority of the problems I'm having in my practices. Okay, alright, this guy knows what he's talking about. I gotta go learn more. So I immediately booked a flight for that summer. I went out to Phoenix, Arizona, the home of the child Nicholas Institute, and we they did, at the time, a two day workshop on these principles for any kind of business owner. And after the end of the two days, I left with so many ideas of all these principles and how to put them into practice in my practices. And I got the opportunity from that event, I found out they had a certification program. We could actually learn from Dr Cialdini directly. And I was fortunate enough that they selected me to join them, and I got to train under him for over a year. At the same time, over this next three year period, I went back and I started looking at my practices and using them as kind of my laboratory, if you will, taking the behavioral science research studies like Dr chaudine talked about with each of these, and seeing a correlation, where I go, Well, if it kind of worked in that study, in that scenario, huh? I wonder if it might work with my patients in this scenario over here. Let me try it, because that's what we do. We experiment, right? And lo and behold, because this stuff is based in science and research about what people are really using the majority of the time to make their decisions? Well, not shockingly, I saw the results. And he talked about all seven of these principles. For me, the one that stood out was that consistency principle, right? When people make a commitment, really, truly commit to something they tend to do, they follow through with the commitment that they made. Well, suddenly it became clear, why were my patients not returning for treatment? Why wasn't the team doing what I was telling them to do? Why weren't the doctors implementing what they learned? The truth of it, the root cause was I didn't get a commitment out of any of them to do any of those things. So now I'm actually the crazy one for expecting a different outcome. Once I realized this, and I realized, well, if I get better commitments, I should see a change in the behavior, and that we did, right? And so for me, when I think about these principles of persuasion and learning, the science behind these things, I almost felt like Neo in the movie The Matrix, where, you know, Morpheus or Dr Cialdini is staying in front of me and he's offering me a choice. You know, you can take this blue pill and you can consider this talk you heard today as entertainment. It's interesting, right? And you could go back to bed tonight and wake up tomorrow and pretend it never happened and keep doing things the way you've always been doing it. Or you could take this red pill, and I'll show you just how far down the rabbit hole this thing goes, I'll show you the world that's been pulled over your eyes. And that's what I did, right? I took that red pill, and I studied these principles, and I woke up in the matrix. And now it's kind of like once you know the these principles, once you live them, you can't unsee them. So I see them everywhere. And so I took them, as I said, back to my practices, the two struggling ones, okay? And when I say struggling, one of them was costing me 70,000 a month in expenses, but was only taking in 35,000 a month in revenue.

Chris Phelps 9:33

All right, so 70,000 going out, 35,000 coming in. Well, you don't have to be an economy major to realize that, or mathematician to know that's not a good check to write every month. Okay, that's that's not a comfortable place to be when it comes to your practices. But when I set back into turning these struggling things around and digging in and applying these principles to all these different pain points in how do I get more new patients in the door? How do I influence them to my team to answer more phone calls, to schedule? More appointments influence patients to show how can I influence more acceptance of treatment right? And how can I influence them to stay right so we can shut the back door on attrition? Well, applying these things to my practices at each of these touch points over the next three years led to a lot of growth, to the tune of that my two offices were doing more in revenue and profitability in my own personal free time than when I had four offices combined. Okay, so changing my mindset from a growth for growth sake to a maximize the capacity of what I had is key. And I wrote about this, of course, all of these different categories in my book, The complete book on dental marketing, but it's more than that. It's more than that, a complete book. It's more than dental marketing, it's all of these areas. And went from practice growth to business growth. So I built companies around each of these pain points. Okay, from practice coaching with sunrise to my call center, golden goose scheduling, and now with acceptance, with the Cialdini Institute. And as part thief said, if you guys have not read that book, influenced the Psychology of Persuasion, the latest iteration, I highly recommend you get a copy for yourself and all of your team members as well, right? Just look at what some of the top CEOs and entrepreneurs in America have said about this book three years in a row, from 2021 to 2023 okay, they all voted influence as the number one book of all time. Okay? So they just kind of surveyed them, and they said, Hey, what's the top 10 business books you recommend? And that, of all the books they gave influence kept coming up number one in recommendations, right? So let's talk a

