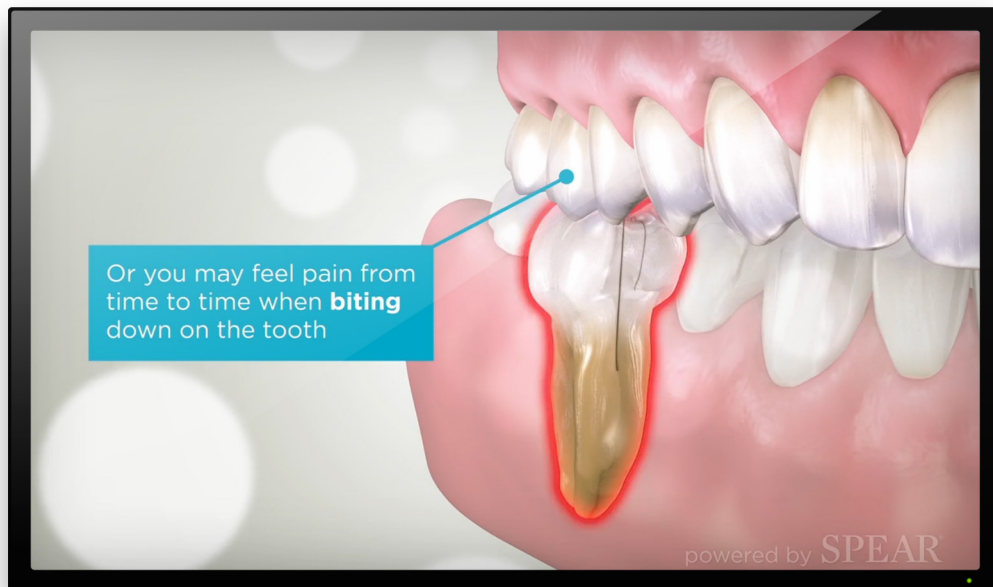


SPEAR®

From No to Yes: A Study on Increasing Case Acceptance



Spear Patient Education:

From No to Yes: A Study on Increasing Case Acceptance When Patients Decline Treatment



As a leading provider of clinical education, we have long recognized the need to help clinicians more effectively communicate with their patients. Improving one's clinical skills only benefits the patients and the practice *if* patients agree to treatment.

The challenge for clinicians today is the increasing perception of dentistry as a commodity by the patient population. When added to traditional economic pressures, generalized dental anxiety and the continued rise of corporate-run practices, it becomes more important than ever for clinicians to help patients value their oral health and make proactive decisions about their care.

This whitepaper will work to summarize findings across two independent surveys that sought to better understand patient behavior and possible methodologies that practices can utilize to better communicate with their patients. Findings from these studies will be combined to provide a practical set of recommendations for practices to follow to better communicate value to patients, and thus improve case acceptance.

Two Patient Surveys

Two surveys were conducted approximately a year apart to different patient groups in the United States. The goal of each survey was to better understand patients' reasons for accepting or delaying treatment, and then test communication tools to understand how they affected patient perceptions of care.

SURVEY 1

- 400 adults, over the age of 25
- Household income of more than \$50,000
- Visited the dentist at least once in the last 12 months

RESULT: **35%** of patients reported having not moved forward at all with recommended treatment

SURVEY 2

- 500 adults, all over the age of 25
- Household income of more than \$50,000
- Visited the dentist at least once in the last 12 months

RESULT: **28%** of patients reported having not moved forward at all with recommended treatment

In both surveys, patients were given a variety of reasons to select from as to why they chose not to move forward with treatment. While choices included monetary reasons – such as cost or lack of insurance coverage – they also included reasons having nothing to do with money. These reasons included lack of understanding, fear and not seeing the value in the procedure.

The surprising result was that, in both studies, a significant amount of the respondents who did not move forward did not cite financial reasons: **Only 51.5% of Survey One respondents and 36% of Survey Two respondents cited cost as being the primary reason for not accepting treatment.**

Essentially, of the patients who say no to treatment, between half and two-thirds do not see their finances as a reason for not moving forward.

One Dentist Survey

How does the research above sync with perceptions by clinicians of what they need to grow their practice?

In addition to this research we conducted a separate survey of dentists in our database. The goal of this study was to better understand the concerns of dentists so that we could better address their needs with our educational offering. Not surprisingly, 47% of the more than 1,100 respondents reported not having enough patients as the No. 1 or 2 challenge in continuing to grow their practice. While new patients will continue to be needed to grow a practice, it is the patient base that is already being treated that provides the lowest hanging fruit for practice growth.

The results from our two patient studies indicate that between 10% and 18% of the total patient base choose not to move forward with recommended treatment for reasons other than cost. This is something that is in the control of the clinician and their team.

The takeaway from this is not to say that new patient acquisition and macro-economic factors are not essential to growing a practice. Nor is it to suggest that every patient will accept treatment every time. What our findings do suggest is that one area that is solely within the control of the clinical team can have a meaningful impact on the health of a practice.

Benefits to Patients and the Misconception of Having to “Sell Dentistry”



When presented with these findings, many clinicians instinctively react with the idea that they are not going to “sell” more dentistry to their patients. There is nothing that we would agree with more. The idea here is to think about how to communicate with patients in a way that evokes an attitude change for the benefit of their oral health.

