

Communicating Complex Care

By

Staying On the Patient's Path: Acting Like a Leader

I wish that I had learned the leadership model early in my career. I studied reconstructive dentistry from the start. I was trying to explain complicated treatment plans and attempting to educate patients into readiness for care for the first ten or fifteen years. I drove many patients into compliance by overselling and overeducating. I believed that it was my duty, indeed my responsibility, to convince them what they should be concerned about. I thought it a disservice to be ok with "not ready". Occasionally, I was right. When the patient had a threatening lesion or was in imminent danger of pain or infection, my aggressive approach was warranted. Many times, however, I was straining the relationship if not driving the patient out of my office. I didn't know what I didn't know. It reminds me of the story about the middle eastern conference. President Bush was waiting for the doors to open to the great meeting hall. All the dignitaries were standing there with him when he noticed a tall man in long robes with a full beard standing there. The president said to his secret service man, "That looks like Moses". President Bush went up to the man and said, "Hello, aren't you Moses?" There was no reply. The secret service man said, "Hey, Buddy, why won't you speak to the President of the United States?" To which Moses responded kindly, "Son, the last time I spoke to a bush, I spent forty years wandering in the wilderness."

The good news is that I only spent about one-half of my 31 year clinical career "wandering in the wilderness". I finally learned how to integrate a leadership model with the traditional "education" model to keep in communication with my patients I learned that case acceptance by compliance was risky and unpredictable, often fraught with missed appointments, multiple complaints and late payments. It was far more reliable and gratifying to diagnose the path of the patient and stay with them until they were ready. In the last article we stayed with the patient until the end of the first appointment. We knew that the patient wanted a plan for the complete care of their mouth because we had asked him. We also found out what "fit" issues they were dealing with and acknowledged that we were aware of what they were and were not concerned about. We had reassured the patient that whatever they decided to do in the consultation appointment, we were ok with it and asked if they had any questions. The patient asked the classic, "What is all of this going to cost, Doc?" In the past, we deferred this question until the end of the consultation. The leader, knowing that the patient is going to be hearing their inner voice for the next one to two weeks unless we quiet it right now, is going to *act like a leader* and give the patient a ballpark fee questimate.

Most of us are going to get nervous here because of our training. We've been told, "defer to the consultation, study the case, then, at that next appointment, give the patient their options, build value for the recommended care, and tell the patient the fee." What we've experienced next, in many cases, is the patient picking themselves up off of the floor and asking us if there is some lesser option. At which point we deliver a second and, perhaps, a third treatment plan. Many times the patient seems to have stopped listening or is asking the same question over and over, finally saying, "Doc, I'm going to have to go home and think about it." At which time we often don't know if we are ever going to see the patient again.

The leader doctor wants to save everyone the time, effort and possible embarrassment of developing case plans that are unrealistic. Why not discuss the hard issues now? The patient asks the “cost” question and the doctor says, “Jack, naturally I’ll have to study your case to give you an accurate fee but I’ve helped many patients just like you and a case like yours can range between X and Y dollars and take 2-3 months to complete. Is something like that going to be realistic for you?” Remember that we have already reassured the patient that we are going to be supportive whatever works for them. Let’s say the patient responds, “My God, Doc, I had no idea it could be that much.” We reassure the patient again, “that’s exactly why I like to visit this now, Jack. Your case can be accomplished in stages over a couple of years. Would you be able to do ½ this year and ½ next or do we need to look at some supportive treatment for now? What’s going to work best for you?”

By keeping the relationship going and the communication open the patient feels supported, not alienated, disregarded or diminished. The doctor knows if he/she is on the right path that the patient can travel or not. Doctor is not going to spend a couple of hours in case planning for a treatment that is impossible or unwanted. When the patient approves a ballpark range and schedules the consultation the inner voice is quiet.

The consultation is much more relaxed and effective because the “shadow of the fee” is not hanging over everyone’s head. At the consult the doctor will be wise to remain cognizant of staying on the patient’s path, however, and will speak in simple language. Emphasizing hope, avoiding the knowledge gap and acknowledging an understanding of how the patient feels about their dental condition.

The initial conversation of your consultative appointment will sound very non-clinical. “Jack, I know that you have been embarrassed by your loose bridge. (understanding) After looking at your case thoroughly, I’m pleased to confirm that I can give you your confidence back at those business luncheons. (hope) I know that you’re ready to get started since you shared with me that you would like to have some solid teeth by that big conference in a few months. (readiness) We’ll work around your busy schedule by arranging some early morning appointments for you. (fit) We’ll place some new teeth that will look and feel like you never lost them. (no knowledge gap) The really good news is that I can stay within the ballpark fee range I gave you last time and we have some nice payment options to offer you if that helps (quiet the inner voice). What questions or comments do you have for me?” The patient may ask clinical questions here which are answered to their satisfaction in as lay terms as possible.

If the patient is not comfortable proceeding for any reason, we stay in support of them, reassure them that we are ok with supporting them with other care or no care at this time. If there are true time sensitive issues, those are discussed as the minimum treatment recommendation or holding action.

When a patient accepts the care they are ready for, the treatment phase is generally easier and less stressful for everyone. There is no compliance behavior. Now, do a great job of performing what you know how to do. Mark Davis of Clearwater, Florida, tells patients, “Jack, this is the treatment you have chosen to accept. I don’t know how long it will last. I’m going to design it to last indefinitely, but I don’t control all the variables. However, I promise to treat you so carefully and with such dignity that if something fails in the future, you’ll chose me to help you again.

How do you act like a leader? Try to stay on your patient's path. Use the principles of leadership to help recognize when the patient's path may deviate from where you would like to go. If they're important to you, try to go with them. When they begin to follow you because they want to and are ready, they will take you where you want to go. The other important people in your life will appreciate your willingness to act like a leader as well. Understanding your family members, bringing hope to your team, speaking first to what interests your colleagues, avoiding the knowledge gap with technicians or suppliers, being likeable and energetic in your organizations will serve you well. Stay on the path of relationship and people will value you for who you are not just what you can do.