little bit about now we kind of understand what these principles are from Dr cioldini, how can we use these in this world of communication with our patients and acceptance, especially when it may come to single procedures such as a crown or when you have multiple options to present to them, such as a dental implant, a Bridge or partial Well, to start, we need to understand where are the areas we need strategies. Where do we need to get a yes, okay? Because we're going to have different strategies at different steps along this path. Well, number one, we gotta get the patient in the right mindset, right go back to mindset. I said before. Mindset is who you are in the moment you're about to make a decision, but whether you realize it or not, when a patient comes into your practice, they're coming in with a mindset already established, and if you don't do anything to change that mindset, guess what that mindset they've come in with to the situation is probably going to be distracting them from what you want to talk about, or is directly competing with what you Want to talk about. And we have some big mindset challenges coming up, don't we? Oh, yeah, I can't do that ground. I've got Thanksgivings on the horizon. Hey, I got a shot for Christmas. I gotta start thinking about winter break next year. What's our next vacation going to be? Right? So the mindset they're coming in with could either make or break your case. So we need a strategy to change that mindset, whatever one they're coming in with, we need to refocus it back on the oral health and what they value. Okay, next, we gotta get a yes to the plan, right? Not five plans, not three plans, one treatment plan. Now this treatment plan could be comprehensive. It could be the whole mouth of treatment.

Could be the half a mouth of treatment could be a quadrant. Could be a single tooth, that part, I don't really care, but it's gotta be one plan. But the key is one plan. The patient is committed to every step of the way, and we'll show you how we're going to do that once we get a yes to the plan. Now it's time to talk about how, what's our strategies around getting yes to the money? Because just because you get a yes to the plan doesn't mean they have the means necessarily to make the financial arrangement work. So we're going to talk about what are the strategies we can use to influence those who do have the means to get this done and say yes to whatever it costs. And for those that don't physically have the financial means, we've got some options to work with them as well. Okay, and last but not least, what can we do to influence them to schedule and show up for this future appointment? Because just because we got a yes to the other things doesn't mean they're coming back, right? So we're going to try to figure out what we can use what principles in all four of these categories to get a yes. And the best one two punch we can use in our communication to get yeses in these stages is using pre suasion and persuasion. As he said, pre suasion is what you do before the person gets in front of you, right, prior to that moment. What do you do to shape their mindset, so to speak, whereas persuasion is what you do, what principles are present in that moment and situation that you can lever when they're with you, right? So presume is before they're with you. Persuasion is with or with you. So I spent a lot of time trying to figure out the flow of where persuasion and persuasion and each of these principles applies when it comes to the case acceptance process. And of course, as I said, it all starts with pre suasion. It all starts with getting the. Person into a mindset is going to be more receptive to what we're going to be talking about at the chair, regardless of whatever mindset they came in with. So one of the ways we can do this and to create mindsets is we can ask commitments type questions to them before they get to us. So instead of your traditional dental questionnaire, like, you know, rate your smile one to 10. I prefer to ask more pointed questions, right? Instead of guessing what people value about their oral health care, I prefer to ask them what they value, but asking before they get to me now, in that moment, reshapes their mindset. It refocuses back on what's important to them right now. And so I asked myself, well, what mindset do I want people to be in that's going to be receptive to my persuasive message that I'm going to use at the chair? Okay? Well, I know I'm going to leverage this principle of scarcity when I talk to my patients, every treatment option I present to them always starts out the same.

Your first choice is to do nothing, but here's what it's going to cost you. Right? Remember, Dr chaudini said we care more about what we stand to lose to the tune of we care twice as much about what we stand to lose from a situation than what we stand to gain. So I'm going to focus my patients in my communication at the chair on the ethical consequences of doing nothing today. Right? We all know for the most part, there is going to be some consequence. Decay doesn't magically stop right. Tooth shifting doesn't magically cease and desist. Okay, things in our mouth and our world typically get worse as time goes on, and if patients really understood their situation, like we did as oral healthcare experts, right, if they really knew it to our level, right? And what it was going to cost them in time, money and pain because they waited, most people would prefer to not let that happen and do something sooner. So I realized, if I'm going to use this consequence and this cost of doing nothing, is my message, the mindset I wanted them to be in is not a reactive mindset. Wait for that day to come. Let's get them in a proactive mindset, okay, a mindset that's literally, if somebody's proactive, they want to avoid complications and things getting worse, just by definition. So that's one of those key questions that we're going to ask in that questionnaire. When it comes to your oral health, which do you prefer? Do you prefer to be reactive? Someone is okay letting things go today, even though you know it's going to cost you more time, money and pain because you waited. Or would you prefer to be proactive? Someone who wants to avoid things getting worse than costing them more time, money and pain because you waited?

