

# All Patients Come with “Baggage”: The Concept of *Fit*



by Paul A. Homoly, D.D.S.

*Dr. Paul Homoly practiced restorative dentistry for 20 years and is known for his innovative and practical approach to dentistry. The author of Dentists: An Endangered Species and Isn't It Wonderful When Patients Say "Yes," he is president of Homoly Communications Institute, which specializes in performance, leadership, and communications coaching. He can be reached at 800-294-9370; or visit his Web site, [www.paulhomoly.com](http://www.paulhomoly.com).*

*"The key to successful leadership today is influence, not authority."*

—Kenneth Blanchard (author and motivational speaker)

Dentists who are smart leaders take the time to learn what's going on in the lives of their patients, especially the ones who are considering rehabilitative dental care. Knowing how your recommendations for complete-care dentistry *fit* into the current—or foreseeable—events and circumstances of your patient's life is a mandatory leadership skill for practicing complete-care dentistry. Major broad "fit" issues include family, finances, work schedules, health factors, significant emotional stressors; in short, any issues that dominate the patient's energy and attention.

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I used to believe that people were motivated to get their teeth fixed by what was going on in their mouth, but I've come to realize that what motivates them to get their teeth fixed is not what's literally in their mouth, but what's figuratively in their hands. And what do patients have in their hands? Their life "baggage." That baggage includes—but certainly is not limited to—issues involving their marriage, kids, health, job, bills, etc. Any issue that affects a patient's time or money and demands a lot of their attention will cause stress and is baggage. (And recognize that positive things—a wedding, pregnancy or new baby, vacations, a new job—cause stress, too.) Do patients leave their baggage outside on the sidewalk before they step into the dental office? No, they bring it right in and sit in the chair with it! Then you lay a \$10,000 treatment plan on them. Now they've got \$10,000 worth of *more* baggage!

## DON'T "RIP THE ZIPPER"

When you present rehabilitative dentistry, it has to fit into the patient's baggage without "ripping the zipper." Think about it—if you offer most people a \$10,000 treatment plan, something in their baggage has to come out, or something has to "give." People need to wait to get their tax refund, wait for a child to finish college, wait to get more settled in a new job, or to take a much-needed vacation.

Fit issues are not as critical with patients who need only simple care. Insurance will pick up most of an \$800 treatment plan, for example, or the patient can put that amount on a credit card. But \$10,000—that has to fit into the patient's life. Without "fit," there's no case acceptance, regardless of the level of the patient's dental IQ or your zeal for patient education.

### ACKNOWLEDGE THE "PERSONAL FIT ISSUE"

At times there may be a single dominant issue in the patient's life that is affecting all of his or her decisions; I call this the *personal fit issue*. Examples of personal fit issues include divorce, marriage, home purchase, moving, new job, job loss, significant health problems, births, and deaths. Patients are sensitive about their personal fit issues. If one of your team members discovers that a patient has a personal fit issue, be sure she asks the patient's permission to share it with you ("*Kevin, I'm sorry you're going through a divorce. With your permission, I'd like to mention this to Dr. Borchert—he's very good at helping patients fit their dental needs into their life circumstances*"). Any issue, positive or negative, that consumes the patient's energy, stress, time, money, attention, or emotions

is a personal fit issue. Personal fit issues always have an impact on rehabilitative care. They may keep patients from accepting complete dentistry, or they may be the reason why they're ready to do it, *now*.

For example, during your initial conversations with Kevin he mentions that he's in the middle of a custody battle for his children. Obviously this is a fit issue that is consuming an enormous amount of his energy, focus, time, and money, and is causing a great deal of stress. It may be that having his teeth fixed is exactly the thing Kevin needs to boost his morale. On the other hand, if you recommend a full-mouth rehabilitation without acknowledging this significant issue in his life, it might motivate Kevin to leave your practice.

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### WHO'S GOING "KAYAKING"?

Imagine that you're a 46-year-old father, and your 14-year-old son comes to you with an outdoors magazine, shouting, "*Dad—this is so cool!*" He's pointing to an ad for a whitewater kayaking trip—six days on the river, camping, a guide, the works. "*Dad, this is so great! We need to do this! You-said-that-if-I-did-well-in-school-we-could-do-something-special-and-we-really-need-to-do-this!!*" And you think, "*Whitewater kayaking—what're you, nuts?!*" Then you look at the boy—he's down on one knee, he's got a magnifying glass and he's burning a hole in a piece of wood, and you think, "*Wow, I*

*don't know...*" "*How much is it?*" you ask cautiously. "\$6,500" he replies. \$6,500! You've got estimated taxes due, your wife's car needs a new transmission... then you look at your boy's face, shining with excitement, and you think, "*He's 14—in two years he'll be a complete idiot!*" "*OK, let's do it,*" you say. He jumps up, thrilled, and *bam!* You're \$6,500 poorer.