The attitude change that the dental professional is trying to affect is simple: persuade the patient that they value the treatment being presented over alternatives for the allocation of their time and money.

It has been our experience when talking to clinicians that when a patient invests in their oral health, it can be life-altering. We have yet to talk with clinicians who have had a patient come back regretting the decision to move to a place of greater health.

The goal is simple: help patients to see oral health as you do.

What Can Be Done?

In both studies, our secondary purpose was to test specific patient communication tools to see if they had the ability to effectively communicate certain ideas about one's oral health. Study One looked at specially designed waiting room videos, and Study Two examined the effectiveness of patient education animations.

▶ Study One

Patients were shown a four-minute **waiting room video** about cracked teeth.

These videos were designed to specifically do the following:

- Serve as a jumping-off point for more in-depth conversations about patients' oral health
- Run silently so as not to intrude in the environment of the reception area
- Provide helpful information without being "salesy" or "commercial"
- Help patients understand the consequences of inaction for common dental conditions in a non-threatening way that does not make them feel "broken"

What We Found:

- 84% of patients felt that "wait and see" was a bad choice for small cracks (they became aware of the problem)
- 86% felt that repairing a cracked tooth prevents more work in the future (they understand the consequences of inaction)
- 91% reported they would move forward with treatment after seeing the video

On top of that, 78% reported that they would want their dentist to show videos like this in their practice.

▶ Study Two

We examined the utilization of 3-D animation **patient education videos**. Patients were shown a series of 30- to 90-second narrated animations that depicted either a dental condition or a procedure.

What We Found:

- While the results varied by video, 62% to 72% of patients reported feeling extremely or very motivated to move forward with treatment (the 62% finding was for patients who viewed a video on root canal therapy, which was tested specifically because of the procedure's negative perception by the general public)
- When it came to the educational value, 77% to 85% of the patients rated the videos as excellent or very good (lower educational values were on the two condition videos shown; the No. 1 complaint was that patients wanted to know what could be done to fix the condition)

Conclusion

In the end, it is our belief that there is not a magic bullet to either effectively communicate with patients or to run a successful practice. The goal of this research was to find things solely within the control of the clinician to help them grow their practices.

With so many factors outside of their direct control, it can be hard for clinicians to know what to do or where to start. Our findings indicate that by working to more effectively communicate with your current patient base, there is the opportunity to not only increase the overall production of the practice, but also to help move patients into treatment that will make them healthier overall.

One Last Thought

As a part of the second patient survey, we also conducted focus groups with patients. This was a unique experience to watch, as groups were facilitated by the research team while we observed in a separate room behind a two-way mirror.

The groups had an interesting mix of demographics:

- There was a mix of education levels, with 46% of respondents having a college education and 19% having a graduate degree or higher
- The participants' professions ranged from consulting to construction, with no particular category having any particular skew
- 65% were married
- 62% had children

The focus group participants had to match similar thresholds to the survey to qualify for participation, but were broken into two groups. The first group comprised people from 25 to 40 years old, while the second group was made up of people over 40.

The groups were split equally between men and women, and their dental experience varied wildly. In the younger group, there was less experience with dental work, but one person had a trauma reconstruction, two people had root canals, one had four-quadrant scaling and root planning, and three had multiple crowns.

In the over-40 group, everyone had experienced some sort of advanced procedure, including implants (one with bone and tissue grafts), lower-arch reconstruction due to wear, appliance therapy, multiple endodontic treatments and extractions.

The occupations of the groups varied in line with the survey, and the percentage of those people who had dental insurance was also consistent.

Their general attitudes about dentistry ranged from fear to apathy to extreme loyalty for their particular clinician.



In both groups, though, at least one of the participants reported having been presented treatment by their clinician and being “put off” by the way the clinician presented it to them. In these cases, the patient reported not moving forward with the recommended procedure and instead seeking a second opinion. The interesting part is that the participants did end up having the procedure done, but had it completed by the clinician who provided the second opinion. This was in spite of the fact that they had been seeing the original clinician for years.

While far from statistically significant, it does highlight the importance of effective communication when it comes to presenting cases.

This is not a new idea. In his book “A Philosophy of the Practice of Dentistry,” L.D. Pankey said:

“Along with technical mastery, it is imperative to build your communication skills. In fact the key to a successful dental practice, one that allows dentists to use their technical ability to their greatest potential is the ability to communicate.” (Pankey 1985)

Our hope is that, by reading this, you are convinced that you need to find ways to improve your communication with patients and, in turn, your practice will continue to flourish.

Find Out More

To learn more about Spear’s Patient Education platform, visit www.speareducation.com/patient-education. You can also call **855.625.2333**.

About Spear

An innovative dental education company, Spear serves dentists and dental staff who are dedicated to the pursuit of clinical excellence and improving their practices’ bottom-line. Spear is one of the most respected brands in continuing dental education, leading the way in quality, innovation, and caliber of curriculum and staff.

Annually, thousands of dentists visit the Scottsdale campus for dental continuing education. Spear also has Study Clubs, which currently thrive in 44 states and six countries, as well as the exclusive Faculty Club, which has reached capacity and is now on waitlist acceptance.

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