Dr Chris Phelps 17:37 Choose.

Chris Phelps 17:40

What about value statements? Hey, you ever had a situation where a patient comes in for a single tooth issue, and you look at their X rays, and then they got a whole mouth of issues, and you're wondering, what do I do? Do I just focus on the one thing? Or do I talk about everything?

Chris Phelps 17:55

Why don't you just ask them, ask them in this priest wasted questionnaire, what do you prefer just the one thing, or talk about it all, and either way they choose, you now know who you're talking to, what they've committed to, from a mindset standpoint in this moment, do you prefer to prepay and save or do you need to break it out over time in monthly payments to fit your budget? Would you prefer to break these visits out over multiple visits? Or would you prefer to get as much done today if you could earn one visit again, whatever the question is, don't guess about it. Back it up and ask it in a presub way before the patient gets in the chair. Now, where are they when they're in the chair again? Pre suasion, we have to control the content, right? Our mindset is completely shaped by the context of our environment, okay? So the sights, the sounds, the smells, can totally shape their mindset. So if I've got a patient in my chair right now and I'm letting them, they're controlling the TV and they're watching CNN, okay, or Fox News, does there tend to be positive news on those programs? Or is it negative, negative, negative, negative all day long. So imagine this person sitting there watching this negativity for 20 minutes before you walk in, the stock market's down, bitcoins down. They're calculating how much they've just lost in their retirement today, even though it'll be back next month. And you walk in and say, Alright, Miss Jones, or Mr. Jones, you need a crown. And Mr. Jones is like, sorry, Doc, I just lost 20 grand stock market. I can't do that today. That's what he's thinking. What do you hear? Sure. Doc, okay, yeah. Let me think about that. Let me check my schedule. Let me talk to my spouse. Let me do anything to say yes to you right now in this moment, is in essence, what they're saying to you. So we need to control the visuals that they see the pictures, the imagery, any video content. I would much prefer. You know, the only channel I would let my patients watch, and it's our it's just stuck on there in each operatory is HGTV, okay? Television shows like fixer upper, because this, these create more ideal mindsets for dentistry. I mean, take the show. Mixer. For instance, this is a show where somebody starts the program with a house that they think is beyond repair. It's beyond saving. We can't do anything with this, okay? It's hopeless. But with money invested and expert guidance, right, and authority guidance, what tends to happen on the back end? Transformation, right? Metamorphosis, rehabilitation, renovation, right? Something magical comes in on the back end. Hmm, wait. Isn't that what we do with patience? Isn't that a much better mindset to have them in when I come and talk about how we can rebuild their smile or make an improvement, versus all that negativity from before?

So make sure that the images in your practice speak to a mindset you're trying to create. Make sure the video content you're exposing them to speaks to a mind, a mindset you're trying to create. Doctor Chaldee, you said it earlier. We need to let other things, other items, other people, present you as the authority, present your team as the authority, to your patients, so you don't have to brag and tell them you're the expert. Let that stuff do it for you. So we want to show in our operatory to the patients, our credentials, any awards we've received locally or nationwide, the years in service, five plus years, 10 plus years, 15 plus years serving this community, any articles you've written, any other year, degrees, credentials, and again, not only for us, but also for our team members. So let that present you and your expertise as the expert that you are, your true authority. To the left, we have our evidence of social proof. Right, social proof, basically, is a principle that states that we look to the evidence of what others around us are doing or have done to show us what we should do, whether you realize it or not when you talk about dental treatment with a patient. If they don't see evidence that you've done that on someone, right? You know what they're thinking to themselves in that moment. Hmm, sounds okay. But am I the first to do this? Because I don't see any evidence that they've done this with anybody. Well, I can tell you what. Nobody likes to step out of the crowd. Nobody likes to be the first. Whereas, if we show them evidence with our before and after photos, look how many people we've done this on, and how nice it is if we use full face photos, sometimes we can see if there's enough of certain demographic on the wall and they're just like them, their age, their whatever they're going to go, geez, look how many people just like me they've done that on. Okay, I'm in the right place. So this authority and the social proof right are creating a mindset of certainty. It's reducing any questions or doubt in their mind that this is the right place for me. These I can take their recommendations more to heart than if I'm sitting in a dentist operatory that has none of this stuff on the wall and I'm just left wondering, are they trained? Am I the first who are these people? Because I don't know. Okay, what if you could put your entire persuasive presentation in