The next day you bite down hard and break off the cusp on tooth #30 and a sharp edge is cutting your tongue. You haven't been to the dentist in about five years, so you ask your wife where you should go. She says, "*Go to Dr. O'Malley, that's where I take the kids.*" So you go to Dr. O'Malley. Well, Dr. O'Malley has just been to the "Institute of the Milky Way" and he's all jazzed up. You walk in his office and the first thing the staff does is to read you their mission statement; then they give you a tour of the office, and give you a soak in the hot tub. And then they start the complete examination. They take a mouthful of radiographs and you protest, trying to tell them that you just want your broken tooth fixed. They counter your objections with some reasons that make no sense at all. When you leave their office, your tooth is still broken and the hole in your tongue is deeper, but they've given you a nice flower...

You go back a week later for the case presentation, and it's magnificent. There's a big color monitor up in the consultation area with the "before-and-after" photographs and models and patient testimonials, and it's wonderful. You sit down and the dentist goes into a tooth-by-tooth description and does a smile analysis, and he's all excited, and finally you say, "*Doc, how much does this cost?*" and he says "\$6,500."

Now let me ask you, what's going to win—the dentistry or the kayak trip? (One hint... it's *not* the dentistry!)

Here's the question you need to ask when practicing rehabilitative dentistry: "How many of my patients are going 'kayaking'?" What's the answer? They *all* are. From their point of view, patients have much better things to do than give their time and money to you. Consequently, we need to know what those better things are so we can suggest ways of fitting our dentistry into their lives. Educating them that they need to fit their lives into our dentistry doesn't work.

### DISCOVER WHAT'S GOING ON IN YOUR PATIENTS' LIVES

Your team members know what's going on in patients' lives. How do they know? They talk, they chit-chat with the patients. You're back in the operatory fixing a tooth and you hear Ginger at the front desk with patients, "chit-chat, chit-chat." When I heard this, I used to think, "Get back to work and stop the mindless chatter!" Over time, however, I came to realize that *purposeful* chit-chat is very important work. The purpose of chit-chat is to learn about those fit issues in your patient's life that will have an impact on their treatment decision. When chit-chat is done on purpose it is called *fit-chat*, an indirect way of discovering patient fit issues.

When you fit-chat, be interested in your patient and listen more than you talk. Listen for how they're spending their time, what's creating stress in their life, what major expenses they've got—money issues, health issues, family issues. If they mention an issue you believe may influence a treatment decision, be curious about it and get them to talk

more about it. Through indirect fit-chat, you're going to discover what's going on in a patient's life.

Some patients don't fit-chat well; they're simply not talkers. When you have a prospective rehabilitative patient who won't engage in fit-chat, you can try a more direct approach to discovering fit issues. The following is an example of a direct approach: "Kevin, I know that you're extremely busy at work right now. I also know that you're aggravated by food trapping around your lower partial denture. Next time we're together, let's talk about your options and how we can best fit your dentistry into what's going on in your life. How does that sound?"

Here is another example of a direct approach. "Kevin, most people like you are busy, on-the-go, and have a lot of irons in the fire. I need to know if any of these irons are affecting how much stress you're under, how much time you can spend here with us, or if there are any financial issues that I need to take into consideration in planning your care. I want to reassure you that I'm very good at helping patients fit their dentistry into what's going on in their life."

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***Our role is to acknowledge patients' personal fit issues and help them decide how to best proceed with their care.***

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Whether you use an indirect fit-chat approach or a direct approach to discovering fit issues, an absolute prerequisite to having a comfortable conversation is that you have a "connected" communication style (i.e., you maintain good eye contact; use a conversational tone of voice; and speak at a relaxed rate, pausing long enough to let what you're saying sink in). If you attempt to use a

direct approach to fit issues but have a "disconnected" style (avoiding eye contact, etc.), your conversation may be perceived as being inappropriate, unprofessional, and an underhanded way of trying to diagnose their wallet.

Our role is to acknowledge patients' personal fit issues and help them decide how to best proceed with their care. When possible, incorporate the personal fit issue into treatment conversations. Acknowledging fit issues does not invite patients to postpone care (patients are very aware of their issues, and you will not be reminding them). Rather, acknowledging/validating their personal fit issue and incorporating it into the treatment plan demonstrates to the patient that you have an incredible level of awareness, empathy, and common sense.

### GO HOME AND THINK ABOUT IT

If your patient has a personal fit issue and you are unaware of it (or are aware of it but do not acknowledge it) and recommend a significant amount of dentistry, chances are great that the patient will say they have to "go home and think about it." How many times do patients who need care and seem to be interested in it, postpone or cancel their appointments? How many times have you chalked off their behavior to their low dental IQ, dependence on insurance, or inadequate appreciation for quality care? If you're not looking for and discussing personal fit issues with complete-care candidates, maybe it's time for you to "go home and think about it." *Ap*

