

# Seven Questions

Questions Your Treatment Coordinator  
Should Be Asking

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Paragon Management is the nation's leading practice management firm with over 27 years of experience working exclusively with dentists.

Ken Runkle is founder and president of Paragon. He consults with hundreds of practices towards meeting their goals and creating financial independence. He speaks all over the country to organizations and study clubs on the science of profitability. Ken is a contributing author to Dental Economics as well as many online publications. He is America's profitability expert.

Do you know why the new patient is in your practice? How high is their Dental IQ or their Insurance IQ? What will motivate them to want more dentistry? Knowing the answers to these 7 critical questions creates a powerful environment for effective case presentation, case acceptance and case completion. Developed over 2 ½ decades of in-office consulting, Ken Runkle reveals the 7 questions you must ask to be most effective.



# Seven Questions

## Questions Your Treatment Coordinator Should Be Asking

by Ken Runkle – America's Profitability Expert™

**KEY:** The patient relationship is the most important relationship in the office.

Intentionally fostering and developing the patient relationship is critical to patient retention and referrals. Focused relationship building also creates a powerful environment for effective case presentation, case acceptance and case completion.

During over two decades of in-office consulting, I have developed a list of 7 questions to help you gain valuable patient information while cultivating the relationship.

### 1. Who should we thank for referring you?

**This is the trust question.** By asking this question, you can gauge the level of trust the patient has in your practice. Why the patient comes to your practice reveals their initial trust level.

**LOW TRUST:** If the patient comes to your practice because your sign says dentistry, then their trust level is probably low. If the yellow pages ad drew them in because it said evening hours, then the trust level is low.

**HIGH TRUST:** If the patient has chosen your practice because they were referred by one of your other patients, then the trust level is high.



### 2. What did your friend say that made you want to come here?

**This is what I call the “positive” or “plus sign.”** It is essential that your treatment coordinator deliver the correct wording with this question. You cannot only ask what the referrer said about your practice, but also what made the new patient want to come to your practice. Their answer reveals what is important to them.

For example, if they came because your practice accepts their insurance, or because they heard your practice was friendly – that reveals what is important to them.

**Pay Attention:** These patients are telling you, “If you want my business, this is what you will need to do.”

There are four questions to uncover what is important to your new patient. [Your treatment coordinator should write down the answers.]

1. What was it the referrer said about us?
2. What made you want to come here?
3. Is that important to you?
4. Why is that important to you?

### 3. How long has it been since you have been to the dentist?

**This is the value question.** The answer to this question reveals how much the patient values their dentistry. Patients often lie, or bend the truth, when they answer this question. If the patient says it has been 2 years, you can almost always assume it has been 4 years. If the patient says it has been 3 years, you can assume it has probably been about 6 years. Most patients do not want to tell you the real value they put on dentistry.



#### 4. Why did you leave your prior dental practice?

**This is the negative question.** Questions three and four are often asked together. Most people over twenty years old have been to another practice prior to yours.

**Important:** Often the patient will not reveal the real reason for leaving another practice at first. It is the treatment coordinator's job to discover the real reason for leaving.

Digging deeper is the key. Effective treatment coordinators will successfully discover the name of the practice or doctor the patient left as well as the reason. If the patient says they left because they moved, often there is usually a deeper reason such as a job change or loss leading to lack of dental insurance. If insurance was the problem, then you know this patient is insurance driven. By asking why the patient left the prior practice, you zero in on what is important to them in a dental practice.

#### 5. Do you believe you need a lot of dentistry? Is there an area you would like the doctor to focus on?

**This is what I call the patient's DIQ = Dental IQ.** The average patient has a low DIQ. A patient may say they do not need much dental work, but then you review the radiographs, look in their mouth and realize their case represents between \$10,000-\$15,000 in dentistry. They do not have a high DIQ. If the treatment coordinator knows the patient's DIQ is low, they can warn the doctor that it may be a challenge for case acceptance. If the patient thinks they are fine because nothing hurts and they discover they need significant dental work, it may be difficult for them to accept. Factors such as insurance sensitivity can create a low DIQ because they are not open to treatment beyond their insurance coverage. There are also some patients that do not know what they need, have a low DIQ, but are open to trusting the doctor.



**6. I see you have insurance, have you used it before and do you know how it works?** (This is a question only for patients with insurance.)

**This is the patient's IIQ = Insurance IQ.** Nine out of ten times, the treatment coordinator should share how dental insurance works in a simple and understandable way, taking less than three minutes. I have been to some practices that creatively use monopoly money to better illustrate how insurance works.

There are three steps in explaining most dental insurance.

1. Your employer places \$1,000 in an account and you have access to it if you match the \$1,000. This is a good deal if you need dentistry.
2. Dental insurance is not like cell phone rollover minutes, you use it or lose it.
3. Dental insurance is never like medical insurance. It should be used on an incremental basis only, and is a bonus and a blessing. If medical insurance worked like dental insurance, you could never have a quadruple bypass. **Insurance should never be the main deciding factor in a patient's dental treatment.**

**7. What questions do you have for me?**

**This is the most important question.** In America, we have many choices including what profession we will enter, what house we will live in, who we will marry, who we will vote for, etc... We enjoy having control of our lives. This mindset translates to dental care.

Up until now, the previous six questions have probably gone like this: 10 second question, 1 minute answer, 10 second question, 1 minute answer, 10 second question, 1 minute answer. The treatment coordinator has been in control of the conversation thus far.

This last question provides the patient with control. The reason why most people do not like health care is because they get pushed around and will often take a subservient role. A patient will often walk behind a nurse or ask to use the restroom because they subconsciously know they are not in control. By asking if the patient has any questions, you are relinquishing control to them. Most of the time the patient will sit back and answer with "I don't have any questions"



giving you back control. Some patients, however, will answer “I don’t have any questions for you right now” giving you back control, but subconsciously reserving the right to take back control.

**The more the patient feels in control, the greater chance you have for case acceptance.** If people do not feel in control, you will not sell to them.

Now that the treatment coordinator has asked the 7 questions, the answers need to be communicated to the doctor. Patients will not appreciate being asked questions by the treatment coordinator and then being asked those same questions again by the doctor. The answers must be communicated at the hand off so that everyone is on the same page for treatment presentation and case acceptance.

Implement these 7 questions in your practice starting today. Knowing your patients will build long-term retention, referrals and dramatically improve your case acceptance rates.

Go for it!

– **Ken Runkle, America’s Profitability Expert™**, is the founder and president of Paragon Management, Inc. and has been helping dental practices reach peak profitability for twenty-five years.