written, in picture form, and put it in front of the patient before you ever walk in, right? I call these my my persuasion flyers. You know, part thief leverages these. I know in his implant growth machine. These things are powerful things you can do. So it's got my entire presentation, what I'm going to use in written in picture form. And if they read this before I walk into the room, it's automatically priest waiting them to want the ideal treatment. And now I can walk into the room and they've got a great visual sitting in front of them, and now I'm sitting across from the patient. Because whether you realize that when you're sitting across from someone, you're facing off, right? This potentially could be a conflict situation here, right? It's you versus me. That's why we're opposing each other. Well, guess what happens when I get to sit next to them now, and we're looking at this together, going through this now, we're uniting this unity in the dental space. We are doing this together. We are here. Okay, I'm on your side. I'm your partner, I'm your pal. Okay, we're on the same side here. So it's not you versus me, it's we, right? So some powerful non verbal language we can use to persuade as well. So pre suasion consensus is, is the old word. We call that social proof. Now that's the before and after photos on the wall. Authority triggers on the wall as well, showing people that we're experts without us having to tell them. Now we gotta get to the liking principle, right? We like to do business with people we like. So it's up to us to find some kind of connection with them, build a bridge. Commonality. Oh, you got two kids. I got two kids. Oh, you have a dog. I have a dog no matter. Oh, your name's Chris. My name is Chris. Don't underestimate the power of even a pseudo connection. But obviously, the more connections you find, the better. So my shortcut here for you is, is that if you've got the time, great. You could be the one to ask the patient the questions and find these commonalities. But if you're smart, do what I do, let your team know everything you feel comfortable sharing about yourself and talking about with your patients, your hobbies, your interests, your kids, your whatever. Okay, and let them go. Be your detectives.

You. And talk to your patients and find the connection for you. So when they come to me, they're like, Hey, Dr Phil, we got a new patient room four. Yeah, she's got two kids, like you do, and she plays tennis. Great. So I walk in, hey, nice to meet you. Hey, I hear you have two kids. I got two kids. Tell me about your kids. Oh, I hear you play tennis. I play tennis. Tell me about that. So automatic, all I have to do is bring the connection to the surface, as Doctor Chelsea said, it's there, actually going to bring it up, talk about it, right? Make this connection, and then we're going to get down to the business of why they're here. Now I'm going to start looking over their medical history. Now I'm going to start looking in their mouth. Now I'm going to start looking at their X rays and those kind of things. But before I start presenting, I have to reinforce this mindset. I gotta use consistency. I gotta reinforce these commitment statements they made to me on that new patient questionnaire. So I'm gonna sit there and interview them. So Mrs. Jones, I see you're the type of person that values to be proactive. So you don't want things to cost you more time, money and pain. Yeah, that's right, doc, I don't want anything to cost me more later. Okay, I'm the same way. Another connection I see here that you value comfort. You don't want to be in pain. Is that correct? Yeah, I don't like my teeth hurt. Okay, I see you value longevity, so you want a solution that's going to last for the long run. You want your teeth to be there long term. Is that correct?

That's right. Okay, and I see why you prefer to get stuff done in a single visit versus having to break it out over multiple visits. Yeah, I can't take off work. They're firing people for that. Okay, good to know, right? So all I'm doing now is just asking, reaffirming these things, getting more of a verbal commitment, and with other people in the room, like my treatment coordinator. If this is going to be a big case, we're getting more public commitments as well. So now I'm reinforcing these commitments. I know who this person is in this moment, I'm ready to present to them and what they value. Who they were before they got to me is gone. This is who they are now in this moment. But I can't just go into the presentation. I can't just tell them they have problems and they're going to take my word. So we need to justify the need the problem. So use your intro camera photo, use your scanner. Take extra photos, right? They have to see the evidence that they have problems. This is kind of why I like the AI programs that are out there. You know, AI and dentistry, when it analyzed their X rays and you put that in front of them, it's like having a second opinion. It's another in the patient's mind. It's an objective authority telling them that they have issues. So it's not just us, right? If it's just us, they may or may not believe you, but when they see the computers telling them they need it now, they're like, Oh, crap, I guess I need it, right? So leverage the power of these things. It's like a built in second opinion. Okay, now we've justified the issue, right? They see the need, but our challenge is, what do they prefer to spend their money on? What they need or what they want?

Chris Phelps 28:01

Well, nine times out of 10 want Trump's need, right? The only time need beats want is when need is like, life or death. Like, if you know, you cut your stomach open and you got your guts in your hand and you show up to the emergency room, you're like, whatever it takes, put me back together, put these things back in there, right? That's a top of mind that need is now going to be a want. You want to fix this thing in our world. Need Trump's want when they're in pain right now, I want to get out of this pain. Okay, but that's a small percentage of the people we talk to. The majority, it's a need

situation. There is no direct pain today. So how do we influence them to turn this mindset from a need that we're about to present into a want for the patient. Well, we gotta get a yes to the plan, right? The treatment plan, and not only what we say to people is important, but the order and the sequence in which we say things can make or break you when it comes to yes or no. Okay, so what I've done is try to create a worksheet based on this. This skeleton I'm going to show you here in a second, but this structure that I use to present anything to any of my patients, and as you're going to see, it's going to help me get a commitment to the plan. So this is the skeleton, okay? This is the structure that I present anything. And of course, it all starts out with Option one is do nothing. So let's use an implant, right? So, Mrs. Jones, I've shown I've shown her, at this point, the missing tooth. I've kind of shown her pictures of my cvct measuring.

They're watching me measure the bone or the lack of bone, and I'll say, okay, so Mrs. Jones, here's the situation. Of course, you're missing this tooth. Your first option, of course, is to do nothing, right? Now, the good news about that is it cost you nothing, but the bad news about that is and again. Now you're going to highlight whatever consequence there is. So I want to anchor them to this consequence of the additional treatment they're going to need down the road, a consequence in how much that treatment is going to cost, and a cost. Consequence in what they value. Now, where do I get the value statements from? From that new patient questionnaire I showed you? They told them to me. So of course, your first option is do nothing. Good news is, it cost you nothing. But the bad news is, what well, over time, did you know the only reason the bone stays in your jaw is because of the tooth roots. You need that direct force from chewing to make sure the bone stays there. Without that tooth there, you lose 20% of the bone in the first year, and every five years there's a significant statistical loss. Hey, look at your teeth here. Did you know The only thing that keeps your teeth in place are the other teeth? So when they lose their friend, they go looking for their friend. When they lose their friend to chew with, they pop up or they come down from the socket looking for their friend. Check out this X ray. See this big black hole back here? We call that your maxillary sinus. Think of as like a big water balloon full of goo, kind of you know, filters your air and traps dust particulates. It comes out of your nose as snot, and it goes down the back of your throat as mucus, right? Did you know that the only thing that keeps that water balloon at bay are the tooth roots, and so when you lose that tooth root, the sinus gets bigger. It will take up whatever space is present. That means more goo, more sinusitis, more sinus infections. So if we have to do this down the road, you're talking about more sinus infections, potentially more pain, more discomfort, if we have to fix it, then, say, five years from now, 10 years from now, we're looking at a sinus lift, an implant, abutment and crown. Okay? Orthodontics to move the teeth out of the way, and that's going to cost us two years of treatment and probably over about $10,000 worth of total cost. But the good news is we're not there yet. Here's where your other options are today. So you see consequence root, you know, sinus lift, bone grafting, implant, about ground. Consequence value, pain, multiple visits, two years of treatment.

Consequence in what the cost $10,000 or more. Now, let's go into the presentation. Now your first option is, this is a dental implant abutment and crown. Remember, I've got that little flyer. It's got a picture of it right there so they can see it as I'm going through it. Now, notice, I'm going to do something unique here. Whatever the ideal option is in your mind, I'm going to start with why they shouldn't say yes to it. Now, the bad news about this is it's the most expensive option and it takes the most time. But the good news about this option is, again, go back to what they said, or they said they valued longevity, meaning they want their teeth to be around. They want a long term solution. Now, the good news about this option is it's one of the few options I could do that if your body accepts it and you take care of it, should last the rest of your life. Now you see how somebody who values longevity that that might be a good thing for them, that might resonate. But why did I start out with the negative? Why they shouldn't say yes to it first? Well, because studies show that to build trust with people, it usually takes a lot of time, multiple interactions, multiple exchanges, if you will, with them. But that's a problem for us. Like we don't want our patients to say yes to a six visits from now. We would like them to say yes to us today, so to build trust with them quickly. Studies show the shortcut is this. Tell them why they shouldn't buy it. Start out with that negative. Don't hide from the elephant in the room. Start with it. So I do here.

It's the most expensive and takes the most time. So you see, I'm instantly building trust with this person. But now I'm going to pivot on this word, but and negate that negative with a positive. But the good thing is, should last rest of your life. Now let's go through the other options. Now notice the order flips. The sequence matters. So now we're going to start every other option, however many they are, with the good news. Now, the good news about this next option, this bridge, is that it costs less than the first option takes less time. But the bad news about it is, again, go back to the value statements. They want things that last for the long run. Well, the bad news about the bridge is studies now show that the average bridge in the United States only lasts seven years, most likely due to the sugar and acids that are in everything we eat and drink. Okay, that means you're young enough you're going to replace this thing and pay for it three or four more times you see how someone who values longevity isn't going to like that option. Okay? Now the last option is a partial. Now the good news is it costs the least amount of the total options doesn't take a lot of time, but the bad news is you're just not going to like it. It's plastic. You gotta wake up. Look at your teeth in a jar. Can't chew your food as well.

You're just not going to like it. Okay? It's better than doing nothing, but you're not going to like it. So now I've ethically and morally presented every option I'm supposed to for missing tooth, do nothing, implant, bridge partial. But notice I anchored high, and I'm going down in value from there. I'm taking people, as I call it, down the stairs, not up the stairs, automatically setting the stage for. More yeses. I started out with the negative of why they shouldn't say yes to my best option to build trust. But why did I flip this sequence of good news and bad news? Because why did I pivot on this word, but, but is a powerful word, but wakes the brain up and tells the brain, wait. You weren't paying attention.

Something important is coming. So studies show that people don't remember what came before the word, but all they remember is what came after the word, but about your option. And remember, these people are not dental experts, but we're asking them to make a decision is that they understand their situation like we do, and because they can't, they need something that they can grab a hold of, that they do understand. Well, what do they remember about that partial I think it's bad. I'm going to hate it. What do they remember about that bridge that's bad? I'm about to pay for it three or four more times. What do they remember about the implant that's good? Well, I'm no dental expert, but if I which one of those two options, would I prefer the bad things or the good one? You know what? For me, I think I'm going to get the good one. And so automatically, using this structure, we're influencing them to want that ideal treatment, right? To want that. But we're not done yet, so we've kind of taken them down,

Chris Phelps 36:18

but we've got too many options on the table, right? There's this paradox of choice that states, the more options people have in front of them, the less likely they are to pick anything, because they can't tell the difference between the choices. I mean, this is a picture from the from the local grocery store and the toothpaste style. Have you guys been to the the grocery store and the toothpaste aisle lately? And looked at this, it is ridiculous. Even as a dental professional, I don't even think I could pick out a toothpaste out of that option. How is the the average person who has no knowledge in this matter going to choose? It's distracting, right? So when people can't tell the differences between your options, they don't choose. It's safer for them to do nothing. So while we've taken them down and presented the options. We're going to use this, this or that structure to help them make a voluntary commitment, and we're going to funnel them back to our ideal plan. So we've taken them down. Now let's take them back up. Alright? So Mr. Jones, we've gone over your options, all four of those. Let's figure out which of these is right for you. So now it's on you, Doc, you gotta summarize it to the patient, this partial versus the bridge. Okay? Well, this partial, as I said, it's plastic. You gotta wake up and look at your teeth in a jar. It's removable. The bridge stays in place looks like your natural teeth. Which would you prefer something that comes in and out of your mouth, or something that stays in place and feels like your natural teeth? Shoes and you gotta be okay with whatever choice they make. But if you put your ideal choice as the second thing, more will say yes to that. Yeah, I don't want something removal. I don't want to come out of my mouth. Okay? So that that options off the table. Now we're onto the bridge versus the implant. Okay? Now the bridge, as I said, you're more than likely have to pay for this thing three or four more times your lifetime. The implant, while being a little more expensive, if your body takes care of it and accepts it and you take care of it, should last rest of your life. Which would you prefer? Do you want to have to keep messing with this thing? Or would you like a more permanent option? I don't want to keep messing with this thing. Okay, then it looks like we're at the implant. Let me get my financial team to come in and go over those options with you. If anything comes up, please let me know. So automatically, now we funnel them down and got them committed to one plan. In this case, it's the implant. The abutment is the crown. So again, you can use that structure with a whole mouth of treatment, half a mouth, a quadrant, a single tooth. The structure is the same. If you've got a single procedure to present, maybe it's just a crown. You can still use a structure. It always starts with do nothing, but you're going to need a root canal build up in a crown. That's going to cost you 3600 bucks. But the good news is, we're not there yet. Of good to it today. It's today. It's only a crown, and it's significantly less so now to set the stage for the financial presentation of whatever option they've committed to, the financial team comes in and goes through a worksheet much like this. They need to understand what you anchored the patient to so they can repeat it. I'll use the crown as an example. So Doctor Phelps said, Hey, if you do nothing, you're going to need a root canal built up in the ground. Multiple visits. Infection could cause pain, and that's going to cost you $3,600 but the good news is, he said, You're not there. You have to get to it today. It's not 3600 it's only 1200 Hey, and after your insurance pays its part, it's only 800 does that work for you? And wait for a yes or no if you've influenced them properly, and they truly do have the means. And this is a want. It's not about the money anymore. They will say yes and pay the amount that you're recommending if, for whatever reason, the amount is past their means. In a. Moment. Well, all the team has to do is be ready for using reciprocity. Right when you give people something of value, people feel the need to give back. So if you get gotten a no to your request, meaning, is this $800 does that work for you? And they say, No, I can't do that. If you offer and you're the first to offer a concession or a backup option, more people are now likely to say yes to that next

option and agree with you. So, okay, so you can't do 800 What if we do two payments? What if I do 400 today? Half of it to start, and doc will finish it next month. Put the crown on it for another 400 now I can't really do that. Okay. What if we do a third today? To schedule it. We'll start next month for another third, and we'll finish it the third month for the last third. Does that work for you? Oh, okay, I could probably do that. Okay, great. What if that doesn't work? Well, I can get her down as low as X amount of money per month. So the team needs to come in knowing what's the as low as price mean, if you use some kind of third party financing, if they were approved, what? What's as low as you could get it. So at this point, all the team is trying to do when it comes to the money is figure out what monthly amount fits in their budget. That's it. Get the patient committed to that number, and then you reverse engineer and back it up to make that number work for you through multiple payments. Great. Layaway works for a reason, right? If you can stage the treatment over multiple months and they can pay do it, nobody says you got to put the crown on in two weeks. Okay, as long as you got a great temp and they're comfortable, you can put buy this off and buy them some time if you need to, or get them to prepay for several visits before you even start. And ultimately, if we can't make the money work on the ideal treatment, the team needs to understand what's the backup treatment, concession? Well, the next best thing I can do if I can't make the money work on the crown is to do a build up, right? At least it gets you cavity free. We get rid of the risk of infection. Yeah, the two could still break, but it's better than nothing, cuz all I'm trying to do is influence something, instead of the patient choosing nothing. If they choose to do nothing, we both lose in that scenario. Their situation gets worse. We missed out on the treatment today and the chair time. The added chair time is going to cost us when they come back right when we could have done it today, versus if we influence them to say, yes, we both win in this scenario, they avoid the loss, and we get the win today. Okay, so now, for the most part, we've got them committed to the financial arrangement. The last piece of the puzzle, one little thing I could do to help ensure and influence them to come back again, going back to reciprocity, studies show that a $5 gift card has twice as much influence than a $50 reward or incentive check. Okay? $5 is more than 50 so to speak. So what we do is, I give my patients a choice of gift cards at the end of this, okay, so and these are the things we're actually competing with when it comes to Yes. So I know they value them, right? These are the things they're spending their money on, Target, iTunes, Amazon, Starbucks. So we have $5 gift cards to each of these four places. Hey, Mrs. Jones, before you go, now we've committed to this money thing you can you can break this out over three payments. Great. Before you go, Doc. And I just really want to thank you for coming in today. We know you had a choice. You could have chosen anyone, but you chose us. And again, this goes back to what Dr Nissa said there, your intent be genuine. I mean, we generally do appreciate that they chose us.

You should too. They should feel that from you. Hey, you could have chose anybody. You chose us as a gift from us, me and the doctor. Here's a couple of gift cards. Why don't you pick one for yourself? Oh, Target, thank you so much. Wow. I was going to target right after here. I really appreciate this. Hey, my pleasure. Before you go, let's get you scheduled for that crown, and I need to get you scheduled for your next hygiene visit. What works best for you? So as soon as they genuinely thank you for the gifts you've given them. That's the moment to tap into reciprocity and ask for what you want to ask for. In this case, I'm going to ask to schedule all the appointments that they need. Okay, all the appointments that they need. So I hope in just this short amount of time, I was able to provide you guys with some application tips and help and a structure you can use to present anything to any patient that automatically is going to leverage these principles again, not all of them in the same moment. We need different principles for different stages of what we're trying to accomplish, but you can leverage them in some capacity to get more yeses in your practice and ethically leverage them for the benefit of you and the people that you're interacting with as well. So we talked about the persuasion power course for dentistry. I'll leave my little QR code up here. If you need me for anything, reach out chris@childini.com check out our childini.com website. I gotta head to the airport here in a second. But parthyf, any questions I can answer quickly.

Parthiv Shah 45:01

Yeah, thank you for coming on. Even I know you're traveling and I like you're going to essentially run out as soon as we are done. So I'll take two minutes one. Thank you very much. Really appreciate you sharing how to use the what we call, we lovingly call the flyer for and forms. We call them felt flyers. They are part of what we provide to our clients.

They're integrated into my program. One question we got from India, deep Shah, can I get this forms? Can I get, I want to see this in real so yes, i The short answer is, we will make this available for people to examine and play with them. They can reach out to dermature, Doctor Patel, Doctor Phelps, if you had an hour with a dentist from India who is visiting Charlotte. Dr Patel's sister lived in Charlotte, so this is actually, will make this happen next time she's in America. But if she if an implant dentist comes to Charlotte and spends an hour with you. Yeah, what would you talk about?

Doctor Patel 46:25

What would I talk about? Well, ultimately, I would ask them what they want

Parthiv Shah 46:32

to talk about. And what would you like to talk to him about, if you have an hour with Dr Phelps at his house, what with life?

Doctor Patel 46:43

Okay, I generally whenever, I mean, an hour is very less, but if I would get an hour, then obviously I would like to pick the brain of that person and contextualize his learnings and his success to my scenario back in my country, and how we can apply the principles. And I think that that's what most of most of the people would want. Am I right?

Parthiv Shah 47:04

Okay, yes, you are. So what we should do is let us do an hour with you, me and Doctor Phelps sometime before Christmas, hopefully it's time permitting you ask questions to him, and then you teach other Indian dentists. How can you indianize? How's that Indian

Dr Chris Phelps 47:32 mask? I like that awesome,

Dr Chris Phelps 47:34 awesome. Love it.

Parthiv Shah 47:37

See, we will never end one call before doing something for the next time, so the journey never ends. It continues. Dr Phelps, thank you so much. Dr Anisa, save welcome.

Dr Chris Phelps 47:51

Thank you so much. Thank you.

Chris Phelps 47:53

Thank you pleasure. Meet you, Doc, and we'll talk more in the future. Sure.

Dr Chris Phelps 47:57 Thank you. Thank you

Dr Chris Phelps 47:58 so we have.

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